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Qualitative Assessment of Substance Use and Mental Health Services and Needs in Lincoln County Maine

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BACKGROUND

Substance use and mental health disorders are serious and costly public health issues; these disorders are among the leading causes of disability and carry a heavy disease burden, resulting in significant costs to families, employers, and publicly funded health systems. In 2015, an estimated 43.3 million (17.9%)¹ adults aged 18 and older reported having a mental illness and approximately 20.2 million adults² reported having a substance use disorder in the past year. Moreover, just over 50%, or 10.2 million individuals with a substance use disorder also report having a co-occurring mental health disorder.³ Substance use (\$400 billion)⁴ and mental health (\$467 billion)⁵ disorders cost the United States billions in annual health care expenditures, decreased work productivity, and lost earnings. Yet, these disorders continue to remain under diagnosed and untreated; only 10%⁶ of individuals with a substance use disorder and 41%⁷ of individuals with a mental health disorder actually receive treatment. However, comprehensive continuums of care that include prevention, early intervention, treatment, and recovery supports can reduce the health and social costs associated with these disorders.^{8,9}

IMPORTANCE OF ADDRESSING SUBSTANCE USE AND MENTAL HEALTH DISORDERS IN LINCOLN COUNTY

In Maine, there is a growing awareness and readiness to address issues related to substance use disorders (SUDs) and mental health. The Maine Center for Disease Control and Prevention (CDC) *State Health Improvement Plan* identifies reducing SUDs and increasing access to treatment for substance use and mental health disorders as top priorities.¹⁰ Moreover, the recently completed 2015 *Maine Shared Community Health Needs Assessment (CHNA)*, a coordinated effort led by several of the state's largest health systems and the Maine CDC, identified both drug and alcohol use disorders and mental health as top-ranked health issues in the state.¹¹ A high percentage of respondents indicated that drug and alcohol abuse (71%), tobacco use (61%), and mental health (59%) issues were major or critical problems in Lincoln County.¹² Additionally, Lincoln County is one of the most rural counties in the state and, like many rural counties throughout the country, is a designated health professional shortage area.¹³ Lack of adequate access to primary and preventive care along with a limited network of essential services, including access to a broad range of behavioral health treatment services for substance use and mental health, makes addressing substance use and mental health issues particularly challenging. Below is a snapshot of selected substance use and mental health disorder data for Lincoln County.

KEY FINDINGS

- Reducing the toll of mental health and substance use disorders is a high priority in Lincoln County.
- County residents view some behavioral health services in the County positively, but unmet needs and barriers to services were viewed as serious problems.
- Residents recognize the need to address substance use and mental health prevention; early detection and intervention; treatment; and recovery support.
- Residents also recognize the need to address inadequate services as well as barriers to accessing programs and services.

NEXT STEPS

As Lincoln County stakeholders plan their next steps, using a framework that includes:

- 1) broad-based universal prevention & health promotion,
- 2) selective prevention interventions, and
- 3) indicated secondary prevention interventions,

will ensure that the resulting approach fully addresses the needs of Lincoln County residents.

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SNAPSHOT: SUBSTANCE USE AND MENTAL HEALTH DISORDERS IN LINCOLN COUNTY¹⁴

- In 2011, 16.7% of adults in Lincoln County identified as being at risk for binge drinking.
- In 2012-14, Lincoln County observed an annual average of 13.7 drug related overdose deaths per 100,000 residents.¹⁵
- In 2013, 24.9% of high school students admitted using alcohol in the past 30 days while 22.8% admitted to using marijuana.
- In 2011 nearly 9% of adults in Lincoln County screen positive for symptoms of depression (PHQ2) and 26.3% were told by a health care provider that they had depression.
- In 2015, 23.8% of Lincoln County high school students said they were sad/hopeless for 2 weeks in a row, 12.9% seriously considered suicide.

PROJECT OVERVIEW

Healthy Lincoln County (HLC) is a non-profit, community health organization serving the residents of Lincoln County, Maine. HLC utilizes a variety of prevention and intervention strategies aimed at reducing substance use; promoting healthy nutrition and physical activity; and ensuring the well-being of seniors.

Like Lincoln County, many rural areas across the country are conducting needs assessments and adopting innovative strategies to reduce the barriers that impede access to high quality, affordable, and accessible care for rural Americans.¹⁶

STUDY AIMS

The purpose of this study was to describe the current behavioral health infrastructure in Lincoln County and identify gaps in services and ancillary supports for effectively addressing mental health and substance use disorders.

As stated above, the state health needs assessment identified substance use and mental health disorders as the top health issues in the county. In response to these findings, HLC engaged in several data gathering efforts to inform their planning and intervention strategies around substance use and mental health.

First, with funding from the Maine Health Access Foundation (MeHAF), HLC conducted a series of qualitative key informant interviews with stakeholders to identify specific strategies for improving substance misuse and mental health services in the county. Second, as part of the Maine Shared Health Needs Assessment and Planning Process (SHNAPP), HLC co-hosted community forums in the county at which health and demographic data were presented and priority topics including substance use and mental health were discussed in subgroup discussions.

The information from the key informant interviews and community forums has been analyzed; the data from this analysis will provide valuable information to HLC and other key stakeholders to guide the development of prevention and intervention strategies that maximize assets and address gaps in services in the county. The information can also be used to help inform future planning and service development.

PROJECT APPROACH

With funding from HLC, researchers from the Muskie School at the University of Southern Maine reviewed relevant literature and data; compiled and analyzed interview and community forum responses; and identified key themes in order to:

1. describe current substance use and mental health services in the county;
2. identify any current county level challenges or unmet needs related to substance use and mental health services, and;
3. provide recommendations for future strategies to address SUDs and mental health within Lincoln County.

All of the qualitative data presented in this report was collected by HLC staff during the winter and spring of 2016;

DEMOGRAPHICS OF LINCOLN COUNTY

- Lincoln County, located in Maine's midcoast region, is comprised of 19 rural coastal towns and cities and is the third smallest county by area.¹⁷
- With an estimated population of 34,156, Lincoln County has the fourth smallest county population in the state; the county has the highest percentages of residents 65 and older (22.5%) and the lowest percentage of residents under 20 years of age (21%).^{18, 19}
- The median household income in the county is \$50,181, which is slightly higher than the State median household income of \$48,453 (Maine Rural Health & US Census).
- Nearly 12% of county residents are living below the Federal Poverty Level (FPL) in Lincoln County, slightly lower than the State FPL of 14%.²⁰
- An estimated 12% of individuals in Lincoln County do not have health insurance which is slightly higher than the Maine State estimate of 10%.²¹

evaluators from the Muskie School were not involved in formulating research questions, interview protocols or in the leading interviews or forums.

Key informant interviews were conducted with community leaders from a broad range of sectors (e.g. health care, education, law enforcement, EMS) as well as with consumers who had lived experience with substance use or mental health

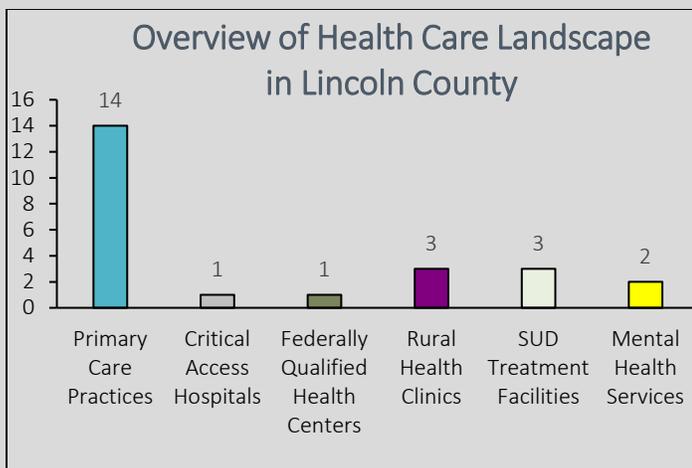
disorders. Qualitative data from the 24 interviews with both youth and adults, was collected through convener notes and compiled in documents that were then shared with evaluators at the Muskie School for analysis. It is important to note that the reliance on notes from the interviews and break-out sessions, rather than verbatim transcription, is a limitation of the study methodology.

Qualitative data were analyzed using established qualitative analytic techniques. Analysis was done iteratively to build a coding scheme for all of the textual data based on grounded theory procedures, in which themes are drawn from the text and coding involves frequent comparative analysis of the data. All of the data was reviewed by multiple members of the Muskie team and coding discrepancies were resolved through discussion.

The information collected during key informant interviews and community forums was supplemented with relevant literature and existing state data. The evaluation team reviewed: demographic and health data, effective and promising activities in the field, and literature on addressing substance use and mental health issues.

OVERVIEW OF PROJECT RESULTS

Our analysis of key informant interviews and forum discussions revealed common themes identified by both community leaders and consumers. Major themes included: the identification of current services in the county; areas of unmet need; challenges related to accessing care and; directions for the future.



Current Service Assets: During the interviews several participants spoke of community strengths with respect to substance use and mental health services in the county.

Some participants spoke about the strengths of several community-based programs for those in need of SUD and/or mental health services. Also, several participants mentioned successful collaborative relationships between community

organizations, for example between law enforcement and substance use treatment organizations.

Other participants spoke in positive terms about several community organizations that provide drug and alcohol treatment services or support such as The Addiction Resource Center (ARC) in Damariscotta, support groups including Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) in various locations, and Al-Anon, an organization offering support to family and friends of problem drinkers.

Although at least one participant felt the current treatment infrastructure was adequate considering the rural nature of the county, most interview participants focused on current gaps in services and barriers to access.

Current Service Gaps: Much of the discussion during the Healthy Lincoln County sponsored interviews centered on two important themes: 1) **unmet need** for substance use and mental health prevention; early detection; treatment and recovery; and 2) **barriers** to accessing substance use and mental health services. Information on stakeholder views of community resources needed to address major or critical health problems in Lincoln County was also gathered during the SHNAPP community forums.

Barriers to Access



Stakeholders identified the need for: greater access to drug/alcohol treatment; greater access to substance use prevention programs; free or low cost treatments for the uninsured; more providers offering SUD treatment; additional therapeutic programs; more mental health professionals; an increase in the number of community-based mental health services; better funding and support for prevention and treatment and; greater access to inpatient mental health services. These unmet needs were echoed in the Lincoln County interviews, with the interviews also identifying a need for better coordination between medical providers and behavioral health/specialty treatment.

The major barriers identified through the interviews and community forums mirror those outlined in the literature. Barriers identified by interview participants included:

affordability, particularly for the under and uninsured; transportation; lack of facilities, personnel, and programs; lack of knowledge of existing services, stigma and shame; and a lack of community awareness and supports to help individuals with substance use and mental health disorders.

While these barriers are not exclusive to rural communities, they often disproportionately impact individuals living in rural areas.²²

STRATEGIES FOR ADDRESSING SUBSTANCE MISUSE AND MENTAL HEALTH IN LINCOLN COUNTY

Much of the information shared by respondents in key informant interviews and community forums focused on the participants' vision for the future in Lincoln County. To a great extent, the themes related to future vision parallel the ideas expressed about unmet need and barriers. When describing their vision for Lincoln County's future, interview and SHNAPP breakout session participants described ideas and concepts that fit into the themes listed below.

PREVENTION: Respondents reported a need for robust prevention programming to address the rapidly increasing need to address substance use and mental disorders among the county's residents. Participants favored school-based programs, for example, through expanded health education as a key direction for prevention efforts. While school-based programs are effective at reaching a large number of individuals, they also viewed consistent substance use prevention messaging as a key part of future prevention strategies.

Participants' feedback highlight the need for prevention efforts in the county to shift towards a more comprehensive, integrated model that incorporates prevention and education activities at all grade levels and across the lifespan. This is particularly important for Lincoln County because a number of interviewees mentioned the need to address prevention among individuals in their late teens and early twenties; a group that appears to be underserved and particularly vulnerable to substance misuse and the onset of mental health issues.

Efforts should focus on implementing prevention strategies in both school and community settings that are evidence-based and have consistent curriculum and messaging; promote resiliency; and increase the perceptions of risk/harm related to substance use and untreated mental health disorders. While there are a number of effective evidence-based prevention programs to address substance use and mental health, it is

important that prevention efforts remain flexible and responsive to the specific needs of the community.

EARLY DETECTION AND INTERVENTION: Lincoln County residents also spoke of the need for early detection and intervention (also referred to as secondary prevention) for those at risk of substance use and/or mental health disorders. Existing literature points to opportunities to improve outcomes through early intervention for individuals with substance use and mental health disorders.

TARGETING SUBSTANCE USE PREVENTION EFFORTS TO ADDRESS FACTORS INFLUENCING YOUTH BEHAVIORS^{23,24}

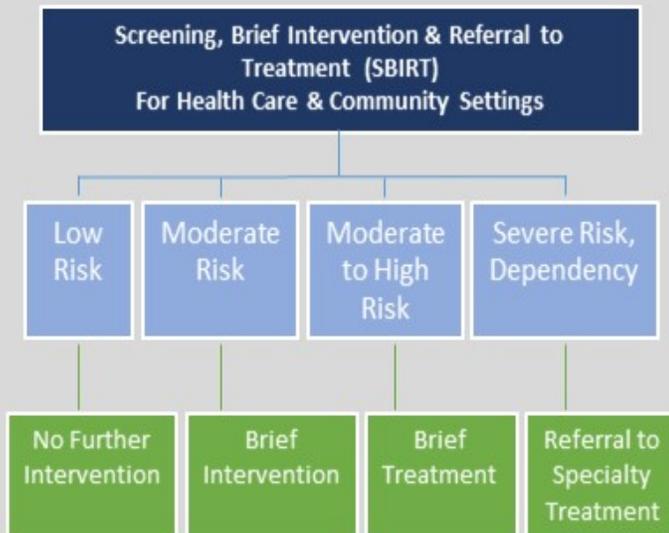
A variety of risk and protective factors contribute to the initiation, maintenance, and escalation of substance use among young adults. Targeted strategies at the individual, family, school and community levels can be used to address substance misuse and abuse among young adults.

- ***Individual Factors-*** Psychological characteristics associated with substance use include low self-esteem, lack of assertiveness, and limited impulse control. Programs using developmental models such as social resistance skills training, normative education and life skills training are all evidence-based approaches to addressing individual risk factors.
- ***Family Factors-*** A central risk factor for the early development of SUDs is the role that familial norms regarding substance use. Children model the behaviors and attitudes of their families. Therefore, family and parenting factors can play a key protective role in preventing adolescent substance use through setting limits, monitoring behavior and fostering open communication. Community organizations can provide skills training and parenting classes to help support parents in preventing and addressing risky behaviors.
- ***School & Community Factors-*** Environmental factors and attachments to conventional institutions, such as schools, are associated with adolescent substance use. Schools and communities can play a protective role by actively engaging young people in positive activities to reinforce positive social norms and help avoid problem behaviors.
- ***Social Influence Factors-*** Social influences play a key role in influencing youth behavior. Prevention programs that facilitate the maturation of skills, strengthen self-regulation, and reduce sensitivity to social influences are effective at reducing substance use in adolescents.

Policies and protocols are needed in schools to address early behavioral problems, risk factors and substance use. Early identification efforts in schools should focus on implementing systems for parental communication. Furthermore, parents need the tools necessary to help them recognize the signs of

substance use and mental health disorders in children/youth and the skills to address these issues when they arise. In addition to increasing the capacity of schools to identify at-risk youth, there is also a need to increase the capacity of providers to identify and refer/provide linkage to appropriate community resources. Effective care for individuals with complex medical conditions requires a wide array of professionals with diverse skills. Yet, our current health care workforce is undersized and inadequately resourced, particularly in rural areas.²⁵ Often, the providers available in rural communities do not have the specific clinical skills and experience to address substance use and mental health disorders.²⁶

The primary care setting is seen as an ideal site for early detection and secondary prevention for individuals who may be at high risk for substance use or mental health disorders. In particular, Screening, Brief Intervention, and Referral to Treatment (SBIRT) in primary care has emerged as a cost-effective prevention approach that can be effectively delivered in primary health care settings where clinicians have regular contact with patients and often build long-term relationships.²⁷ Research has shown that SBIRT is effective at identifying and addressing a number of substance use and mental health conditions.²⁸ Unfortunately, despite significant evidence supporting the use of primary care for early detection and secondary prevention, screening rates for substance use and mental health disorders remain low in a variety of health care and community settings.



In addition to promoting screening and brief intervention, there are a number of strategies that have been used in other rural areas to help increase early detection and intervention through primary care such as:

- providing continuing education and training focused on promoting evidence-based interventions to address substance use and mental health disorders;

- focusing on workforce development by investing in strategies and programs to expand, improve, and diversify the clinical workforce; and
- leveraging existing treatment infrastructure through technology and more efficient team-based approaches to care that help develop incentives to improve services in underserved areas.²⁹

IMPROVED ACCESS: Interview and forum participants noted a need for better access to mental health and substance abuse services than is currently available for many residents. To improve access participants suggested increasing the availability of needed services, improving the affordability of services, increasing provider capacity to address behavioral health issues and improving transportation to facilities or providers not available locally. Interview respondents did not provide many ideas for how to improve the availability of needed services, however, raising public awareness and educating the public was seen as a way to improve support for evidence-based substance use and mental health services.

Many interview respondents mentioned affordability as an important barrier to appropriate mental health and substance use services and included affordability of these services as an essential part of their vision for behavioral health in Lincoln County. Financial barriers were seen as far more challenging for the uninsured and underinsured. Furthermore, financial barriers to services contribute to needless deterioration of untreated risk.

In addition to expanding needed services and addressing access for the under and uninsured, participants also discussed the need for more providers with training in addressing substance use and mental health disorders. Increasing provider capacity to address substance use and mental health disorders is a critical element to expanding access to care, particularly in rural areas where there is limited access to specialty behavioral health services. Research indicates that many providers do not feel that they have the clinical skills necessary to address complex patients with substance use and/or mental health disorders.³⁰ Clearly there is a need for targeted education and training to increase provider comfort and confidence using evidence-based interventions to address these disorders such as Medicated Assisted Treatment for alcohol and opioids.

Finally many of the interview respondents mentioned transportation as a significant barrier to services and treatment facilities not available locally. The burden of transportation to distant treatment facilities, large time commitments, and the lack of public transportation to access treatment facilities or providers- are major obstacles to obtaining care in Lincoln County. Research has shown that areas with smaller populations and greater commuting

distances have fewer substance use and mental health treatment facilities that offer a range of core services to consumers.³¹ Low provider density means rural areas also have much fewer local referral options for specialty care and patients often need to be referred to other areas of the state for specialty care.³² Moreover, rural communities often have difficulties recruiting and retaining providers which further exacerbates access issues by influencing the scope of services that rural providers and facilities can provide.³³

ANCILLARY SUPPORT SERVICES: In addition to speaking about the need to expand the existing treatment and recovery infrastructure in the county, several of the study participants mentioned the necessity of enhancing secondary supports in the community. The most frequently cited issue was a need for more transportation options in the county; as discussed above, transportation is one of the greatest barriers to accessing treatment in rural areas. In addition, respondents mentioned housing, limited employment, and inadequate education and training services as important issues for the county to address. Recovery support services such as supported employment, education, and housing, can be provided by both professionals and peers, and can be delivered through a variety of community and faith-based groups, treatment providers, or schools.³⁴ Ancillary recovery supports play a critical role in building resiliency, supporting recovery and improving the quality of life of persons with substance use and mental health disorders.

KEY ELEMENTS FOR SUPPORTING RECOVERY

There are four major elements that are key to supporting individuals with substance use and mental health disorders:

- **Health**- managing one’s disease and making informed, healthy choices that support physical and emotional well-being
- **Housing**- having a stable and safe place to live
- **Purpose**- engaging in meaningful daily activities such as a job, school, volunteer activities or caregiving tasks.
- **Community**- having social networks and relationships that provide support and help combat isolation and loneliness

CROSS SECTOR COLLABORATION AND COORDINATION: Cross-sector collaboration has gained increased attention as an effective means to improving care coordination and overall population health. Moreover, evidence supports the efficacy of coordinated and integrated care models for addressing the needs of individuals with complex chronic conditions including substance use, mental health and co-occurring disorders.³⁵ A number of respondents mentioned the need for enhanced collaboration between different types of providers to help coordinate their care and provide them with linkages to

treatment and social services as well as other community resources.

Regular communications, bi-directional referrals, interagency agreements, and data sharing, can improve the quality of patient care and positively influence patient outcomes by:

- increasing awareness of among all providers of an individual’s substance use and/or mental health disorders;
- providing more integrated care and supports;
- developing mechanisms for shared decision-making across providers;
- raising awareness of treatment and community resources; and
- creating treatment and recovery plans that are tailored to meet individual patient needs.

Creating a comprehensive continuum of care that supports treatment, ongoing maintenance, and recovery for individuals with substance use and mental health disorders requires the collaboration of key community stakeholders from a variety of sectors including: health care, law enforcement, education, social services, housing, and labor. As shown in the figure below, all of the core sectors within a community play an integral role in supporting robust systems of care by promoting health, delivering preventative services, identifying at risk individuals, connecting individuals to appropriate treatment, and providing ongoing support for long-term maintenance and recovery.



COMMUNITY AWARENESS AND EDUCATION: Another common theme mentioned by interview and forum participants was the need for community education to raise awareness about substance use and mental health issues in Lincoln County. Respondents cited a need for general public education to reduce the stigma associated with substance use and mental health disorders.

MENTAL HEALTH PROMOTION³⁶

Mental health promotion attempts to increase protective factors and healthy behaviors in order to help prevent the onset of a diagnosable mental disorder and reduce risk factors that can lead to the development of a mental disorder. It also involves creating living conditions and environments that support mental health and allow people to adopt and maintain healthy lifestyles. Mental health can be promoted through:

- early childhood interventions (e.g., home visits for pregnant women, pre-school psychosocial activities);
- providing support for children (e.g., skills building programs, child and youth development programs);
- programs targeted at vulnerable groups;
- incorporating mental health promotional activities in schools; and
- community development programs.

Increasing public awareness of substance use and mental health disorders may be needed in Lincoln County to increase the acceptance of these disorders and to garner community support for prevention programming and treatment services. Education raises community awareness and may help promote early recognition of problems and facilitate appropriate help-seeking responses. Additionally, community-based interventions, such as public education and awareness campaigns, enhance social capital and contribute to overall health promotion in communities.³⁷

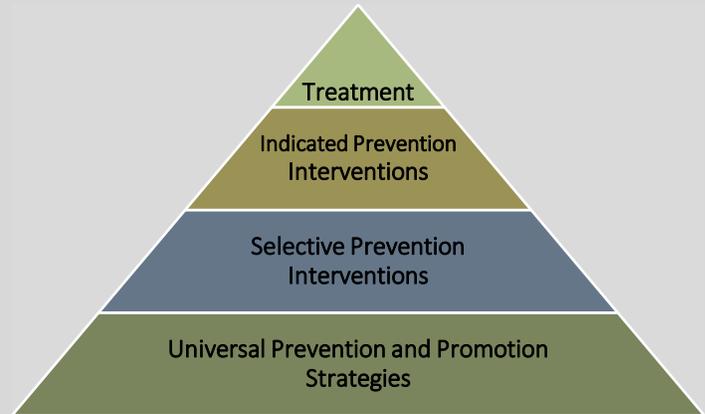
NEXT STEPS

Healthy Lincoln County can use the information compiled as part of this analysis for strategic planning to help prioritize and guide future health promotion and intervention strategies. This analysis identified many of Lincoln County's strengths as well as the challenges that continue to face the county and the state of Maine as a whole.

In order to create a comprehensive, long-term and sustainable approach to addressing substance use and mental health disorders, communities across the state, including those in Lincoln County, will need to address a number of key issues including:

- insufficient community awareness about substance use and mental health disorders and the promise of evidence-based treatments;
- inadequate resources for comprehensive prevention, treatment and recovery programs;
- poor access to providers and treatment services in rural areas;
- limited provider capacity for addressing substance use and mental health disorders; and
- the lack of available ancillary services to support recovery.

Current best practices in the field of public health suggest that effective community-based strategies for addressing complex issues such as substance use and mental health disorders, requires a multi-level approach that includes: health promotion; universal and targeted prevention strategies; and a comprehensive treatment infrastructure.



Research indicates that the most effective health promotion and prevention strategies target individuals at various levels: the entire population (*universal*), those at moderate risk for substance use and/or mental health disorders (*selective*), and individuals at high risk with identified vulnerabilities or substance use or mental health diagnosis (*indicated*).^{38,39}

HLC can utilize the framework described above to focus their future planning efforts on identifying and implementing comprehensive strategies aimed at increasing primary (e.g. education, skills building) and secondary prevention (e.g. screening for SUDs) efforts. HLC should prioritize universal prevention activities, such as enhancing school curriculum on substance use and mental health disorders or launching a public awareness campaign, to promote greater community awareness. In addition, HLC may also want to pursue selective prevention activities such as expanding support groups, like Narcotics Anonymous which was frequently cited by interview participants as highly desired resource that is currently only offered in limited areas in the county. Moreover, HLC may choose to engage in more targeted indicated prevention activities which address the needs of high-risk individuals such as social skills and coping mechanisms for at-risk youth.

Finally, there is a need for greater care coordination to promote integrated models of care and establish a continuum of recovery supports in Lincoln County. Future efforts should also focus on strengthening and / or establishing new collaborations across sectors, communities, both public and private non-profit agencies as well as state and local governments to leverage the maximum amount of existing resources to adequately address substance use and mental health disorders.

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