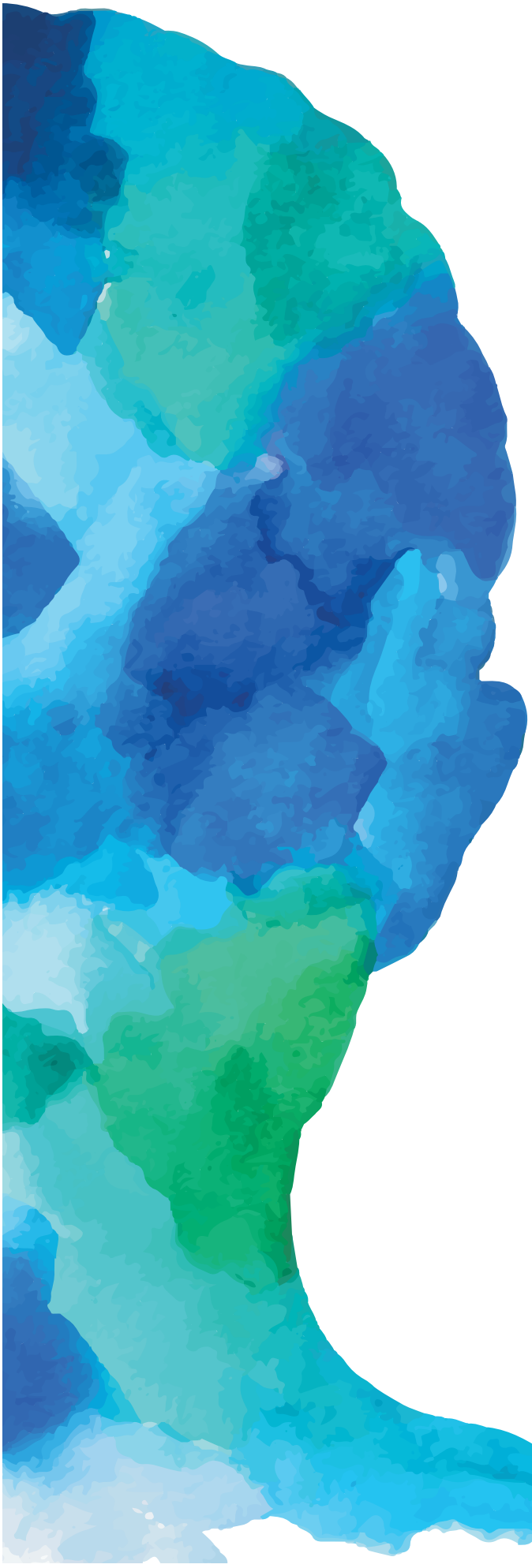

MENTAL HEALTH

Council of the Big Bend

Report of the Mental Health Council of the Big Bend

January 2018

This report was prepared by the **Mental Health Council of the Big Bend (MHC-BB)**. The Leon MHC-BB is aimed at identifying current behavioral health patterns and needs in the region by gathering information from key stakeholders, a variety of sources of relevant research and health data. The Leon MHC-BB was formed in November of 2015 and includes stakeholders from Apalachee Center, Florida State University (FSU), Big Bend Community Based Care, 2-1-1 Big Bend, Capital Regional Medical Center, Florida A&M University (FAMU), Florida Department of Health, Magellan Health Services, NAMI (National Alliance on Mental Illness) Tallahassee, NAMI On Campus (FSU), Tallahassee Memorial Hospital (TMH), United Way of the Big Bend, Whole Child Leon, DISC Village, and the recovery community. The Leon MHC-BB is chaired by the Chief Executive Officer of Apalachee Center. The council has met monthly since 2015 to gather, review and summarize information related to mental health in the region. In 2016, the Leon MHC-BB became the Behavioral Health subcommittee of the Leon County Health Department's Community Health Needs Assessment Action Planning Committee. The Leon MHC-BB is the only entity in Leon County comprised of behavioral health subject matter experts and related stakeholders that is dedicated specifically to employing a data-driven approach to assimilating behavioral health services in Florida's Big Bend region. The information in this report represents the state of mental health in the region based numerous, converging sources of information gathered through 2018, and serves as a springboard for ongoing assessment, attention and recommendations related to mental health in the coming years.

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I. Executive Summary

The MHC-BB was originally founded to provide a forum for mental health providers, scholars, advocates, local experts, and other stakeholders to assess the state of mental and behavioral health and services in the Big Bend region, and to develop a strategy for improved access and outcomes. During the course of this two year process, the group has examined data from four specifically commissioned surveys in addition to the breadth of experience of the group members. Based on all sources of compiled information, the Leon MHC-BB has developed conclusions, goals, and an action plan to address mental health needs which includes service gaps in the region. Mental health disorders are among the most disabling and costly medical conditions. Additionally, mental health disorders significantly worsen outcomes for co-morbid medical conditions such as diabetes, cardiovascular disease, and substance abuse. The most severe and vexing social problems in communities link to mental health; including crime, incarcerations, child welfare, and suicide. Based on themes that emerged from various sources of information in Leon County, mental health remains a significant concern for citizens and key stakeholders.

The following conclusions drawn from several community surveys, as well as expert consensus of key stakeholders, are summarized as follows:

- In general, mental health prevalence rates (including schizophrenia, depression, bipolar disorder, anxiety disorders and substance abuse) in our region are comparable to state and national levels, and there are mental health services needs that remain un-addressed.
- Anxiety is a leading indicator of vulnerability to symptoms of mental illness and substance abuse. Anxiety, as well as depression and other mental health issues, disproportionately challenge Leon County residents. Based on one local study using nationally normed stress and anxiety surveys, Leon County residents report above average levels of stress and anxiety across all demographic groups. While all indicators of anxiety were elevated, reports of anxiety and depression are roughly correlated with lower SES and higher crime neighborhoods, including some designated as “high impact neighborhoods.”
- Based on local surveys, Frenchtown, South Leon County, and South City residents experience greater than average (either local or national) levels of stress and anxiety, and utilize emergency departments to treat those issues. This finding may be a reflection of inadequate access to effective outpatient services.
- Mental health service use rates in the Big Bend were found to be lower (20%) than those found for Florida overall based on a national Substance Abuse and Mental Health Services Administration survey (35%).
- Utilization of emergency mental health services has increased significantly in recent years. Utilization of hospital emergency departments for treatment of mental health emergencies, particularly by residents of “high impact neighborhoods,” has especially increased.
- Survey data further suggests a combination of a lack of psychiatric prescriber resources and low public awareness of the efficacy of availability of behavioral treatments such as psychotherapy for many mental health issues.
- In order to achieve above average mental health provider access and quality in the region, we must develop additional capacity for psychiatric medical prescribing as well as systems to train and monitor best practices for mental health providers of all types.
- Time, insurance, and lack of familiarity with community mental health resources are major constrains for primary care and other medical professionals in addressing mental health issues. A large percentage of medical providers in the region report that they do not have

access to a comprehensive resource list for mental health and substance abuse referrals.
- The majority of general medical providers in the region reported that they would participate in continuing medical education regarding behavioral health issues and behavioral health integration, and would benefit from gaining new information about community resources
- While both primary care physicians and the general public appear to be literate about mental illness and the general efficacy of treatment, surveys indicated a lack of information and education regarding available community resources and how to best access appropriate care.

II. Scope of the Problem

Behavioral health disorders, including mental health and substance abuse, are the primary causes of disease burden for both adults and children in the United States and Florida (IOM, 2016). Although behavioral health disorders are common and effective treatments exist, about half of those individuals with a mental illness do not receive any treatment. By 2020, major depressive illness is expected to be the leading cause of disability in the world for women and children (HHS, 2004). An estimated 26.2% of Americans ages 18 and older—57.7 million Americans—suffer from a diagnosable mental disorder in a given year. More than 14 million children and adolescents in the US, or 1 in 5, have a diagnosable mental health disorder (HHS, 2000).

Untreated behavioral health disorders lead to increased economic costs, hospitalization rates, incarcerations, and suicides. In Florida, it is estimated that alcohol and drug abuse disorders alone cost the state $44 billion annually in direct and indirect costs. Moreover, individuals with behavioral health disorders are at greater risk for other chronic medical conditions and have healthcare costs that are three times higher than other patients. Benefits of behavioral health treatment include improved health outcomes, lower healthcare costs, reduced crime, increased employment income, and subsequently increased tax revenue. Although there are many reasons for low treatment rates for behavioral health disorders, limited access to mental health specialists and lack of care coordination are primary culprits.

Approximately 1 in 6 Floridians struggle with behavioral health conditions, including mental health and substance abuse disorders (FCCMH; Santich & Kunerth, 2014). These behavioral health conditions are known to be the second leading cause of disability in the world, but remain drastically under-addressed. Floridians with behavioral health conditions also have disproportionally higher rates of physical health morbidity, mortality, and die an average of 20 years earlier than persons without behavioral health conditions. Untreated behavioral health disorders lead to poor health outcomes, increased economic costs, increased public dependency, and higher rates of hospitalizations, incarcerations, and child welfare involvement. For example, psychosis is the second leading cause of hospitalization in Florida (SAMHSA, 2015). Additionally, untreated behavioral health disorders lead to increases in death among children, premature deaths, and suicide of affected individuals.

Mental Health Treatment: What Works?

Left untreated or under-treated, mental health disorders are known to be among the most burdensome and costly medical illnesses in the world. Mental health disorders including mood disorders (e.g., depression, bipolar disorder); anxiety disorders (e.g., panic disorder, post-traumatic stress disorder, generalized anxiety disorder, social anxiety disorder); and psychotic disorders (e.g., schizophrenia) are medical conditions that often initially present in childhood or adolescence and may worsen over development if not identified and treated early.

Unfortunately, in most communities in the US, the majority of individuals with mental health disorders are not identified or treated adequately (approximately 80% under-treated). For each of these mental health disorders, effective treatment and lifetime management involve either psychotherapy or medications for the first episode of mild-moderate severity, and a combination of medications and psychotherapy for recurrent or more severe illness. In the case of psychotic disorders, it is vital to identify the first or early symptoms, and to engage comprehensive, evidence-based community

and medical support such as Assertive Community Treatment. Primary care is critical to identify risk or presence of mental health disorders and to manage or co-manage the illness in conjunction with specialty mental health services. In most cases, teams of professionals that include well-trained psychiatric prescribers are needed to reduce burden to the individual, her/his family, and society.

III. Relevant Background on Leon County, Florida

Overview

Behavioral health outcomes in Leon County as compared to Florida overall and other US counties can be estimated based on national data sources. Albeit limited by few mental health measures, these sources can provide a snapshot of how Leon County compares statewide and nationally. According to the Robert Wood Johnson Foundation 2016 County Health Rankings, Leon County ranks 17th among the 67 Florida counties in overall health outcomes. That survey also found that Leon County residents had an average of 4.0 mentally unhealthy days in the past 30, as compared to a state average of 4.2. Overall, Leon County had 529 mental health providers in 2017. The ratio of the Leon County population to mental health providers was found to be 540:1, with providers defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care. The mental health provider ratio is better than the state of Florida as a whole, which is 750:1, but the top performers in the US achieving a ratio of 360:1. The Federal Area health Resource File lists a total of 33 licensed psychiatrists in Leon County, but far fewer are actively providing clinical services in the region, with two Child Psychiatrists listed in the region. According to the Florida Health Charts, the suicide age-adjusted death rate in Leon County for 2013–2015 is 12.1, slightly higher than the US Healthy People 2020 goal.

Based on these sources, Leon County performs above the state and national averages on some indicators, but additional county-specific data is needed in order to get a more comprehensive picture of the precise behavioral health strengths and needs for our citizens. In order to achieve better-than-average mental health provider access and quality in the region, we must increase capacity for psychiatric medical prescribing and develop systems to train and monitor best practices for mental health providers of all types.

Current Behavioral Health Capacity and Funding

This region is served by three acute care behavioral health providers: Apalachee Center's Eastside Psychiatric Hospital, Tallahassee Memorial Behavioral Health Center, and Capital Regional Medical Center. Each of these facilities provide acute inpatient psychiatric care licensed under Florida Statute, Chapter 395, and each is a receiving facility designated by the Department of Children and Families in accordance with Florida Statute, Chapter 394. These three receiving facilities are within a few miles of each other and serve a 5,500 square mile service area. Private psychiatric inpatient capacity in this region totals 130 licensed beds across the three facilities, making Leon County one of the most resource rich in terms of commercial (private) intensive inpatient psychiatric capacity and population in the state of Florida. In addition, Apalachee Center operates the region's only publicly funded receiving facility for the uninsured, a 28-bed Crisis Stabilization Unit, which is fully funded at 75% state to 25% local match. Only four of those beds, located on a separate unit, accommodate minors. Apalachee Center also operates an eight-bed Short-term Residential Treatment Facility, which is directly adjacent to the Crisis Stabilization Unit. There is a need for more beds for this sub-acute, residential level of care in the community to divert state hospitalization and to assist in jail diversion efforts.

Mental health and substance abuse outpatient services are provided within Leon County by Apalachee Center, Tallahassee Memorial Behavioral Health Center, Capital Regional Medical Center, DISC Village, Florida Therapy Services, and a variety of private therapy offices. Tallahassee Memorial Behavioral Health Center also offers an intensive outpatient program for substance abuse. For some individuals, especially those who are uninsured, it can be confusing and difficult to navigate the system and to know which provider to go to for outpatient care. State-funded treatment options

for mental health and detoxification are offered to the uninsured only by Apalachee Center and DISC Village for substance abuse treatment. Apalachee Center is also the only agency that provides outpatient psychiatric services in each of the eight counties, although there are some local providers in individual counties.

IV. Leon County Behavioral Health Data: Sources and Results

Baker and Marchman Act Data

According to *The Baker Act Fiscal Year 2015/2016 Annual Report* by the Baker Act Reporting Center at the University of South Florida Florida's Mental Health Institute, Circuit 2 (Leon, Franklin, Gadsden, Jefferson, Liberty and Wakulla Counties), had a total of 3,084 involuntary examinations. This represents an 8.17% increase from the previous Fiscal Year and a 43.64% increase from Fiscal Year 11/12. This data includes children, and when broken out from adults, children represented a 116% increase of Baker Act examinations (Leon County residents) from Fiscal Year 10/11 (192) to Fiscal Year 15/16 (415).
Source: FMHI Baker Act Reporting Center, March, 2017

Emergency Department Data

According to data collected and summarized by the Florida Agency for Health Care Administration (ACHA), Mental, Behavioral, and Neurodevelopmental Disorders comprised nearly $20 million in costs of all care episodes in 2016 between the two Leon County hospitals (Tallahassee Memorial Hospital and Capital Regional Hospital). These disorders accounted for 5.2% of all ER visits in the region in 2016, and 19.2% of visits among individuals aged 25-34 years.

Florida Agency for Health Care Administration: Emergency Department Data Reason for ER Visit			
Diagnostic Group: Mental, Behavioral, and Neurodevelopmental Disorders			
Hospital	**2016**	**2015**	**2014**
Capital Regional Medical Center # ER visits	1,092	1,160	1,051
% of all ER Visits	1.6 %	1.8%	1.7%
Ave. Cost of Care per episode	$6,595	$4,669	$4,239
Cost of Care all episodes	$7,202,220	$5,415,954	$4,455,241
Tallahassee Memorial Hospital # ER visits	3,245	3,207	2,735
% of all ER Visits	3.6%	3.7%	3.3%
Ave. Cost of Care per episode	$3,909	$3,678	$3,455
Cost of Care all episodes	$12,683,838	$11,796,879	$9,450,576

Source: FloridaHealthFinder.gov

United Way Health Survey

In 2015, the United Way engaged FAMU and FSU to conduct a stress and anxiety prevalence survey in Leon County. Using a nationally validated and normed instrument, this survey was administered to 381 residents of Leon County (65% female). The survey included a validated measure of stress, the Perceived Stress Scale (PSS). The PSS is a self-report tool designed to measure the extent to which people assess situations in their lives as stressful. The PSS has been found across studies to have acceptable validity as compared to other validated measures of stress as well as measures of depression and anxiety. The national mean score of the PSS is 13.2 (on a 1–20 scale). The Leon County PSS mean score is 15.4. Overall, the results of the United Way survey determined that all stress levels across all domains (sex, ethnicity, employment status, socioeconomic status) in Leon County exceed national norms. Within Leon County, the survey found that ZIP codes 32305, 32303, and 32317 reported the highest levels of stress/anxiety, with 32311 just above the reported mean at 15.8.

When examined in conjunction with emergency room data showing the prevalence of ER visits for stress-related illness by ZIP code, a consistent picture emerged: Frenchtown, South Leon County, and South City have the highest levels of anxiety, perceived stress and emergency department utilization. In contrast, East Leon County and Southwood both reported high levels of anxiety (third and fourth, respectively), coupled with much lower incidences of stress-related ER visits. A natural conclusion is that Frenchtown, South Leon County, and South City residents experience greater than average (either local or national) levels of anxiety, and they utilize emergency departments to treat those issues in an absence of access to, or utilization of, more preventive resources.

2016 Leon County Community Health Neighborhood Assessment—Mental Health

In 2016, the Leon County Department of Health conducted a Community Health Needs Assessment (CHNA) that included comprehensive questions regarding behavioral health. This survey targeted neighborhoods that had been identified as high need—including those that reported the highest stress and stress-related emergency department use. In this survey, mental health items included information about specific categories of mental illness, including anxiety, depression, and psychosis. Data collection included a randomized door-to-door survey administered by Department of Health staff and volunteers in six underserved neighborhoods in Leon County. A total of 300 surveys were completed, plus focus groups were organized for dissemination and additional data verification. The methods and analyses of the CHNA were guided by two primary issues: Health equity and social determinants of health. A full summary of the CHNA can be found at www.fldoh.gov. Results overall indicated that mental health is a frequently identified issue among the surveyed neighborhoods in Leon County. In particular, two main themes regarding mental health emerged: the need for access to mental health services and quality mental health services. Results indicated that 20% of respondents in all targeted neighborhoods endorsed items related to anxiety, 23% endorsed items related to depression, and 4% endorsed items related to psychosis. These responses were notable for both broad levels of mental health issues and specific neighborhood issues. Broadly, all responses to the survey were significantly higher than national norms. For example, the 2015 National Survey on Drug Use and Health published by the Substance Abuse and Mental Health Services Administration found that 6.7% of American adults had suffered from at least one serious depressive episode in the past year and that 4% of American adults suffered from serious mental illness (including but not limited to episodes of psychosis). Closer to the CHNA results, the National Institute of Mental Health estimates that 18.1% of American adults suffer from anxiety disorders in their lifetime, and estimates the lifetime prevalence of depression in the US to be 17%.

In the case of anxiety and depression, national estimates are lower than the rates found in the CHNA. However, caution should be exercised in drawing conclusions about the neighborhoods surveyed because of the use of different questionnaires and inclusion criteria. In the case of depression, for instance, the national survey referenced debilitating depression that had impaired functioning for two weeks—a significantly more stringent standard than employed in the CHNA. Similarly, the serious mental illness items in the national survey encompassed all forms of serious mental illness, not only psychosis.

The Tallahassee Memorial Hospital Survey

Also in 2016, Tallahassee Memorial Hospital conducted a community survey of health and service needs by telephone. The Leon MHC-BB collaborated on the TMH survey by including measures related to mental health literacy. Mental health literacy can be defined as "the ability to recognize specific disorders; knowing how to seek mental health information; knowledge of risk factors and causes, of self-treatments, and of professional help available; and attitudes that promote recognition and appropriate help-seeking'' (Jorm et al., 1997). The Mental Health Literacy Scale (O'Connor & Casey, 2015) was adapted for use in the TMH survey. The Mental Health Literacy Scale is a 35 item scale that consists of (1) ability to recognize disorders, (2) knowledge of where to seek information, (3) knowledge of risk factors and causes, (4) knowledge of self-treatment, (5) knowledge of professional help available, and (6) attitudes that promote recognition or appropriate help-seeking behavior. The scale was modified for brevity using expert consensus on the highest-impact items for our region. The final scale included 14 mental health literacy items.

A total of 500 adults completed the TMH telephone survey between July 5 and July 15, 2016. Respondents were distributed by county as follows:

County	N	% Female	% Caucasian	% African American
Leon	200	62	52	38
Wakulla	100	56	76	17
Gadsden	100	58	50	50
Jefferson	100	57	55	33

Results

In terms of mental health literacy, most respondents across the four counties (over 80%) indicated that they consider schizophrenia and psychosis to be mental illnesses, and over 75% indicated that they consider bipolar disorder to be a mental illness. Although the majority of respondents indicated that they consider depression (65-70%), anxiety (58-70%) and Post-Traumatic Stress Disorder (67-80%) to be mental illnesses, it is concerning that many did not perceive these to be mental illnesses. Only a maximum of 56% of respondents perceived substance abuse to be a mental illness.

The survey found that respondents were reasonably sophisticated regarding the medical nature of more serious mental illnesses, tended to respond in non-stigmatizing ways, and were reasonably open to seeking treatment in the event of needing behavioral healthcare. Overall, the survey found that mental health service use rates in our region are lower than those found in the state of Florida by a Substance Abuse and Mental Health Services Administration survey. This survey found that 35% of Florida residents with any mental health disorder had received mental health services. In fact, fewer than 20% of individuals surveyed reported ever having sought mental health care, and only in Wakulla County (26%) did more than 3% of respondents report currently dealing with mental health issues. Wakulla County also had the highest proportion of respondents who disagree with the statement, "People need treatment for mental illness just like they do for other kinds of illnesses" (21%, as opposed to 9% in Leon County, the next highest level of disagreement). Strikingly, very few of respondents seeking mental health care reported difficulty accessing it: 12% in Leon and Jefferson counties, and less than 10% in Wakulla and Gadsden. Very few of those who did report difficulty with access specified the reason. Ultimately, the TMH survey clearly demonstrated a disjunction between this region's public awareness and discussion of mental illness as an abstract issue and residents' reports regarding real life engagement with the mental health treatment system.

The Primary Care Physicians Survey

In 2017, as part of the work of the Leon MHC-BB's Education Committee, a survey of local primary care physicians was initiated through Big Bend Community Based Care. The survey instrument was developed by the committee in concert with FSU College of Medicine. The survey of 250 local physicians yielded approximately a 20% response rate. Results indicated that the majority reported screening for mental health issues in adults, and are very or extremely comfortable in addressing mental health issues. Time, insurance, and lack of familiarity with community mental health resources were reported as the major constraints in dealing with mental health issues. Most respondents were comfortable managing medications for anxiety, depression, and ADHD, but significantly fewer were comfortable managing medications for schizophrenia and bipolar disorder. Half of all respondents reported that they did not have a comprehensive resource list for mental health and substance abuse referrals. The survey results are encouraging in that the majority of respondents reported they would participate in continuing medical education regarding behavioral health issues, and the great majority (93%), endorsed gaining new information about community resources as their primary interest in participating in such an event.

V. Recommendations

Drawing from the above summary and the data detailed in this report, the Leon MHC-BB has developed four goals and related recommendations for behavioral health in this region. These include the following:

1. Evaluate. Summarize and disseminate findings of the MHCBB into a comprehensive evaluation of regional behavioral health strengths and weaknesses. The present report represents the results of this evaluation through 2017. In the long term, follow-up surveys should be conducted on a triennial basis to monitor progress toward the goals below.

2. Expand. Expand the available pool of psychiatric medical providers well-trained to identify, treat, and manage mental health disorders. One way to expand is by developing a psychiatric residency program; such programs are known to significantly improve psychiatric service access and quality in their communities. This goal includes the following objectives: (a) Support the current discussions between Apalachee Center, FSU, and TMH regarding the development of a psychiatric residency program in Tallahassee. This discussion is currently active and underway, with all three participant groups having expressed initial commitment to the project. (b) The FSU College of Nursing is currently training psychiatric ARNPs: Engaging nursing in a discussion about enhancing opportunities to train and employ psychiatric ARNPs in Tallahassee. (c) Develop a protocol linking mental health professionals with primary care physicians to maximize the availability of psychiatric medication consultation. The Florida Department of Health is currently working with the Leon MHC-BB to develop this protocol.

3. Educate. Educate local communities about the availability, specific roles, and effectiveness of psychotherapists and other mental health professionals. This goal includes the following objectives: (a) Develop an educational strategy to inform the public about the appropriateness, availability, access, and benefits of mental health services. (b) Partner with provider trade associations (e.g., Florida Medical Association, Florida Psychological Association, National Association of Social Workers, Florida, and primary care networks) to develop a messaging campaign around the available mental health services. (c) Partner with 2-1-1 Big Bend, FSU, and the United Way to support the development of a comprehensive, curated database of local mental health providers that may be disseminated for use and integration in medical care settings. This database has been developed, and will be unveiled in early 2018.

4. Engage. Engage identified high behavioral health need communities within Leon County to develop a concentrated, community sensitive, and sustainable response to observed high need areas. This goal includes the following objectives: (a) Identify key stakeholders in

targeted high need communities. Members of the Leon MHC-BB also serve on the Southside and Frenchtown Community Advisory Council, and have begun to engage community stakeholders in this dialogue. (b) Engage with stakeholders to develop a plan for community engagement in order to address the need and availability of behavioral health services. A community outreach strategy is currently under development that will provide, through FAMU, education and information regarding available mental health resources at Bond, Neighborhood, and Care Point. (c) Develop a plan to expand and/or create necessary access to services in high needs communities.

Targeted attention regarding policy, resource investment and awareness is needed from local and state lawmakers, regulators and other stakeholders in order to position Leon Country as a model for other communities in better addressing mental health. It is to the great credit of Leon County and this region that an atmosphere has been fostered in which all stakeholders can work collaboratively to diagnose the scope and nature of behavioral health issues in this region, and to propose solutions. We are fortunate to have two nationally recognized research universities, a robust medical and psychiatric community, and local elected leadership and government agencies who are strongly invested in positive and collaborative outcomes. The hope of the Mental Health Council is that the data in this report will prove useful as a baseline measure of where we are as a community, and lead to the attainment of the goals and objectives outlined above.