

Introduction:

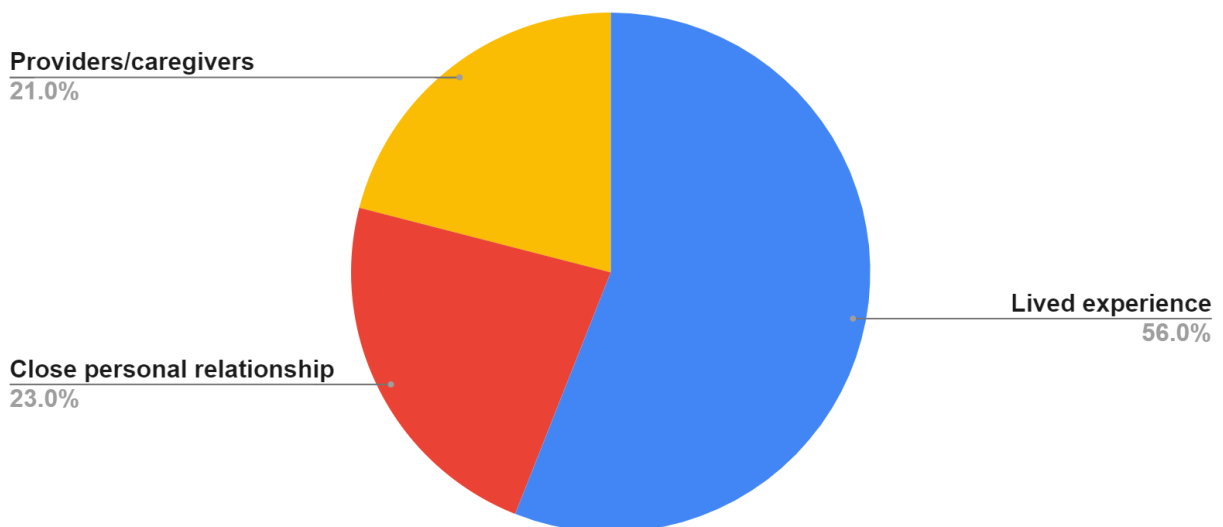
A primary focus of our 2021-22 year was to hear more from people with lived experience on their encounters accessing and engaging in mental health services in our region. Our workgroup designed an anonymous questionnaire that is geared to discern themes and data as well as to offer space to hear narrative of peoples' experiences, perspectives, and suggestions. This was our first attempt at such a large undertaking and we have already learned a lot along the way. As a group, we are discussing the idea of offering our community this space to have their voice heard throughout the year, summarizing and sharing the feedback annually. Below is the feedback we received from this year's questionnaire.

Demographics – who did we hear from?

A total of 86 people responded to the survey, including 48 individuals who have lived experience with a mental health condition.

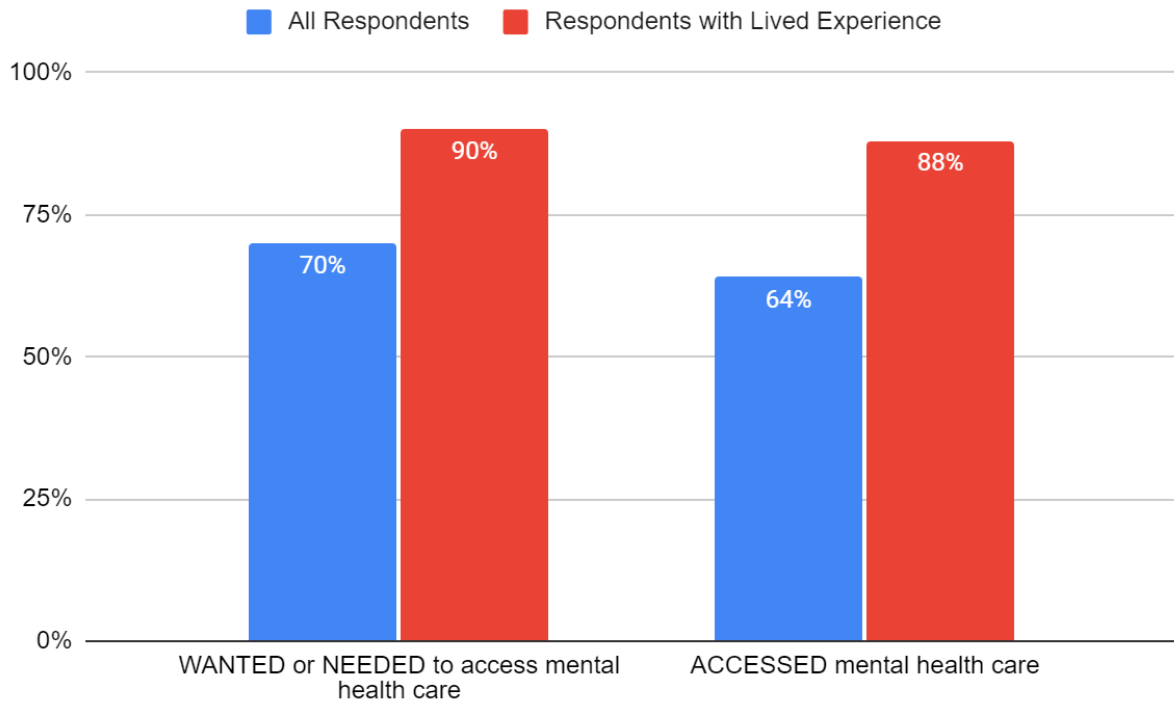
Respondent perspectives:

- 56% have lived experience with a mental health condition
- 23% have a close personal relationship with someone with a mental health condition
- 21% are mental health care providers and people who identified as caregivers or support people for someone with a mental health condition



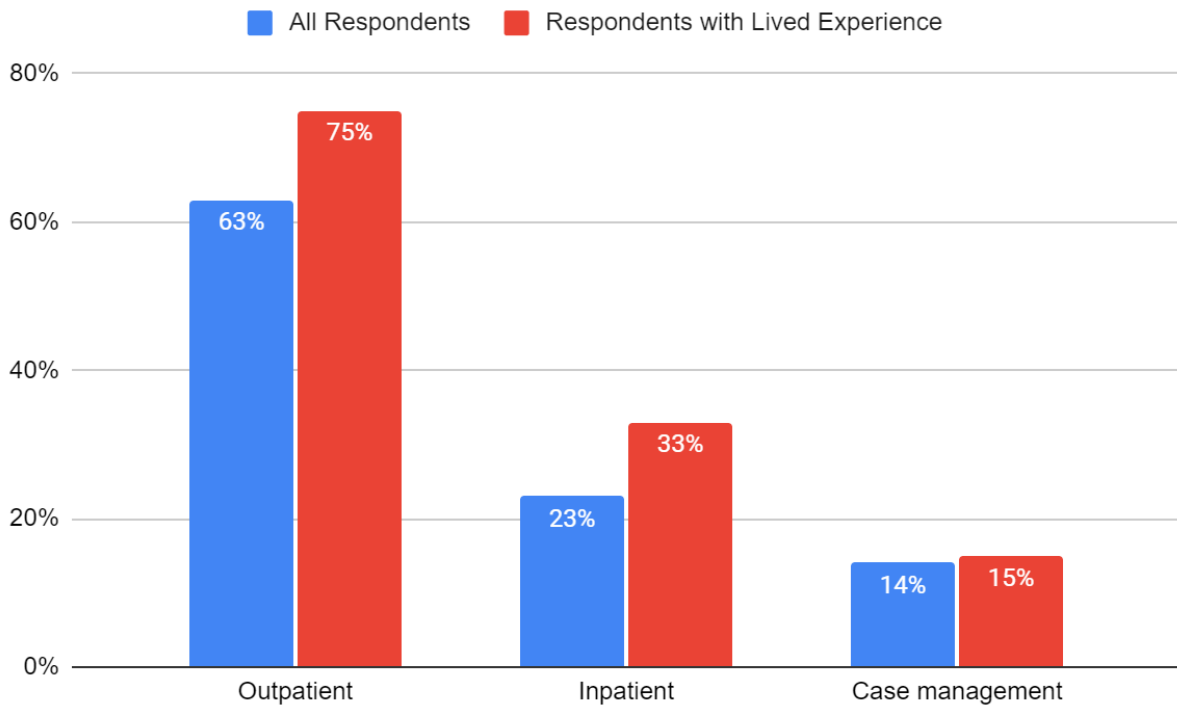
Respondent experience in St. Louis County:

- 70% have *wanted* or *needed* to access mental health care in SLC
- 64% have *accessed* mental health care in SLC
- Of the survey respondents with lived experience:
 - 90% have *wanted* or *needed* to access mental health care in SLC
 - 88% have *accessed* mental health care in SLC



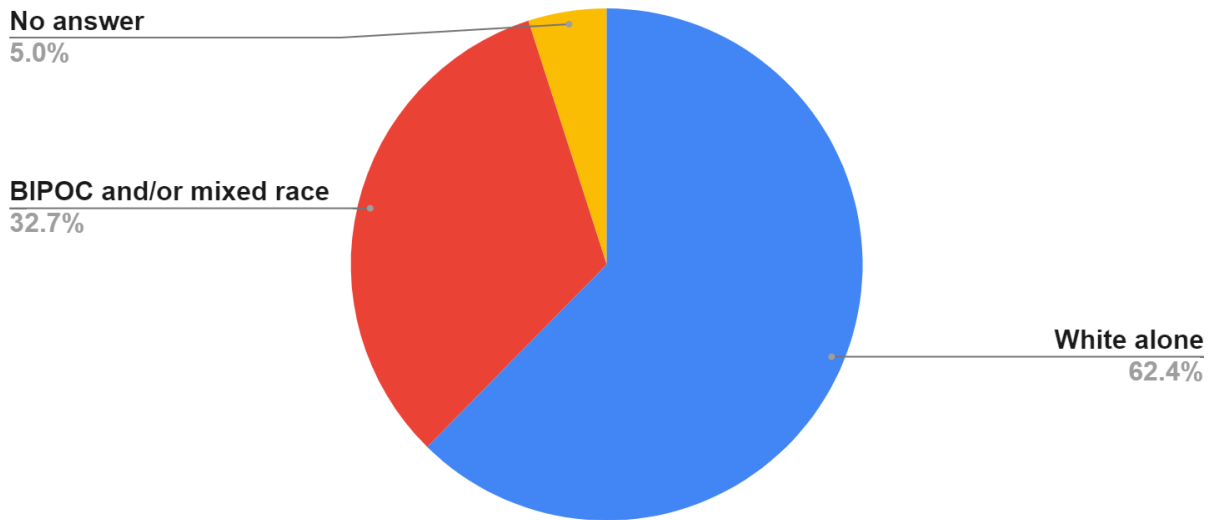
Respondent experience - type of care:

- 63% have experience with outpatient mental health care, either as a patient or a provider of this type of care
- 23% have experience with inpatient mental health care
- 14% had experience with case management services
- Of the survey respondents with lived experience:
 - 75% sought or received outpatient care
 - 33% sought or received inpatient care
 - 15% sought or received case management services.



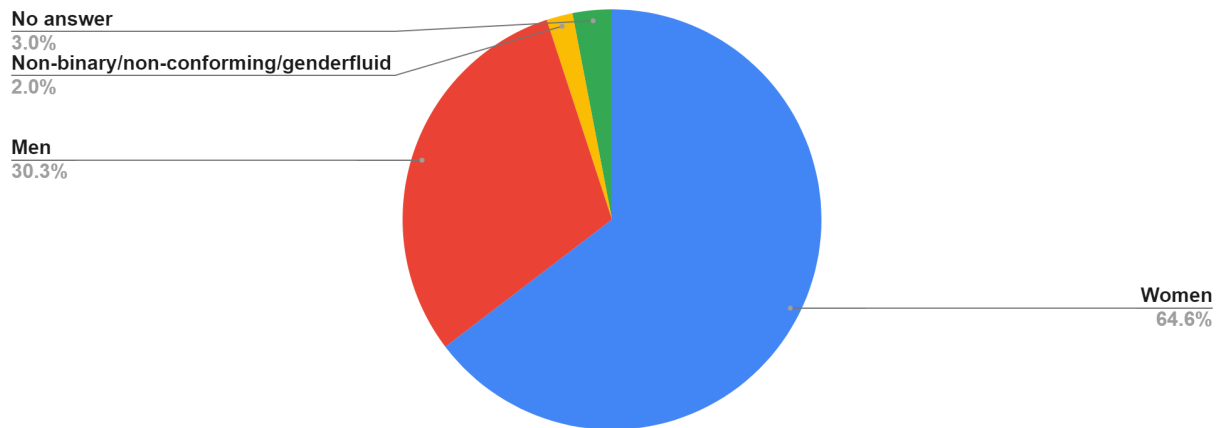
Respondent race/ethnicity:

- 63% White alone
- 33% BIPOC (Black, Indigenous, and People of Color) and/or mixed race
- 5% chose not to answer this question



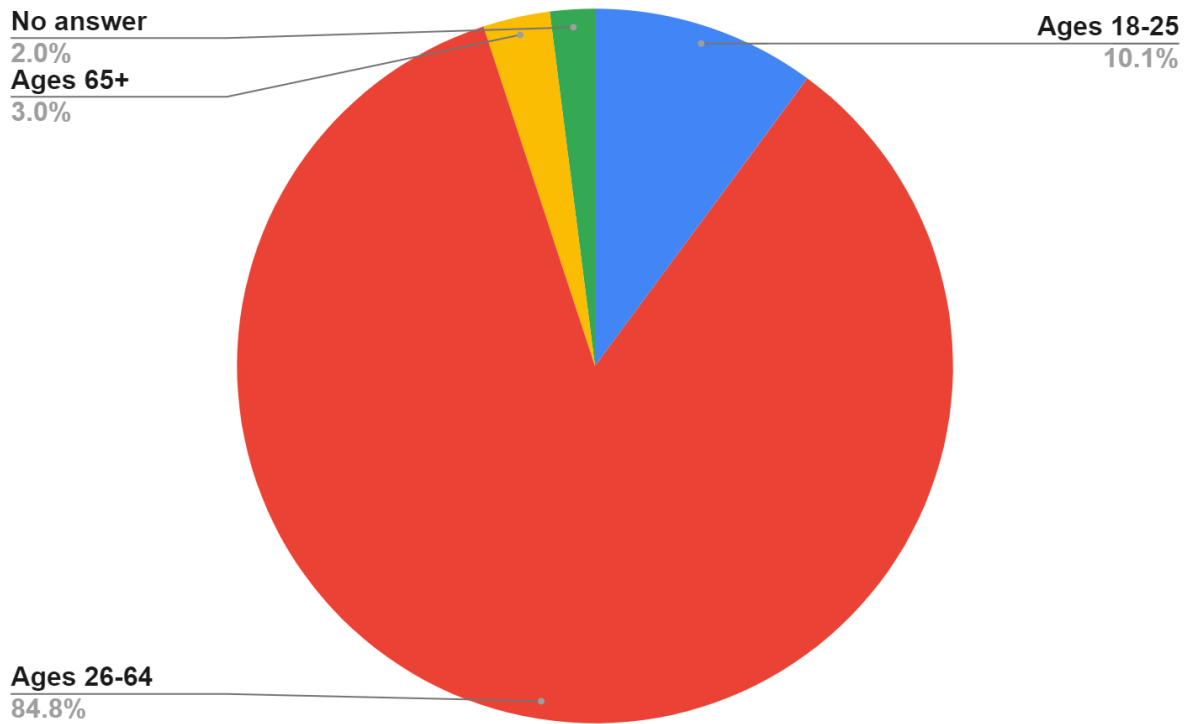
Respondent gender:

- 64% women
- 30% men
- 2% non-binary/non-conforming/genderfluid
- 3% chose not to answer this question



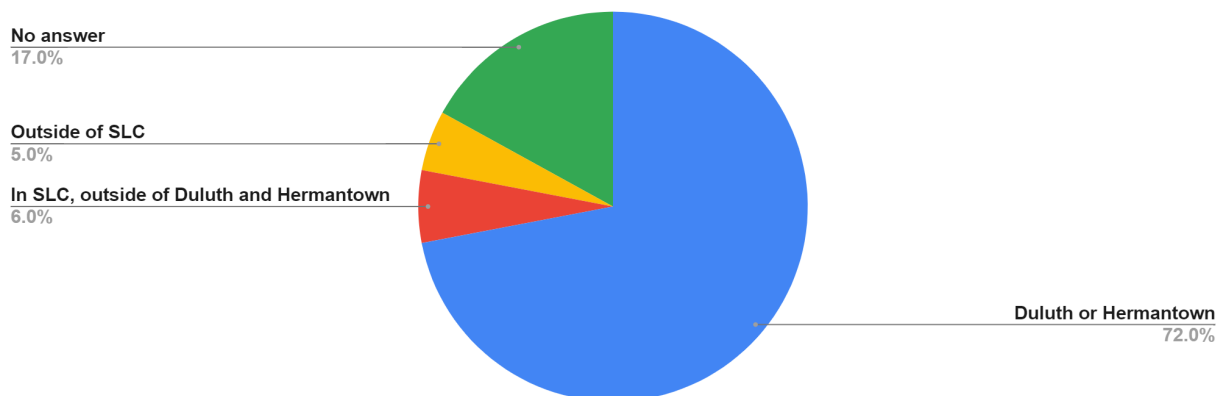
Respondent age:

- 10% ages 18-25
- 84% ages 26-64
- 3% ages 65+
- 2% chose not to respond to this question



Respondent zip code:

- 72% live in Duluth or Hermantown
- 6% live outside of Duluth and Hermantown, but in SLC
- 5% live outside of SLC
- 17% of respondents chose not to answer this question

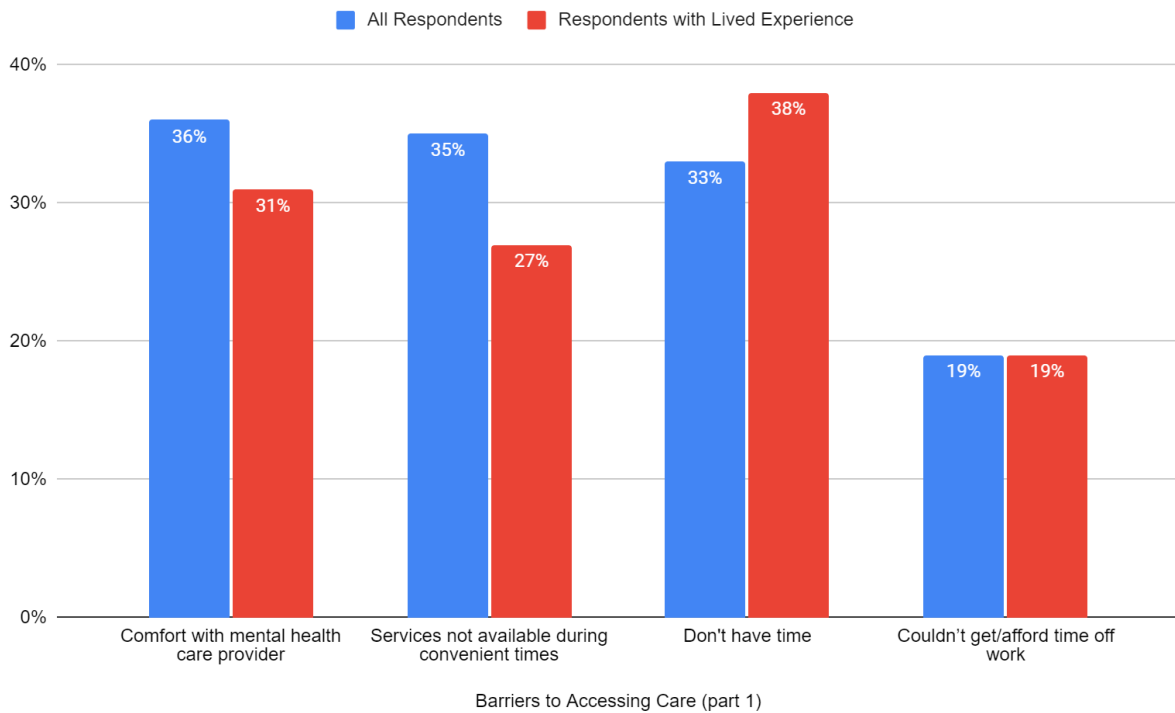


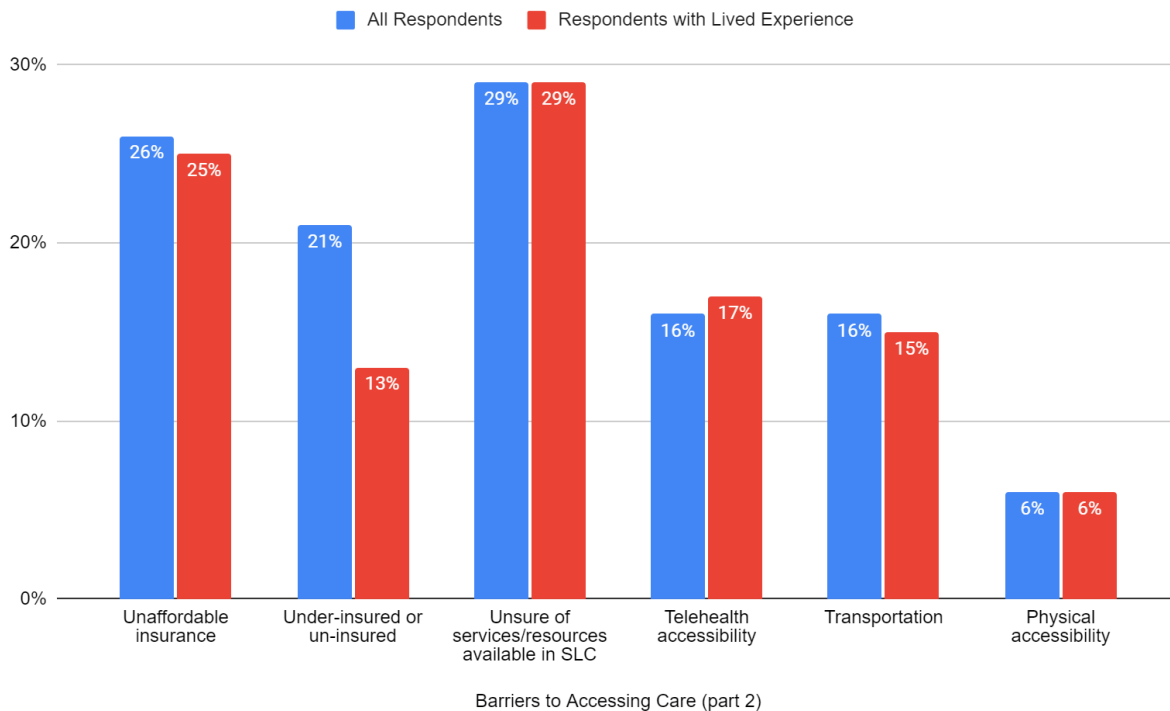
Additional respondent experiences/perspectives:

- 27% have a disability or are disabled

- 16% identify as a member of the LGBTQ+ community
- 14% are currently unhoused or homeless
- 13% are students
- 5% are veterans
- 3% had assistance filling out the survey

Themes





Comfort With Provider/Lack of Provider Diversity

- 36% of respondents said finding a mental health provider who they felt comfortable with has been a barrier to accessing care
 - Of the survey respondents with lived experience, 31% identified this as a barrier

“More BIPOC Providers”

“So hard to find a provider that is a good fit, particularly that specializes in LGBTQ experiences/needs. And many providers are not taking new patients”

“There are not enough mental health providers that are doing outreach to community members in need and meeting them out within the community to provide support, resources, etc. There are not enough mental health professionals who come from diverse backgrounds or are culturally responsive to diverse populations.”

“ ... there is an extreme lack of mental health providers that are reflective of the population in Duluth. We need Black, Indigenous, and other providers of color. We also need more LGBTQIA provider's”

Possible Solution: Make grants available for BIPOC and LGBTQ2s+ mental health providers in SLC (incentive to continue to provide services in SLC)

Also: Make scholarships available for BIPOC and LGBTQ2s+ Graduate students who intend to stay in the Duluth area to provide services post-graduation.

Time

- 35% of respondents said mental health care services are not available during times that are convenient for them
- 33% didn't have time to access mental health care.
- 19% couldn't get time off work or couldn't afford to take time off work to access mental health care
- Of the survey respondents with lived experience:
 - 27% said mental health care services are not available during times that are convenient for them
 - 38% didn't have time to access mental health care.
 - 19% couldn't get time off work or couldn't afford to take time off work to access mental health care

“Better hours for the working person. Visit hours after 430pm or on weekends.”

“incentives for therapists to offer services after the 9-5 workday hours.”

Possible Solution: Create an incentive for providers who work beyond normal hours or extended hours.

Affordability/Insurance

- 26% of respondents had insurance that covered mental health care, but it wasn't affordable
- 21% didn't have health insurance or their health insurance didn't cover mental health care
- Of the survey respondents with lived experience:
 - 25% of respondents had insurance that covered mental health care, but it wasn't affordable
 - 13% didn't have health insurance or their health insurance didn't cover mental health care

“It needs to be more accessible and affordable. It also needs to be available at a reasonable price for those who work & make \$\$ but make too much to get help & can't afford out of pocket. People who are financially stable STILL need services”

“More providers who can offer care on a sliding scale so cheaper”

“I can't afford my co-pay”

“Sliding scales for outpatient therapy services”

Possible Solution: Grants made available for those who cannot afford care and more businesses offering sliding scale options for their services. Expansion of eligibility requirements for families/individuals to qualify for secondary MA insurance to help cover extra medical costs.

Accessibility

- 29% of survey respondents weren't sure what mental health care services or resources were available to them in SLC
- 16% didn't have a comfortable/safe space or reliable technology to access telehealth mental health care
- 16% faced transportation options made it difficult or impossible for them to access mental health care
- 6% faced physical accessibility barriers to accessing the space where care was provided
- Of the survey respondents with lived experience:
 - 29% of survey respondents weren't sure what mental health care services or resources were available to them in SLC
 - 17% didn't have a comfortable/safe space or reliable technology to access telehealth mental health care
 - 15% faced transportation options made it difficult or impossible for them to access mental health care
 - 6% faced physical accessibility barriers to accessing the space where care was provided

“I think more people need to know there are options and that mental health needs to be more/better addressed in primary care and hospitalizations. We also need more mental health inpatient options. I, and many others, have been sent hours away just to get hospital-level mental health services which is counter-intuitive to utilizing a person's natural support system.”

“Every therapist should be trauma informed, and be more into differential diagnosis vs jumping into meds on hunches. Telehealth should always be an option, many of us have no childcare.”

“Insurance to better cover private practice, more awareness about treatment options outside of the larger mental health agencies, incentives for therapists to offer services after the 9-5 workday hours.”

“The accessibility of pca help, therapy in general, any grants etc...is slim to none for the grey zone tax bracket of "too rich" for social assistance but too poor for out of pocket.”

Possible Solution: Create a “resources” tab in Essentia’s Epic MyChart that includes services outside of just the Essentia health system. The resources tab could include crisis line information, social service agencies in all areas of St. Louis County, and any other resources deemed relevant. This would make this information available 24/7 and more accessible. Additionally, seek out more grant funding to offer training to SLC healthcare providers on trauma informed care and identifying burnout/compassion fatigue.

Improved/Expanded Care

- Waitlists to get appointments are too long
- Crisis response is lacking resulting in holds in the ER, often without adequate transition to other care or follow-up
- Collaborative care and/or case management is lacking
- Service providers, such as social service workers and hospital emergency room staff, are lacking training in mental health response, resulting in gaps in care and services

“There are very limited/next to zero services available for youth with high behavioral/mental health needs but lower IQ. Any of the higher level systems of care available for kids with higher needs will reject kids with low IQ due to ‘their inability to learn and retain skills.’ These kids and families are left without their mental health needs being met and the services they do have experience additional strain knowing they aren’t meeting those needs. The ER and inpatient unit system has been terrible to access in my experience as a provider helping kids and families. As a school based provider I brought a kid and family to the ER and can only describe the experience as traumatizing for all involved. There was an extreme lack of trauma informed and trauma aware care and I saw the experience with staff in the inpatient unit of the ER as causing greater harm for both kid and family. Similarly, I’ve had therapy clients spend days in the ER or have to be sent to beds across the state to access inpatient mental health support. Many of my clients have expressed extreme distress and discomfort during the process of having to go to the ER and wait for hours/days to access care.”

“more resources and options- streamlined process for getting a diagnostic assessment and looking at possible resources to find the best match/level of services”

“Earlier and faster access to pediatric mental health support - waiting times are outrageous when time is of the essence in a young persons development”

Possible Solutions: Improved early intervention/interruption response, including crisis response centered/geared toward responding to families and children (child model as opposed to adult model) in their homes (MRSS model for example).

What's Working

- Collaborative care/wraparound – formal and informal case management
- Access to medications that work
- Telehealth

“Combination of in person and virtual choices for sessions”

“I now have a therapist, psychiatrist, and case manager. They all work together to keep me out of the hospital”

“Medication management - relatively easy to go on meds and keep getting the meds”

“I've found the right provider that I can trust”

“telehealth + telephone; email; access to change report forms”

Conclusion:

Our community members have a lot of valuable feedback and we will continue to gather and amplify voices and experiences as a part of our mission as a council. We realize that many of these themes are not new to those in the work and helping to improve systems. That said, we see the importance of continuing to learn and reflect on actual stories and experiences of barriers and gaps as well as identified solutions and feedback for our mental health systems from the people that utilize them. Thank you for your time and interest in hearing these voices.