



Local Mental Health System Overview & Recommendations

LISLE TOWNSHIP 2021

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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.

About DuPage Federation on Human Services Reform

Data analysis and report prepared by DuPage Federation on Human Services Reform.

DuPage Federation on Human Services Reform is a collaboration of government and key community organizations that identify ways a local community can address its human services needs using its own resources and resourcefulness. The Federation's mission is to generate cross-sector solutions that leverage expertise to address the human service needs of the DuPage region.

The Federation was formed in 1995 by a governor's office initiative as one of five 'learning laboratories', whose role was to demonstrate a new approach to collaboration between government and community in the implementation of welfare reform. Since that time, our role has evolved far beyond those origins.

Today, the Federation is a non-profit planning and change management organization that has been intimately involved in the development of the health care safety net and has helped expand the health and human service system to better meet the needs of the area's changing population.

For more information on DuPage Federation on Human Services Reform please visit our website at dupagefederation.org.

For questions, please contact Jordan Durrett at jdurrett@dupagefederation.org.

Introduction

Purpose of Research

Lisle Township Administration sought to better understand how the local mental health system in Lisle Township is serving community members. Administration officials are particularly interested in identifying gaps in their mental health system, and possible strategies to address any gaps. DuPage Federation has developed this report to address these questions.

Research Questions

Formulating clear, concise research questions is the first step for any research project. These questions drive everything from data collection methodology to findings. After preliminary research and conversations with Lisle Township Administration, three overarching research questions were identified.

Everything contained in this report links back to these three original questions. However, in order to fully answer these overarching questions, this report will drill-down deeper into specific answers.

Overarching Research Questions

- 1 How does the local mental health system serve Lisle Township community members?
- 2 Are there any gaps in the current local mental health system?
- 3 If there are any gaps, then how can they be addressed?

Literature Review

Prevalence of Mental Illness

According to the Centers for Disease Control and Prevention (CDC), approximately one in four (~25%) adults in the United States report having any mental illness (AMI) at any given moment.¹ Additionally, approximately one out of every twenty-five (~4%) adults in the U.S. will experience a more acute form of AMI known as a severe mental illness (SMI) within any given year.²

Illinois had a slightly lower rate of annual average prevalence of SMI between 2013-2017 than the rest of the nation. During this time, Illinois had an annual average prevalence of SMI at approximately 3.5% as opposed to the national average of 4.4%. Even with this relatively lower rate of incidence, Illinois still had approximately 340,000 individuals per year with a SMI. The number of individuals per year with AMI in Illinois during this timeframe was approximately 1,447,000 (~11.3%).³

There is a lack of prevalence data for AMI and SMI at the county and township level. DuPage Federation on Human Services Reform (DuPage Federation) used national statistics from the 2014 National Survey on Drug Use and Health⁴ to estimate the number of DuPage residents with AMI (168,820) as well as the

¹ Tara F. Bishop, et al., "Acceptance of insurance by psychiatrists and the implications," (*JAMA Psychiatry* 7(12, 2014).

² Interdepartmental Serious Mental Illness Coordinating Committee, *The Way Forward: Federal Action for a System That Works for All People Living with SMI and SED and Their Families and Caregivers* (2017).

³ Substance Abuse and Mental Health Services Administration, *Behavioral Health Barometer: Illinois, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, (Rockville: HHS Publication No. SMA 15-4927, NSDUH Series H-50).

⁴ <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.pdf>

number of DuPage residents with SMI (39,173).⁵ However, these estimates are now outdated, and township level estimates were not conducted in the 2016 report. New estimates are needed in order to provide better context. These new, Lisle Township-specific estimates can be found in the quantitative section of this report.

Gaps in Mental Health Services

Between 2013 to 2017, only 45.8% ($\approx 702,000$) of Illinoisans with AMI per year utilized mental health services,⁶ indicating less than half of all Illinoisans dealing with mental health issues accessed care designed to limit the negative impacts of mental illness. This raises concern about the efficacy of mental health systems throughout the state and leads to questions regarding factors that contribute to the gap between mental health needs and the services designed to meet them.

There is significant research on these gaps, and numerous contributing factors have been identified in the literature. Two of the most common contributing factors are discussed below.

Cost of Mental Health Treatments

According to one study, the most stated structural barrier to access of mental health services for individuals with AMI is the cost of treatment (50.9%).⁷ While health care costs for the general population can impact access to health care services, individuals with AMI tend to experience greater health care costs. Evidence suggests that individuals with mental illness may experience health care costs two to three times higher than other individuals in the health care system.⁸

This issue is compounded by the current health insurance system. Affordable Care Act (ACA) reduced the number of individuals without insurance in the U.S.⁹ and it required insurers to provide coverage for mental health services. While there has been positive movement toward increased and improved coverage, there are still many individuals without health insurance. In 2017, approximately one in ten individuals with SMI had no insurance during at least some time during the year.¹⁰ This is particularly problematic because adults with AMI and no health insurance were 1.5 times less likely to receive treatment than adults with AMI and private health insurance. Adults with AMI and Medicaid were approximately 2.5 times less likely than adults with AMI and private health insurance to receive treatment.

Unfortunately, even individuals with private health insurance may have difficulty obtaining treatment for mental illnesses. One of the main reasons for this is not due to a lack of mental health service providers, but rather, a lack of mental health service providers that accept insurance. Even if there were enough mental health service providers to provide services to all individuals with AMI, if those mental health service

⁵ DuPage Federation on Human Services Reform, "Mental Illness and Substance Use in DuPage County," (*DuPage Federation Community Profiles*, 2016).

⁶ Substance Abuse and Mental Health Services Administration (2017).

⁷ Elizabeth Reisinger Walker, Ph.D., et al., "Insurance Status, Use of Mental Health Services, and Unmet Need for Mental Health Care in the United States," (*Psychiatric Services* 66:6, 2015).

⁸ Melek, Norris, & Paulus 2014

⁹ Kirsten Beronio, J.D., et al., "How the Affordable Care Act and Mental Health Parity and Addiction Equity Act Greatly Expand Coverage of Behavioral Health Care," (*Journal of Behavioral Health Services & Research*, 2014).

¹⁰ Interdepartmental Serious Mental Illness Coordinating Committee (2017).

providers don't accept insurance, many individuals with AMI would not be able to afford 100% of the cost of mental health treatment.

According to some research, psychiatrists are significantly less likely than other medical specialists to accept insurance. From 2009 to 2010, a little less than half of all psychiatrists accepted private insurance and over half did not accept Medicare nor Medicaid.¹¹

It is currently unknown to what extent the cost of mental health services presents a barrier to individuals with AMI in Lisle Township.

Lack of Mental Health Service Providers

While demand for mental health services is continually increasing, the number of mental health service providers is decreasing. The number of psychiatrists per 100,000 residents decreased by slightly more than 10% from 2003 to 2013.¹² This is concerning as there is no quick fix for this particular problem. Even if there was an increase in medical students pursuing a degree in psychiatry, it would take years to correct the trend because of the length of time it takes to become a licensed psychiatrist.¹³

Although 96% of counties in the U.S. have a psychiatrist shortage¹⁴, it is unknown if DuPage County and, more specifically, Lisle Township are impacted by the shortage. For more information see the findings below.

Methodology

Overview of Design

Research questions inform research design and methods. Since our research questions are primarily process questions, our research is primarily qualitative in nature. However, it is important to convey qualitative findings in quantitative evidence whenever possible. This is especially true when using key informant interviews to generate generalized statements. Best practices dictate that when a researcher bases their conclusions on feedback from potentially fallible interviewees, the researcher should ensure that findings from the interviews are supported by quantitative information. This study uses both qualitative and quantitative methodology—the specifics of which can be found below.

Research Methodology

This study is a mixed method, single episode case study. While the study is primarily qualitative in nature, quantitative methods are used to help flesh out qualitative processes and findings. Additionally, the single episode ensures there will be no repeat data collection over time and the case study component ensures that the research remains focused on processes specific to Lisle Township and neighboring communities.

Longitudinal research will not be conducted for this study.

¹¹ Tara F. Bishop, et al., 2014

¹² Tara F. Bishop, et al., "Population of US Practicing Psychiatrists Declined," (*Health affairs* 53:7, 2016).

¹³ *ibid*

¹⁴ Interdepartmental Serious Mental Illness Coordinating Committee (2017).

Data Collection Methods

The study uses the following data collection methods:

- In-depth interviews
- Unobtrusive methods
- Data mining

In-Depth Interviews

Researchers interviewed three categories of key informants:

- Mental health service providers
- Mental health service users (we did not use these interviews to drive inferences as we were only able to talk to two service users, but we did use these interviews to ensure that service provider interviews were not missing important aspects of the local system [see limitations section for more information])
- Community institutions that interact with individuals with mental illness, but who are not primarily mental health service providers

These categories are intended to provide a big picture view of the mental health system in Lisle Township.

Interview scripts were developed for each category of key informant. Scripts helped ensure that all interviewees were asked the same questions. However, the scripts were not rigid. Interviewers were able to ask follow-up questions that were unscripted and would allow rapport with the interviewee to be maintained.

A total of thirteen interviews from mental health service providers, mental health service users, and community institutions were conducted for this report.

Unobtrusive Methods

Unobtrusive methods of data collection do not involve direct contact between the researcher and the participant. These methods are particularly useful for collecting data on populations that are traditionally marginalized and/or stigmatized. Probable stigma attached to mental illness may make it more difficult to enlist mental health service users as participants (category two for interviews).

For this study researchers collected publicly available social media posts from Facebook. Inclusion required social media posts to meet the following criteria:

- The post must come from a Facebook page related to Lisle Township
- The post must mention mental health
- The post can be no older than two years

Social media posts were stripped of personal identifying information before analysis. Researchers used textual analysis to identify



While researchers believe the findings from the in-depth interviews are reliable, researchers wanted to ensure that stigma did not change how interviewees answered questions. Therefore, unobtrusive methods are used to supplement these findings.

commonalities between posts. The trends identified in this manner were compared to interview findings. Comparison results indicated that interview findings were highly related to the trends identified via unobtrusive methods.

It should be noted that these social media posts were not used to generate new concepts, but rather to affirm or question concepts shared by key informants.

Data Mining

Data mining is the process of examining data from databases in order to cull relevant information. The researcher data mined federal, state, and local governmental databases from various agencies, including U.S. Census Bureau, Illinois Department of Human Services, DuPage County Health Department. A complete list of sources may be found at the end of the report. The quantitative data obtained for this report added context to the qualitative data.

Ethical Considerations

In order to address concerns related to mental health stigma, and to allow all participants to speak freely without fear of reprisals all interactions between researchers and research participants were conducted in a confidential manner. Identifying information is not and will not be published.

Findings

Demographics & Geography of the Study Area

The study area must be defined before diving into the Lisle Mental Health System and how it's currently functioning. Basic geographic and population details are provided below.

Basic Geography Details

The study area is predominantly defined as the borders of Lisle Township. However, some prevalence data will be represented by zip codes. It should be noted that the zip codes do not necessarily fit within the borders of Lisle Township. The zip codes include areas such as Western Naperville and Eastern Downers Grove that are technically beyond the bounds of Lisle Township.

Basic Population Details

According to the U.S. Census Bureau, there were 119,599 Lisle Township residents in 2019 (i.e. approximately 1 in 10 DuPage County residents are residents of Lisle Township). It is important to note that these 119,599 are not a monolithic block. Lisle Township is home to diverse populations. Therefore, age and race and ethnicity breakouts are provided below. Additionally, because some prevalence data relies on zip codes age, race and ethnicity breakouts will include relevant zip codes.

Age Breakout

The specific U.S. Census Bureau age brackets selected for this age breakout were chosen with prevalence data in mind. For example, emergency room (ER) data is based on pediatric (under 18 years old), adolescent (10-17 years old), and adult (18 years old and older) cohorts, while the National Survey on Drug Use and Health (NSDUH 2016-2018) data (15 years old and older) cohorts are all selected from data sources such as the Illinois Youth Survey (IYS 2018) and the NSDUH 2016-2018.

TABLE #1: AGE COHORT BREAKOUT¹⁵

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

The U.S. Census Bureau age cohorts do not always precisely match the age cohorts of prevalence data. However, the age cohort approximations are as close as possible to ensure that estimations derived from prevalence data are fair representations of conditions in Lisle Township. Estimates that use the approximate age cohorts instead of exact age cohorts will be highlighted when discussed.

Race & Ethnicity Breakout

Lisle Township residents are racially and ethnically diverse. TABLE #2 shows this diversity. It should be noted that American Indian and Alaska Native as well as Native Hawaiian and other Pacific Islander categories are not included in the table. These specific racial and ethnic categories fell below a 1% threshold for all relevant geographic areas.

TABLE #2: RACE & ETHNICITY BREAKOUT¹⁶

Race & Ethnicity	Lisle Township	60515 Zip Code	60516	60517	60532	60540	60563	60565
<i>Latino</i>	12,821 (10.7%)	1,035 (3.7%)	2,051 (7.0%)	4,887 (15.1%)	2,090 (7.5%)	3,095 (6.8%)	3,572 (9.5%)	1,794 (4.4%)
<i>White Alone</i>	82,798 (69.3%)	24,692 (87.3%)	23,684 (81.1%)	20,111 (62.1%)	20,253 (72.4%)	33,292 (72.4%)	24,172 (64.1%)	29,669 (73.1%)
<i>Black Alone</i>	5,679 (4.7%)	768 (2.7%)	1,323 (4.5%)	2,790 (8.6%)	1,241 (4.4%)	1,382 (3.1%)	2,907 (7.7%)	1,265 (3.1%)
<i>Asian Alone</i>	16,263 (13.6%)	1,384 (4.9%)	1,720 (5.9%)	3,805 (11.7%)	3,613 (12.9%)	6,508 (14.4%)	6,333 (16.8%)	6,081 (15.0%)
Total	119,559	28,290	29,208	32,390	27,956	45,187	37,705	40,560

¹⁵ U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

¹⁶ U.S. Census Bureau Table DP05 (ACS 2019 1-Year Estimates)

Prevalence of Mental Health Issues in Lisle Township

Quantitative data on the prevalence of mental health issues in Lisle Township provides an overview of the need that exists in the community. In the following sections, mental health prevalence data is divided into several categories:

- Prevalence of Any Mental Illness
- Prevalence of Serious Mental Illness
- Depressive Symptoms & Episodes
- Treatment & Protective Factors for Mental Illness
- Mental Health Crisis: ER Rates Due to Mental Health

Prevalence of Any Mental Illness (AMI)

According to the NSDUH 2019 Annual Report, “Adults aged 18 or older were classified as having AMI if they had any mental, behavioral, or emotional disorder in the past year of sufficient duration to meet DSM-IV [Diagnostic and Statistical Manual of Mental Disorders: 5th Edition] criteria (excluding developmental disorders and SUDs).”¹⁷ That is to say, prevalence of AMI captures anyone that is suffering from a diagnosable mental illness. As a result, this is one of the most comprehensive indicators of the prevalence of mental illness currently available for public consumption.

However, the NSDUH only drills down to predefined sub-state areas. Lisle Township is not one of these predefined sub-state areas, but DuPage County is. There are some issues with basing Lisle Township estimates on DuPage County estimates as there could be key population differences between DuPage County as a whole and Lisle Township as a part of that whole. However, researchers felt it necessary to utilize DuPage County data in order to produce Lisle Township estimates. It should be noted that these estimates do create concerns that are addressed in the Limitations of this Study section at the end of this report.

TABLE #3: ESTIMATING LISLE TOWNSHIP RESIDENTS WITH AMI ANNUALLY USING NSDUH DATA FOR DUPAGE COUNTY (2016-2018)

DuPage County AMI Estimate	Lisle Township Adult Population Estimate	Lisle Township AMI Estimate
16.72% ¹⁸	94,538 ¹⁹	15,807

Using DuPage County AMI estimates in conjuncture with Lisle Township population estimates, researchers estimate that nearly 16,000 Lisle Township adults annually had an AMI between 2016 to 2018.

Prevalence of Serious Mental Illness (SMI)

According to the NSDUH 2019 Annual Report, “Adults who were classified as having AMI were classified as having SMI if they had any mental, behavioral, or emotional disorder that substantially interfered with or

¹⁷

<https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHHFRPDFWHTML/2019NSDUHHFR1PDFW090120.pdf>

¹⁸ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

¹⁹ U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

limited one or more major life activities.” In other words, the prevalence of SMI captures individuals suffering from a diagnosable mental illness with symptoms that impact their day-to-day life. The severe symptoms may impact work life, social life, and/or family life. People with SMI likely require treatment of their mental illness in order to fully participate in and benefit from society.

Because this data comes from the NSDUH 2016-2018, it has the same estimation concerns as the AMI estimates at the township level. Caution should be exercised when using the SMI estimate for Lisle Township.

TABLE #4: ESTIMATING LISLE TOWNSHIP RESIDENTS WITH SMI ANNUALLY USING NSDUH DATA FOR DUPAGE COUNTY (2016-2018)

DuPage County SMI Estimate	Lisle Township Adult Population Estimate	Lisle Township SMI Estimate
3.76% ²⁰	94,538 ²¹	3,555

The use of DuPage County SMI estimates in conjuncture with Lisle Township population estimates allowed researchers to estimate that over 3,500 Lisle Township adults annually had a SMI between 2016 to 2018.

Depressive Symptoms & Episodes

The term “depression” can be confusing as it is used colloquially to describe everything from normal feelings of sadness to suicidal thoughts. However, in the medical field, depression is described as:

“[A] mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal day-to-day activities, and sometimes you may feel as if life isn't worth living...depression isn't a weakness and you can't simply ‘snap out’ of it...Most people with depression feel better with medication, psychotherapy or both.”²²

While the medical definition is wide-ranging, researchers will provide context on the surveys in order to facilitate a better understanding of what this study counts as depressive symptoms and episodes. Multiple studies will be used to illustrate the difference in prevalence rates between Lisle Township adults and children.

Adults

The NSDUH 2016-2018 assesses two separate indicators to estimate how many DuPage County residents suffer from depressive symptoms and episodes: (1) major depressive episode (MDE) in the past year and (2) had serious thoughts of suicide in the past year.

Major Depressive Episode (MDE)

MDE is defined by the DSM-V as, “a period of at least 2 weeks when an individual experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression

²⁰ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

²¹ U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

²² <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>

symptoms.” MDE is a prolonged state in which depressive symptoms disrupt daily life. This indicator identifies how prevalent individuals experiencing an MDE are in any given location.

Again, because this estimate comes from the NSDUH 2016-2018, the same caution must be applied when utilizing the Lisle Township estimate.

TABLE #5: ESTIMATING LISLE TOWNSHIP RESIDENTS WITH MDE ANNUALLY USING NSDUH DATA FOR DUPAGE COUNTY (2016-2018)

DuPage County MDE Estimate	Lisle Township Adult Population Estimate	Lisle Township MDE Estimate
6.34% ²³	94,538 ²⁴	5,994

Using DuPage County MDE estimates in conjuncture with Lisle Township population estimates, researchers estimate that nearly 6,000 Lisle Township adults annually had an MDE between 2016 to 2018.

Had Serious Thoughts of Suicide

While suicidal thoughts can occur with other mental disorders such as MDE, post-traumatic stress disorder (PTSD), and bipolar disorder, they are often linked to depressive episodes that manifest with these disorders. It is not uncommon for individuals to briefly wish they did not exist. However, it is more concerning when these thoughts are of a serious and/or planning nature.²⁵ This indicator from the NSDUH 2016-2018 relates directly to these serious thoughts of suicide and is therefore a good indicator of suicidal ideation in adults.

As previously mentioned, because this estimate comes from the NSDUH 2016-2018, the same caution must be applied when using the Lisle Township estimate.

TABLE #6: ESTIMATING LISLE TOWNSHIP RESIDENTS WHO HAD SERIOUS THOUGHTS OF SUICIDE ANNUALLY USING NSDUH DATA FOR DUPAGE COUNTY (2016-2018)

DuPage County Adults Who Had Serious Thoughts of Suicide Estimate	Lisle Township Adult Population Estimate	Lisle Township Adults Who Had Serious Thoughts of Suicide Estimate
3.44% ²⁶	94,538 ²⁷	3,252

Using DuPage County estimates of adults who had serious thoughts of suicide in conjuncture with Lisle Township population estimates, researchers estimate that a little over 3,250 Lisle Township adults annually had serious thoughts of suicide between 2016 to 2018.

Children

The Illinois Youth Survey 2018 (IYS 2018) is a survey conducted annually in Illinois middle and high schools. It is broken down into county-level data, but not township data, so estimates from this data will have

²³ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

²⁴ U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

²⁵ <https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048>

²⁶ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

²⁷ U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

similar concerns as estimates from NSDUH 2016-2018 data. In addition to this concern, there is not an exact Census age cohort match with the IYS 2018 age cohorts. This issue increases uncertainty when estimating how many Lisle Township children are likely to fall into any one indicator.

It is important to estimate how many children may be dealing with the issues raised in the IYS 2018. Therefore, researchers suggest that DuPage County percentages be read as Lisle Township percentages. However, readers are encouraged to use caution when doing so.

The IYS 2018 provides estimates for two indicators related to depressive symptoms and episodes: (1) you feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some activities; and (2) seriously considered attempting suicide.

Major Depressive Episode (MDE)

By asking students whether they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some activities, the IYS 2018 shows the percentage of DuPage County students that had an MDE.

TABLE #7: ESTIMATING DUPAGE COUNTY STUDENTS WHO EXPERIENCED AN MDE IN 2018²⁸

Survey Question	8 th Graders	10 th Graders	12 th Graders
<i>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</i>	26%	29%	31%

A significant portion of middle school and high school students in DuPage County suffered an MDE in 2018. In 8th grade, over 1 in 4 students suffered an MDE. This ratio rises to almost 1 in 3 by the time a DuPage County student hits senior year.

Seriously Considered Attempting Suicide

The IYS 2018 asked students if they had seriously considered attempting suicide in the past 12 months. The IYS 2018 did not ask 8th graders, but it did ask both 10th graders and 12th graders about their suicidal ideation. And the IYS 2018 phrased the question in such a manner, that the answer to this question is a good indicator of the percentage of DuPage County students who were suicidal in 2018.

TABLE #8: ESTIMATING DUPAGE COUNTY STUDENTS WHO EXPERIENCED SERIOUSLY CONSIDERED ATTEMPTING SUICIDE IN 2018²⁹

Survey Question	10 th Graders	12 th Graders
<i>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</i>	15%	15%

While a much smaller portion of DuPage County students experienced suicidal ideation than the percentage who experienced an MDE, more than 1 in 10 students indicated that they had been suicidal in 2018. This is not an insignificant number for such a severe mental illness symptom.

²⁸ https://www.impactdupage.org/content/sites/dupage/IYS_DuPage_2018.pdf

²⁹ https://www.impactdupage.org/content/sites/dupage/IYS_DuPage_2018.pdf

Exacerbating Conditions in Schools: Bullying

The percentage of DuPage County students that either suffered from an MDE or suicidal ideation in 2018 might have been exacerbated by bullying. The IYS 2018 asked students if, during the past 12 months, other students did any of the following bully-related activities:

- Calling names
- Threatening violence
- Committing physical violence
- Committing cyber-bullying such as spreading rumors via internet or text messages

The IYS 2018, then summarized the percentage of students ever bullied and the percentage of students intensely bullied.

TABLE #9: ESTIMATING DUPAGE COUNTY STUDENTS WHO EXPERIENCED BULLYING IN 2018³⁰

Survey Question	8 th Graders	10 th Graders	12 th Graders
<i>During the past 12 months, students that experienced bullying (reported at least 1 type of bullying)</i>	36%	29%	23%
<i>During the past 12 months, students who experienced intense bullying (reported all types of bullying)</i>	4%	3%	3%

A significant portion of middle school and high school students in DuPage County reported being bullied in 2018. Over 1 in 3 8th graders and nearly 1 in 3 10th graders reported being bullied in 2018, while nearly 1 in 4 12th graders reported being bullied. The alienation and isolation that may accompany bullying could be a factor driving the high rates of MDE and suicidal ideation.

Treatment for Mental Illness

Many individuals experiencing mental health challenges lead full and productive lives if they manage their symptoms. The best way to manage mental health symptoms is through prevention and treatment. It is therefore necessary to explore treatment rates as well as protective factors that may prevent mental health symptoms from becoming problematic.

Received Mental Health Services in the Past Year among Adults Aged 18 or Older

According to the NSDUH 2016-2018, 14.67% of DuPage County adults received mental health services in the past year. This provides a baseline for how many DuPage County adults attempted to treat their mental health concerns. While this may appear to suggest that nearly all DuPage County adults with AMI (16.72%) received treatment for their AMI, this is not necessarily the case. For example, an adult in the middle of an MDE might receive mental health services in the form of therapy. They might receive therapy once, and then the cost of the therapy deters them from continuing. A single therapy session is not enough to manage the symptoms of an MDE.

³⁰ https://www.impactdupage.org/content/sites/dupage/IYS_DuPage_2018.pdf

TABLE #10: ESTIMATING LISLE TOWNSHIP ADULTS WITH AMI WHO RECEIVED NO TREATMENT ANNUALLY (2016-2018)

DuPage County Adult Difference in AMI % Versus Treatment % Estimate	Lisle Township Adult Population Estimate	Lisle Township MDE Estimate
2.05% ³¹	94,538 ³²	1,938

Even if researchers assume that all 14.67% of DuPage County adults that received treatment are managing their symptoms, there's still 2.05% of adults with AMI that received no treatment. Taking into consideration the caveat about using DuPage County estimates from the NSDUH 2016-2018, nearly 2,000 Lisle Township adults with AMI went without any treatment annually.

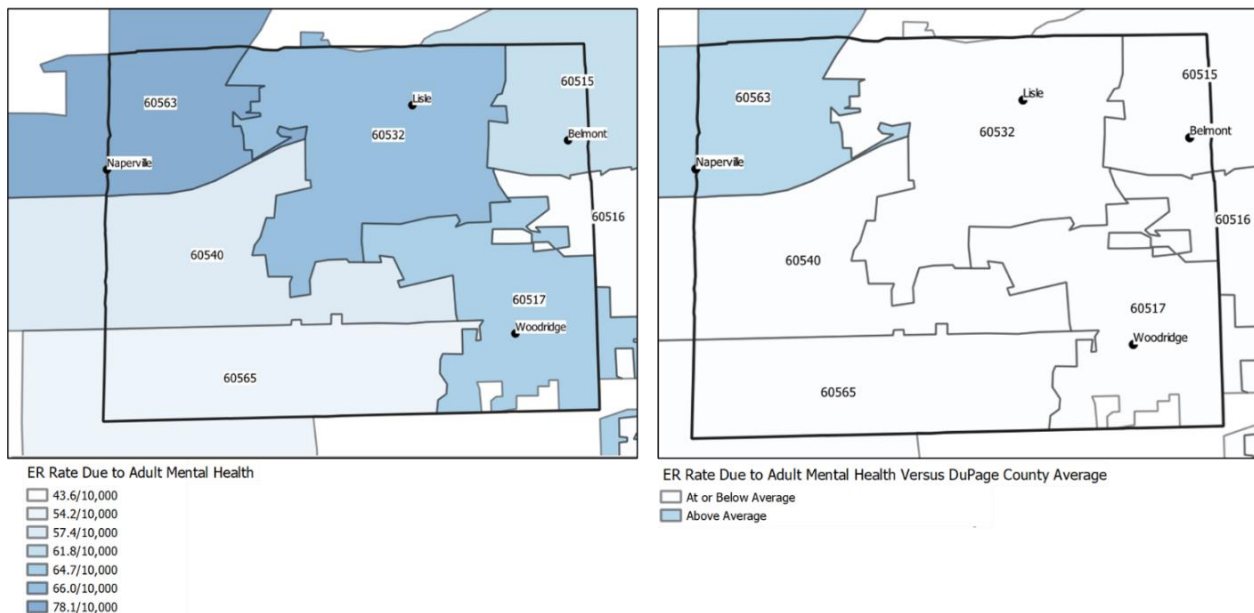
Mental Health Crisis: ER Rates Due to Mental Health Issues

Age-Adjusted ER Rates Due to Mental Health

Age-adjusted emergency room (ER) rates due to mental health estimate the approximate number of individuals out of 10,000 who access the ER due to a primary or secondary diagnosis of a mental health condition.³³ This variable helps track how many people with mental health concerns go to the ER when they are in a crisis. This estimate is broken down by age range below.

Adults

Age-Adjusted ER Rate due to Adult Mental Health by Zip Code (2017-2019)



Between 2017 and 2019, the northwest corner of Lisle Township around Naperville had the highest rates of adults accessing the ER to address their mental health concerns (78.1 for every 10,000 residents). The areas

³¹ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

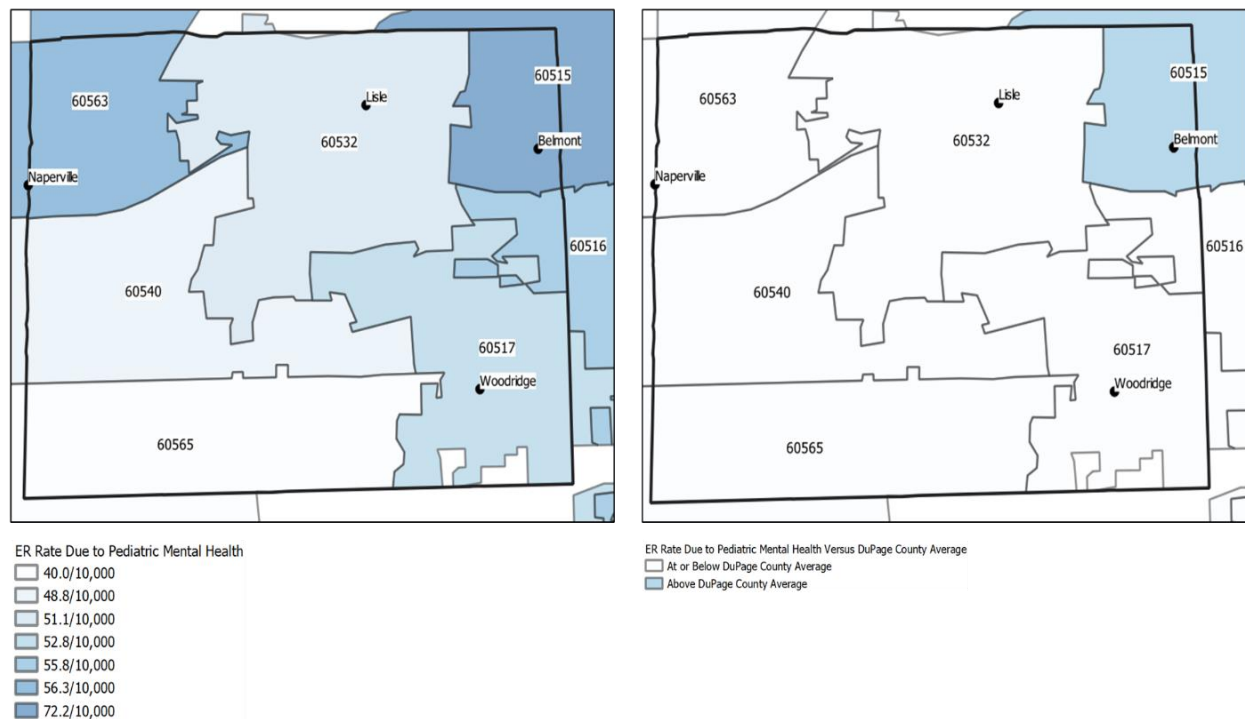
³² U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

³³ <https://www.impactdupage.org/indicators/index/view?indicatorId=2849&localeTypeId=3>

around Lisle (66 for every 10,000 residents) and Woodridge (64.7 for every 10,000 residents) also had high rates when compared to the other zip codes in Lisle Township.³⁴ In fact, the rate around Naperville is the only zip code that is higher than the average DuPage County zip code. Comparative to the rest of the county, Lisle Township appears to have a smaller proportion of its adult community members that needed to access the ER for a mental health reason.

Pediatric

Age-Adjusted ER Rate due to Pediatric Mental Health by Zip Code (2017-2019)



Between 2017 and 2019, the northeast corner of Lisle Township near Downers Grove (shown as Belmont on the map) had the highest rates of children accessing the ER to address mental health concerns (72.2 for every 10,000 residents).³⁵ This rate is only slightly less than the rate for adults. This situation should be monitored because children that access mental health services in the ER might lead to an increase in adult rates in the future. It is also slightly concerning that this area around Downers Grove (shown as Belmont on the map) has an elevated risk compared to the average DuPage County zip code.

Age-Adjusted ER Rates Due to Suicide and Intentional Self-Inflicted Injury

Age-adjusted emergency room (ER) rates due to suicide and intentional self-inflicted injury estimate the approximate number of individuals out of 10,000 who access the ER after attempting suicide and/or inflicting physical damage to oneself.³⁶ These rates are strong estimates for how many people go to an ER in the aftermath of self-harm and/or attempt suicide. This estimate is broken down by age range below.

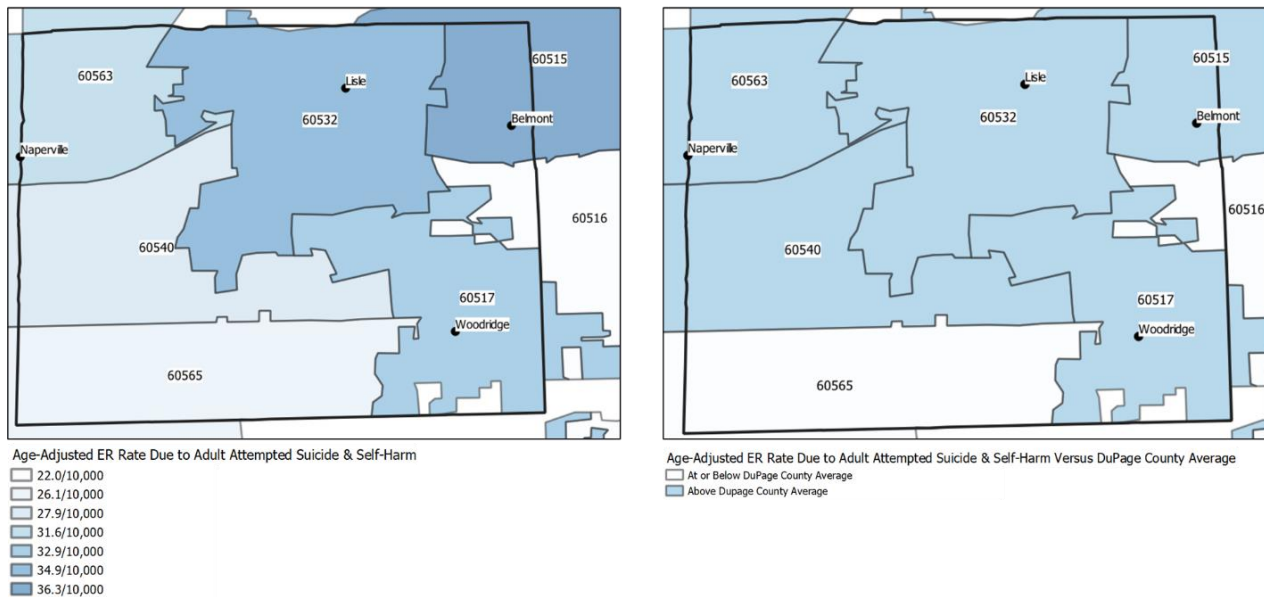
³⁴ <https://www.impactdupage.org/indicators/index/view?indicatorId=2849&localeTypeId=3>

³⁵ <https://www.impactdupage.org/indicators/index/view?indicatorId=2850&localeTypeId=3>

³⁶ <https://www.impactdupage.org/indicators/index/view?indicatorId=2854&localeTypeId=3>

Adults

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

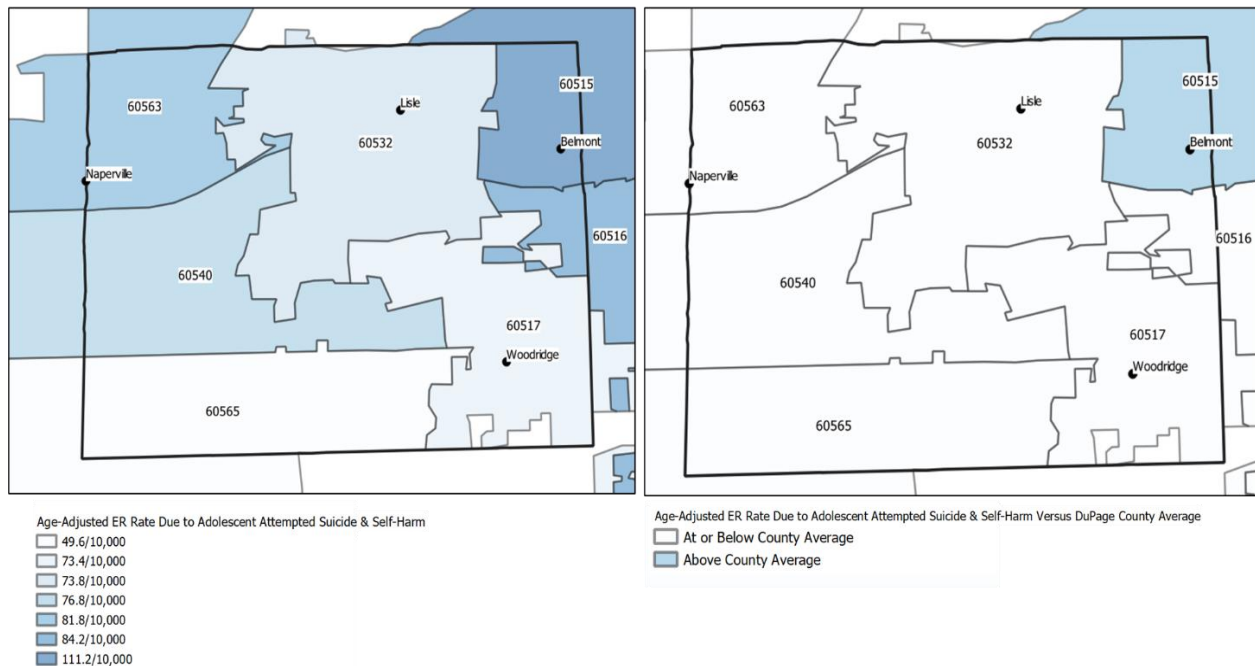


The areas around Downers Grove (shown as Belmont on the map) report the highest rate of adults in the ER who attempted suicide and/or harmed themselves (36.3 out of 10,000). Lisle (34.9 us of 10,000) and Woodridge (32.9 out of 10,000) are close to levels that Downers Grove sees. Potentially concerning is that out of the seven zip codes in Lisle Township, only two are at or lower than the DuPage County average zip code rate.³⁷ The data suggests that adults in Lisle Township are at a comparatively elevated risk.

³⁷ <https://www.impactdupage.org/indicators/index/view?indicatorId=2854&localeTypeId=3>

Adolescents

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



Between 2017 and 2019, the area around Downers Grove (shown as Belmont on the map) had the highest rates of adolescents accessing the ER because of a suicide attempt and/or self-harm (111.2 for every 10,000 residents).³⁸ This area is the only area higher than the average DuPage County zip code. Comparative to the rest of the county, Lisle Township appears to have a smaller proportion of adolescents seeking aid at the ER for suicide attempts and/or self-harm.

Mental Illness Prevalence Conclusion

The variables and indicators discussed above suggest that there are a number of Lisle Township residents, both young and old, who have a mental illness. While some residents are in active treatment and managing their symptoms, that is not necessarily the case for all residents who are affected by a mental illness. The ER data indicates that lack of consistent treatment may lead to mental health crises. As a result, researchers conclude that residents who suffer from a mental illness would likely benefit from better access to treatment.

Co-Occurring Disorders: Substance Use Prevalence

According to SAMHSA, co-occurring disorders refers to, “[t]he coexistence of both a mental health and a substance use disorder.”³⁹ Co-occurring disorders are not uncommon. According to the national Institute on Mental Health (NIMH), “[i]n 2014, 20.2 million adults in the U.S. had a substance use disorder and 7.9 million had both a substance use disorder and another mental illness.” That is approximately two out of five adults that have both a substance use disorder and a mental illness.

³⁸ <https://www.impactdupage.org/indicators/index/view?indicatorId=6621&localeTypeId=3>

³⁹ <https://www.samhsa.gov/find-help/disorders>

There is still much debate as to why co-occurring disorders are common within the substance use disorder population. However, what is most important to understand, is that to effectively treat one disorder; both disorders must be treated.⁴⁰ It is vital that any study on mental illness include information on substance use disorders.

Opioid Use Prevalence

Opioid use is a significant problem in the U.S. according to the Centers for Disease Control and Prevention (CDC), “the number of drug overdose deaths was still four times higher in 2018 than in 1999. Nearly 70% of the 67,367 deaths in 2018 involved an opioid.”⁴¹ Considering the high mortality rate associated with opioids, it is important to determine how prevalent opioid use is in Lisle Township. Researchers will use prescription pain medicine misuse as an indicator for overall opioid abuse.

Prescription Pain Medicine Misuse Overall

The NSDUH 2016-2018 defines pain reliever misuse,

“as use in any way not directed by a doctor, including use without a prescription of one’s own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. Prescription psychotherapeutics do not include over-the-counter drugs.”

This indicator, therefore, is a proficient measure of the number of residents, 12 years old and older, who have misused prescription pain medication.

As previously indicated, caution must be exercised when utilizing NSDUH 2016-2018 estimates and the Lisle Township estimate. It should also be noted that the Census age cohort does not exactly match the NSDUH age cohort and could lead to an inaccurate estimate.

TABLE #11: ESTIMATING LISLE TOWNSHIP RESIDENTS 15 YEARS & OLDER WHO MISUSED PRESCRIPTION PAIN MEDICINE ANNUALLY USING NSDUH DATA FOR DUPAGE COUNTY (2016-2018)

DuPage County Residents Aged 12 and Older Who Misused Prescription Pain Medicine	Lisle Township Population Aged 15 and Older Estimate	Lisle Township Residents Aged 15 and Older Who Misused Prescription Pain Medicine
2.91% ⁴²	98,880 ⁴³	2,877

Using DuPage County estimates of residents 12 years old and older who misused prescription pain medicine in conjuncture with Lisle Township population 15 years old and older estimates, researchers estimate that a little under 2,900 Lisle Township residents aged 15 years old and older misused prescription pain medicine annually between 2016 and 2018.

⁴⁰ <https://www.drugabuse.gov/sites/default/files/infographic-comorbidity.pdf>

⁴¹ <https://www.cdc.gov/drugoverdose/epidemic/index.html>

⁴² <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

⁴³ U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

Prescription Pain Medicine Misuse Among Children

According to the IYS 2018, rates of prescription pain medication misuse appear slightly higher among high school students than the overall rate from the NSDUH 2016-2018, while middle school misuse appears to fall within the same.

TABLE #12: ESTIMATING DUPAGE COUNTY STUDENTS WHO MISUSED PRESCRIPTION PAIN MEDICINE IN 2018

Survey Question	8 th Graders	10 th Graders	12 th Graders
<i>Used prescription pain medicine without a prescription or differently than prescribed in the past year⁴⁴</i>	3%	4%	4%

As indicated in the table above, prescription pain medication misuse is slightly elevated for 10th and 12th graders. However, as it is only increased by 1 percentage point, it is unlikely that this increase is significant.

Problematic Alcohol Use Prevalence

Alcohol is the most common substance misused in the Lisle Township area. The IYS 2018 shows that alcohol consumption and bingeing is by far and away the most common form of substance use among students.⁴⁵ And, looking at the NSDUH 2016-2018, we can see that it is the most common form of substance use among DuPage County residents aged 12 YO and older.⁴⁶ As a result, researchers will examine the prevalence of problematic alcohol use. The indicator of problematic drinking will be binge drinking. Binge drinking is defined as, “drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least one day in the past 30 days.”⁴⁷

Binge Drinking Overall

It can be difficult to realize how common problematic alcohol consumption is for adults because alcohol is a legal substance for adults age 21 and over in Illinois. Binge drinking is the most common manner for individuals in the Lisle Township area to abuse substances, as discussed above.

Because this estimate comes from the NSDUH 2016-2018, the same caution must be applied when using the Lisle Township estimate. It should also be noted that the Census age cohort does not exactly match the NSDUH age cohort which may increase the risk of an inaccurate estimate.

TABLE #13: ESTIMATING LISLE TOWNSHIP RESIDENTS 15 YEARS & OLDER WHO BINGE DRANK ALCOHOL IN THE PAST MONTH USING NSDUH DATA FOR DUPAGE COUNTY (2016-2018)

DuPage County Residents Age 12 and Older Who Binge Drank Alcohol in the Past Month	Lisle Township Population Age 15 and Older Estimate	Lisle Township Residents Age 15 and Older Who Binge Drank Alcohol in the Past Month
25.93% ⁴⁸	98,880 ⁴⁹	25,640

⁴⁴ https://www.impactdupage.org/content/sites/dupage/IYS_DuPage_2018.pdf

⁴⁵ https://www.impactdupage.org/content/sites/dupage/IYS_DuPage_2018.pdf

⁴⁶ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

⁴⁷ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

⁴⁸ <https://www.samhsa.gov/data/report/2016-2018-nsduh-substate-region-estimates-tables>

⁴⁹ U.S. Census Bureau Table S0101 (ACS 2019 5-Year Estimates)

Using DuPage County estimates of residents 12 years old and older who binge drank alcohol in the past month in conjuncture with Lisle Township population 15 years old and older estimates, researchers estimate that a little over 25,640 Lisle Township residents aged 15 years old and older binge drank alcohol in the past month, between 2016 and 2018. Over 1 in 4 Lisle Township residents 15 years and older binge drank monthly.

Binge Drinking Among Children

The IYS 2018 shows that the rates of binge drinking among middle and high schoolers is much lower than the overall rates from the NSDUH 2016-2018. Though considering that almost no middle and high schoolers are old enough to drink legally, these rates are still alarming. Additionally, the timeframe for this indicator is two weeks instead of a full month, so it is possible that these rates could be more comparable to the overall rate.

TABLE #14: ESTIMATING DUPAGE COUNTY STUDENTS WHO BINGE DRANK WITHIN THE PAST TWO WEEKS

Survey Question	8 th Graders	10 th Graders	12 th Graders
<i>Binge Drinking within the Past 2 Weeks</i>	2%	6%	18%

As the table above identifies, there is a large leap in binge drinking prevalence between 10th grade and 12th grade students. While a little more than 1 in 20 10th graders reported binge drinking within the last two weeks, nearly 1 in 5 students in 12th grade reported binge drinking within the last two weeks. Further research into this rapid increase could provide valuable insights.

Co-Occurring Disorders: Substance Use Prevalence Conclusion

It is essential that both of the disorders of a co-occurring disorder diagnosis be treated. If one of the disorders is left untreated, maladaptive symptoms may persist. The ease in which an individual may overdose on opioids indicates that any amount of opioid misuse is dangerous. And although binge drinking may not always produce the immediate consequences that an opioid overdose brings, the high rate of problematic alcohol use bears examining.

The Lisle Township Mental Health System

What is the Lisle Township Mental Health System? It is important to address this question before addressing qualitative findings. For the purposes of this study, the Lisle Township Mental Health System encapsulates both the organizations and individuals that provide mental health services and the individuals that want and/or need those mental health services, within Lisle Township. However, when this study examines the Lisle Township Mental Health System it will also examine the community institutions that interact with individuals with mental health concerns and the families, friends, and other loved ones of those individuals. Because mental health impacts many aspects of an individual's life and an individual's interactions with society, the Lisle Township Mental Health System should encompass a wide range of factors.

What's Working

Most local mental health indicators are trending in a negative direction. While this is concerning, researchers were able to identify positive aspects of the local mental health system via key informant

interviews and textual analysis of social media posts. These positive aspects are separated into three broad areas: (1) reduced stigma, (2) improved access, and (3) growing referral networks.

Reduced Stigma

The stigma around mental health may be the number one issue facing mental health systems today. According to the Mayo Clinic,

“Stigma is when someone views you in a negative way because you have a distinguishing characteristic or personal trait that’s thought to be, or actually is, a disadvantage (a negative stereotype). Unfortunately, negative attitudes and beliefs toward people who have a mental health condition are common.”⁵⁰

Almost every interviewee discussed stigma to some degree and not all discussions of stigma were negative. Several discussions centered on how much the stigma around mental health has decreased in recent years. One informant stated, “there’s still a lot of work that needs to be done on de-stigmatizing mental illness, but I’ve been in this field for many years, and I’m proud of how much work has been done.” Another interviewee was struck by, “how open so many more families are to learning about their children’s mental health.”

It is clear from these interviews that mental health stigma remains in the local community. However, interviewees were overall hopeful that the reduction in stigma will continue as long as public education about it continues.

Improved Access

One of the greatest challenges for any health care concern is access to treatment. Just as failing to treat high blood pressure can lead to life-altering physical health concerns, untreated mental health symptoms can lead to life-changing mental health crises. As one key informant pointed out, “it’s very difficult to manage your mental health if you can’t get services.” This report recommends that efforts to improve access to mental health care should be considered a priority.

Cost Reducing Practices

People seeking mental health treatment face a variety of barriers. One of these barriers is the cost of mental health services. While the expansion of public health insurance has helped reduce this barrier, a number of key informants were quick to point out that even people with private insurance may have difficulty affording mental health services.

In order to alleviate the cost burden, many nonprofit organizations and some private practices utilize cost reducing practices such as sliding scales to help clients afford mental health services. The term ‘sliding scale’ refers to the practice of offering reduced prices for the same services based on a client’s ability to pay. The extent to which mental health service providers are willing or able to reduce the cost of their services varies widely. For example, a key informant representative of a nonprofit organization that focuses on serving the underserved stated, “we are seeing individuals where our average scale is probably around \$20 to \$25.”

⁵⁰ <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>

The cost of mental health services may increase further for some individuals if medication is recommended as a tool to help manage a mental health diagnosis. According to key informants, some nonprofit programs in DuPage County can help people access mental health medication at deeply discounted prices. Dispensary of Hope helps individuals struggling to pay for medication by offering discounted or even free prescriptions.⁵¹ However, Lisle Township residents without transportation may have difficulty accessing Dispensary of Hope's service because it is located in Wheaton.

Mental health and substance use disorder treatment is mandated by the Affordable Care Act and the Mental Health Parity and Addiction Act. Treatment is covered under Medicaid, Medicare and health insurance plans. However, barriers to access exist. Providers report challenges when prior authorization is needed for certain services. In addition, patients may have difficulty finding behavioral health providers that accept Medicaid (or the Medicaid managed care plans). This can be especially challenging for psychiatric care and adolescent care.⁵²

Telehealth

Telehealth is defined as, "the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage your health care."⁵³ While the idea of using telehealth to improve access to mental health treatment is not new to many local mental health services providers, the COVID-19 pandemic has accelerated the mainstream use of telehealth in a mental health setting. According to several key informants, many insurance companies did not cover telehealth mental health services pre-pandemic, but, as one informant stated, "we're really hoping [insurance companies] will pay for telehealth after COVID."

Almost all key informants believed that telehealth helps clients access mental health services. According to one interviewee, "[w]ith telehealth, [our organization] has seen an increase in the number of patients that are asking for therapy appointments, and—more importantly—a decrease in the number of missed appointments." For many clients, telehealth removes one of the most crucial barriers to accessing mental health treatment - transportation.

Transportation was consistently ranked by both clients and service providers as one of the top barriers to treatment. According to interviewees, many clients must utilize public transportation, request family or friends drive them, or even rely on unreliable private vehicles to get them to in-person mental health appointments. According to key informants, telehealth can likely never fully replace certain necessary aspects of in-person treatment, but, when used appropriately, telehealth has been shown to greatly increase access to services.

Growing Referral Networks

A robust referral network is essential to maintaining a healthy local mental health system. Referral networks are built to ensure that people can be directed to the specific services/support they need. Gaps or blocks in a referral network reduce or delay an individual's ability to access service/support. As one key

⁵¹ <https://accessdupage.org/dispensary-of-hope/>

⁵² <https://www2.illinois.gov/sites/GetCovered/Resources/pages/Mental-health-parity.aspx>

⁵³ <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878>

informant rhetorically asked, “if mental health services aren’t timely, then they’re not really useful, now are they?”

Several interviewees discussed how important their referral networks are. A number of these same interviewees also stated that, although their referral networks were informal in nature, their organization’s referral networks were robust and actively growing. Referral networks are often developed through professional networking events and opportunities. Additional techniques for building referral networks include providing mental health education and training opportunities to related professions, joining chambers of commerce, etc.

What’s Working Conclusion

The Lisle Township Mental Health System has made great strides on some key areas related to mental health. It’s growing, informal referral network aids individuals in accessing treatment that will best serve their mental health needs. Telehealth appointments help people access and maintain mental health treatments. Cost reducing practices such as sliding scale payments and public insurance options help individuals access the services that they may not have been able to afford previously. The reduction in stigma has allowed many individuals to feel more comfortable seeking treatment.

There are also aspects of the Lisle Township Mental Health System would benefit from improvement.

What Can Be Improved

While the Lisle Township Mental Health System continues to make positive strides, there are several areas where improvement could significantly benefit Lisle Township residents. Some may appear contradictory to the successes listed above—particularly the need to reduce stigma and a more formalized referral network. Much needed improvements can be broken down into five categories: (1) lack of community education, (2) lack of specialty providers, (3) the cost of mental health services, (4) persistent stigma, and (5) the informal nature of the referral network.

Lack of Community Education and Information

Several interviews touched on a lack of mental health community education and information and how problematic lack of education can be for stigma. Most interviewees emphasized how a lack of community education on mental health can lead to an increase in stigma. Potentially just as damaging is how a lack of information can lead to delays in seeking treatment for mental health issues. As one key informant states,

“There’s so many organizations out there, but not everybody knows about them—especially people who live in the community. You almost have to be in some kind of crisis...to [look for services]. But then, when you’re in that crisis, you’re not in the right state of mind to necessarily find the services you need...the challenge I feel is letting people know in the community [what services are] available to them in a place where they’re actually going to be able to find [these services].”

Providing more opportunities for community members to learn about and engage with the local mental health system before they or someone they care about is in a mental health crisis is key to preventing crises or decrease the severity of outcomes associated with mental health crises. It is important that Lisle Township residents are aware of the services available prior to the escalation of mental health symptoms.

Lack of Specialists

As stated above, there are many organizations in the local mental health system that provide general mental health services. However, residents have difficulty accessing specialized treatment. Key informants identified the following specializations they believe are lacking from the local mental health system: (1) psychiatric services, (2) cultural and linguistically appropriate providers, and (3) children and adolescent services.

Psychiatric Services

Psychiatrists are medical doctors who specialize in mental health. While other medical professionals such as family doctors and advanced nurse practitioners can prescribe the same medication for mental health conditions as psychiatrists, like all medical specialties, psychiatrists have the additional education and experience in mental health and mental health treatment. Psychiatrists are a vital part of any mental health system.

Unfortunately, there is a shortage of psychiatrists throughout the country. According to an article in U.S. News, “The Association of American Medical Colleges (AAMC) projects a shortage of 3,400 psychiatrists by 2032.”⁵⁴ Lisle Township is experiencing the same shortage. Every key informant agreed that lack of psychiatrists is a problem in the local mental health system. In addition, many of the analyzed social media posts were individuals asking fellow community members where they or someone they knew could seek psychiatric treatment.

This shortage impacts everyone in the mental health system, but it is especially challenging on the uninsured or those that rely on public insurance options. One key informant shared:

“There’s a few psychiatrists that I trust, but unfortunately they take a very small percentage of uninsured individuals. And so often it’s hard to get in to see the ones that I think do a really good job of assessing. [They] don’t just write prescriptions...there are those psychiatrists that I know will see someone that may be on Medicaid, but tend to just medicate the issues, and they don’t do the more thorough assessments.”

Shortage of psychiatrists is also difficult on individuals experiencing a mental health crisis. It may be quite difficult for a client in the midst of a mental health crisis, to have the frame of mind necessary to find and access a psychiatrist. According to an interviewee, “getting people connected to a good psychiatrist is difficult—especially...for a mental health crisis where someone is in need of an immediate evaluation or possible hospitalization.” Delays at this crucial time can have devastating consequences; the most severe of which can lead to death.

Lack of Cultural and Language Appropriate Services

Culture can play a significant role in how individuals perceive and address mental health issues. To provide the best care it is important for service providers to approach clients in a culturally relevant way. An interviewee indicated that, “there’s a lot of...psychiatrists who are not LGBTQ-friendly...trying to find someone who can support [these clients] ...is difficult.” A lack of culturally supportive care can also be harmful because individuals seeking mental health services are often in vulnerable states.

⁵⁴ <https://www.usnews.com/news/health-news/articles/2020-03-18/img-src=https-healthdaycom-img-logos-healthday-depthjpg-width-31-br-the-doctor-gap-where-are-all-the-mental-health-care-providers>

In some cases, due to lack of more appropriate options, clients continued treatment with a culturally inappropriate source or sought other sources of treatment. However, key informants discussed situations when clients would feel so disheartened and frustrated by culturally insensitive treatment that they stopped seeking treatment altogether; a potentially damaging reaction.

In a similar vein, several interviews and social media posts emphasized the need for linguistically appropriate services. Bilingual staff may help address this gap, but may they may not have language mastery needed to effectively serve linguistically diverse populations. Interviews suggest there are not enough mental health service options with sufficient language mastery. An informant indicated, “I am comfortable enough in my Spanish to have a conversation, but not to provide therapy...but sometimes [clients] can’t get into those places that are truly bilingual to provide that service...there are bilingual private practitioners, but they’re difficult to afford even on a sliding scale.”

Language access services, particularly interpreting services, may help alleviate this gap. However, it may be difficult to subsidize the cost of a well-trained interpreter. Even a relatively inexpensive interpreter may be an additional expense that is difficult for a mental health organization to cover.

It should be noted that this is a potential legal issue for providers. According to the Language Assistance Services Act of Illinois,

“where language or communication barriers exist between patients and the staff of a health facility, arrangements shall be made for interpreters or bilingual professional staff. ‘Health facility’ means a hospital licensed under the Hospital Licensing Act, a long-term care facility licensed under the Nursing Home Care Act, or a facility licensed under the ID/DD Community Care Act, the MC/DD Act, or the Specialized Mental Health Rehabilitation Act of 2013.”⁵⁵

In addition to state law, there are Federal regulations that regulate language access. According to the Department of Health and Human Services, “Title VI and Department of Health and Human Services regulations, 45 C.F.R. Section 80.3(b)(2), require recipients of Federal financial assistance from HHS to take reasonable steps to provide meaningful access to limited English proficient (LEP) persons.”⁵⁶

Youth Services

Youth and children experiencing mental illness often require specialized treatment. The brain continues to form well into the mid-twenties. As a result, special care is essential when treating children and even young adults. Unfortunately, several key informants stated that while there are service providers that specialize in or have specific programs for children and youth experiencing mental illness, there are currently not enough to adequately serve this population. In fact, backlogs for child and youth services can stretch into multiple months. Although providers will refer clients to other providers to avoid a long delay in an ability access services, it is not always possible to refer children and adolescents because of the lack of openings in programs for this population.

⁵⁵ <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1235&ChapterID=21>

⁵⁶ <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html?language=es>

Treatment for Co-Occurring Disorders

Co-occurring disorders are disorders in which a mental health disorder and a substance use disorder occur at the same time. To adequately treat symptoms of mental illness in an individual with a co-occurring disorder, both disorders must be treated. Unfortunately, key informants indicate that it is difficult to find a placement in local substance use treatment programs. Increasing the number of locally available programs and/or increasing the number of placements within existing programs that specialize in substance use disorders would likely increase the effective treatment of co-occurring disorders.

The Cost of Mental Health Services

The cost of mental health services is a significant barrier to accessing the services. Even though cost reduction practices such as sliding scales and free or reduced-price medication help clients afford mental health necessities, mental health service providers must absorb those costs. They are able to do this, in part, when they have other sources of income.

There are a number of alternative sources of income available - government and private grants, individual donations, fundraisers, etc. The amount of money acquired from alternative sources is likely to increase the number of lower income clients service providers help. If these alternative sources of income decrease, the number of clients that use sliding scale payments is likely to decrease. If alternative income increases, then providers are afforded the ability to provide services to more clients on a sliding scale basis. Maintaining additional sources of income for mental health service providers is an important factor in an effective mental health system.

Still Work to Do on Stigma

While the stigma around mental health has significantly improved over the last couple of decades, it still presents a barrier to accessing treatment. One informant, in the middle of a conversation on how stigma has improved, also stated, “still...stigma is a barrier...people are afraid to reach out to services.” As long as any amount of stigma remains in place, there will be individuals who will not feel comfortable accessing mental health services. It is strongly recommended that community awareness and education programs continue to address this stigma head-on.

Informal Referral Network

As previously stated, it is imperative to a well-functioning local mental health system for mental health service providers to have access to robust referral networks. Many organizations are unable to specialize in services that address all mental health needs. In addition, it is not uncommon for an organization to be able to provide the services a client needs, due to capacity. Therefore, in order for mental health service providers to provide timely and effective treatment to clients, they need the ability to clients to other organizations through a referral network.

Currently, the local mental health system has an informal referral network. If mental health service providers want to develop or expand a referral network, they must do so through informal means such as professional networking. The current referral networks are based on person-to-person contact. And while there are benefits to such an informal system (e.g. potentially easier to get started, easier to form cross-sector referrals, etc.), maintaining a referral network that relies on personal connection in a field with high turnover can be difficult. One informant explained their organization’s referral network as, “it waxes and

wanes. It depends on turnover...who's there as people change. Sometimes priorities change in organizations. So it's definitely one of those things that fluctuates."

Interviewees agreed that the current informal referral network has its benefits. However, many informants indicated a desire for a more formalized referral network that they could tap into to better connect community members to the services they need. A more formalized network would create a more robust and stable referral network for everyone to utilize.

COVID Concerns

The COVID-19 pandemic is impacting public health in a multitude of ways. In addition to physical health consequences, the pandemic is having an impact on mental health. The Center for Disease Control and Prevention (CDC) released a report that found the following correlation between the pandemic and mental health issues:

"The coronavirus disease 2019 (COVID-19) pandemic has been associated with mental health challenges related to the morbidity and mortality caused by the disease and to mitigation activities, including the impact of physical distancing and stay-at-home orders. 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... respondents who reported having seriously considered suicide in the 30 days before completing the survey (10.7%) was significantly higher among respondents aged 18–24 years (25.5%), minority racial/ethnic groups (Hispanic respondents [18.6%], non-Hispanic black [black] respondents [15.1%]), self-reported unpaid caregivers for adults§ (30.7%), and essential workers (21.7%)."⁵⁷

The pandemic and the social isolation necessary to combat it have had severe impacts on mental health. Over 2 in 5 respondents reported having some form of negative mental health symptom, and over 1 in 10 respondents reported seriously contemplating committing suicide within the last month before the survey. However, the pandemic's impact on mental health is not the same for all groups. Over 1 in 4 young adults (aged 18-24) have considered suicide - far higher than the general public.

This nationwide trend is impacting Lisle Township. An informant who represents an organization that runs countywide mental health crisis programs stated, "during COVID we've had first-time clients call in really, really struggling with anxiety and depression...we know it's at least partially due to the social isolation and uncertainty about the future that comes with COVID."

Trying to help individuals experiencing mental health for the first time during the pandemic is particularly challenging. Interviewees suggested that pre-pandemic many mental health crises came from people who had some knowledge of the mental health system as they had repeat experiences with mental health systems. Currently it is believed that these mental health crises are predominantly coming from individuals that have no prior experience with the mental health system. According to one interviewee, "[these]

⁵⁷ <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>

people have never had to navigate through [the mental health system] before, and so they're really struggling with it."

This helps illustrate why community education on the local mental health system is important, particularly now. First-time sufferers of mental illness are often ill-equipped to understand what's happening to them and how they can get help. One informant who represents a mental health service provider that specializes in adolescents explains that, "education is so important... [it provides] more opportunities to ask questions...to understand what the warning signs are because the kids a lot of times don't know they're struggling [with mental illness] and the parents think it's just regular behavior." This is true for adults as well. If a local mental health system can educate individuals with little or no previous mental health identify mental health about warning signs before crisis, the system may be able to reduce the number of individuals who reach a crisis moment.

What Can Be Improved Conclusions

The Lisle Township Mental Health System is in transition. While improvements have been made to strengthen the referral network, reduce stigma, and reduce the consumer cost of mental health services, the system would benefit from continued improvements and maintenance. Additionally, lack of community education and specialized care needs should be addressed. Lastly, there are concerns that the COVID-19 pandemic will lead to a secondary pandemic of mental illness.⁵⁸ The short-term increases in mental health needs related to the pandemic have hit mental health service providers hard. The potential long-term increases, while predicted to be much smaller than the short-term increases, could have a lasting impact on the need for mental health services.

Recommendations

The following recommendations are based on the landscape review and report findings. Researchers believe implementing these recommendations may help significantly improve the local mental health system.

Recommendations

1. Increase community education opportunities
2. Sponsor frequent networking opportunities
3. Create formal referral network
4. Seize the moment
5. Address COVID-related increases in mental health needs
6. Maintain telehealth successes
7. Address Lack of Specialty Services

⁵⁸ <https://www.bbc.com/worklife/article/20201021-coronavirus-the-possible-long-term-mental-health-impacts>

Increase Community Education Opportunities

Obtaining help before a mental health issue evolves into a crisis is critical. However, in order to get help before a crisis people need to know the warning signs of mental illness, what services are available, and how they can access them. There are many local organizations that provide mental health training and education for community members. Partnering with these organizations to provide educational opportunities to Lisle Township residents is recommended.

Sponsor Frequent Networking Opportunities

Currently, most mental health referral systems are based on informal connections made between providers. Providing providers with more frequent opportunities to network will help strengthen these informal bonds and help providers maintain organizational bonds in a high turn-over field.

Create a Formal Referral Network

While creating more opportunities to strengthen the current informal referral network is valuable in order to maintain the current referral system, developing a more formalized referral network will reduce individual variables. DuPage County already has the Community Resource Information System (CRIS) data base. Encouraging and helping mental health service providers to enter their organization's details into CRIS is a good first step toward a more formalized referral network. Promoting CRIS at networking events aimed at strengthening informal referral networks may be an effective way to educate local providers of its existence and benefits.

Seize the Moment

The pandemic has negatively affected mental health. Anxiety and depression has significantly increased during this period of time. While this trend is concerning it creates an opportunity for education. As the number of people who are struggling with mental health issues increases, need for resources increases. In addition, empathy may increase as individuals experience mental health concerns first hand.

Address COVID-Related Increases in Mental Health Needs

COVID-related increase in mental health needs should be addressed. In the short-term, mental health service providers will need additional supports to address the increased need. Providing a reliable way to contact Lisle Township officials may help them feel more supported, while providing Township administrators with a way to track changes their community's mental health needs in real-time.

Some mental health experts are concerned that short-term increases in mental health needs due to the pandemic will remain long after lockdown. Lisle Township should prepare for some of the increased need for mental health services to remain long term. Some researchers suggest that between 10%-15% of people who began experiencing mental health issues during the pandemic may continue to experience these symptoms for years to come.⁵⁹ Lisle Township should consider the need to provide elevated support to mental health service providers for several years.

⁵⁹ <https://www.bbc.com/worklife/article/20201021-coronavirus-the-possible-long-term-mental-health-impacts>

Maintain Telehealth Successes

Increasing the use of telehealth services has been vital during the pandemic. Telehealth usage during this period of time has shown additional benefits as well. Telehealth addresses several barriers to accessing treatment, such as transportation and convenience.

If insurance companies continue to cover telehealth mental health services after the pandemic, Lisle Township should consider encouraging community members to try telehealth services, potentially increasing the number of people who may access and maintain treatment.

Address Lack of Specialty Services

One of the key issues that came out of key informant interviews is the lack of specialty services. According to most interviewees, Lisle Township has sufficient general services to serve residents with mental illness. However, specialized services such as psychiatric treatment, child and youth mental health services, culturally and linguistically appropriate services, and substance use disorder treatments are creating barriers for many people who need the specialized services. Some of the shortages, such as the lack of psychiatrists are related to national shortages. However, there may be ways to incentivize the increase in culturally and linguistically appropriate services, child and youth mental health services, and substance use disorder treatments. More study into best practices to incentivize these specialty services is recommended.

Limitations of the Study

There are several limitations to this study. First and foremost, there is no readily available primary data on mental health broken out by race and ethnicity. There are limited studies on the prevalence of mental health in other geographic areas. However, it is not best practice to use studies from another geographic area. It runs the risk that the populations are too dissimilar.

Additionally, there is a lack of primary data that estimates the prevalence of mental illness in Lisle Township. Most prevalence data only drill down to the county-level. While researchers used county-level data to estimate township-level data, there are concerns with this process, and estimates should be used cautiously.

Beyond the limitations with primary data, this study was extremely challenged with engaging mental health service users as interviewees. There are a number of factors that may explain service users' reluctance to participate. The pandemic is exacerbating mental health symptoms. Discussing their experiences with the mental health system may not be a high priority for service users at this time. It may also be likely that the use of technology to maintain social distancing discouraged potential participants.

Finally, additional research is recommended in order to determine how best to address the shortage of psychiatrists. This is a nationwide issue with many complicated contributing factors. Attempting to solve this shortage is beyond the scope of this study. However, a study focusing on this issue could be enlightening.

References

- Beronio, Kirsten, JD, Sherry, PhD Glied, and & Richard, PhD Frank. 2014. "How the Affordable Care Act and Mental." *Journal of Behavioral Health Services & Research* 1-18.
- Bishop, Tara F., Joanna K. Seirup, Harold Alan Pincus, and Joseph S. & Ross. July 2016. "Population Of US Practicing." *Health Affairs* 35:7 1271-1277.
- Bishop, Tara F., Matthew J. Press, Salomeh Keyhani, and Harold Alan & Pincus. February 2014. "Acceptance of insurance by psychiatrists and the implications." *JAMA Psychiatry* 71(2) 176-181.
- Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50). Retrieved from <http://www.samhsa.gov/data/>.
- Centers for Disease Control and Prevention. 2020. *Mental Health, Substance Use, and Suicidal Ideation During COVID-19 Pandemic--United States*. June. Accessed March 16, 2021. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6932a1.htm>.
- . n.d. *Opioid Overdose: Understanding the Epidemic*. Accessed March 16, 2021.
- DuPage Federation on Human Services Reform, "Mental Illness and Substance Use in DuPage County." *DuPage Federation Community Profiles* (August 2016). https://ba0e7493-c3d7-466b-ac91-8691d367a24c.filesusr.com/ugd/b1e07f_547bf8d109a94c7abd00688593357155.pdf?index=true
- DuPage Health Coalition. n.d. *DuPage Dispensary of Hope: A Free Pharmacy for the Uninsured*. Accessed March 16, 2021. <https://accessdupage.org/dispensary-of-hope/>.
- Illinois Department of Human Services. 2019. "Illinois Youth Survey: 2018 DuPage County Report."
- Illinois Department of Insurance. n.d. *Mental Health Parity*. Accessed March 16, 2021. <https://www2.illinois.gov/sites/GetCovered/Resources/pages/Mental-health-parity.aspx>.
- Illinois Legislative Reference Bureau. n.d. "HEALTH FACILITIES AND REGULATION (210 ILCS 87/) Language Assistance Services Act." *Illinois Compiled Statutes*. Accessed March 16, 2021. <https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1235&ChapterID=21>.
- Impact DuPage. n.d. *Age-Adjusted ER Rate due to Adolescent Suicide and Intentional Self-inflicted Injury*. Accessed March 16, 2021. <https://www.impactdupage.org/indicators/index/view?indicatorId=6621&localeTypeId=3>.
- . n.d. *Age-Adjusted ER Rate due to Adult Mental Health*. Accessed March 16, 2021. <https://www.impactdupage.org/indicators/index/view?indicatorId=2849&localeTypeId=3>.
- . n.d. *Age-Adjusted ER Rate due to Adult Suicide and Intentional Self-inflicted Injury*. Accessed March 16, 2021. <https://www.impactdupage.org/indicators/index/view?indicatorId=2854&localeTypeId=3>.
- . n.d. *Age-Adjusted ER Rate due to Pediatric Mental Health*. Accessed March 16, 2021. <https://www.impactdupage.org/indicators/index/view?indicatorId=2850&localeTypeId=3>.

- Interdepartmental Serious Mental Illness Coordinating Committee. 2017. *The Way Forward: Federal Action for a System That Works for All People Living With SMI and SED and Their Families and Caregivers*. Government, Substance Abuse and Mental Health Services Administration.
- Mayo Clinic. n.d. *Depression (Major Depressive Disorder)*. Accessed March 16, 2021. <https://www.mayoclinic.org/diseases-conditions/depression/symptoms-causes/syc-20356007>.
- . n.d. *Mental health: Overcoming the stigma of mental illness*. Accessed March 16, 2021. <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>.
- . n.d. *Suicide and Suicidal Thoughts*. Accessed March 17, 2021. <https://www.mayoclinic.org/diseases-conditions/suicide/symptoms-causes/syc-20378048>.
- . n.d. *Telehealth: Technology Meets Health Care*. Accessed March 16, 2021. <https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/telehealth/art-20044878>.
- Melek, S. P., Norris, D. T., & Paulus, J. 2014. "Economic impact of integrated medical-behavioral healthcare." *Milliman Am Psychiatr Assoc Rep*.
- National Institute on Drug Abuse. n.d. *Comorbidity: Substance and Other Mental Disorders*. Accessed March 16, 2021. <https://www.drugabuse.gov/sites/default/files/infographic-comorbidity.pdf>.
- Office of Civil Rights. n.d. *Guidance to Federal Financial Assistance Recipients Regarding Title VI and the Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons - Summary*. Accessed March 16, 2021. <https://www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-vi/index.html?language=es>.
- Pallarito, Karen. 2020. "The Doctor Gap: Where Are All the Mental Health Care Providers?" *U.S. News*. March 18. Accessed March 16, 2021. <https://www.usnews.com/news/health-news/articles/2020-03-18/img-src=https-healthdaycom-img-logos-healthday-depthjpg-width-31-br-the-doctor-gap-where-are-all-the-mental-health-care-providers>.
- Reisinger Walker, Elizabeth, Ph.D., MPH, Janet R. Ph.D., Hockenberry, Jason M., Ph.D. Cummings, and Benjamin G., M.D., MPH Druss. June 2015. "Insurance Status, Use of Mental Health Services, and Unmet Need for Mental Health Care in the United States." *Psychiatric Services* 66:6 578-584.
- Savage, Maddy. 2020. "Covid-19 has increased anxiety for many of us, and experts warn a sizable minority could be left with mental health problems that outlast the pandemic." *BBC.com*. October 28. Accessed March 16, 2021. <https://www.bbc.com/worklife/article/20201021-coronavirus-the-possible-long-term-mental-health-impacts>.
- Substance Abuse & Mental Health Services Administration. 2020. "2016-2018 NSDUH Substate Region Estimates - Tables."
- Substance Abuse and Mental Health Services Administration. Behavioral Health Barometer: Illinois, Volume 5: Indicators as measured through the 2017 National Survey on Drug Use and Health and the

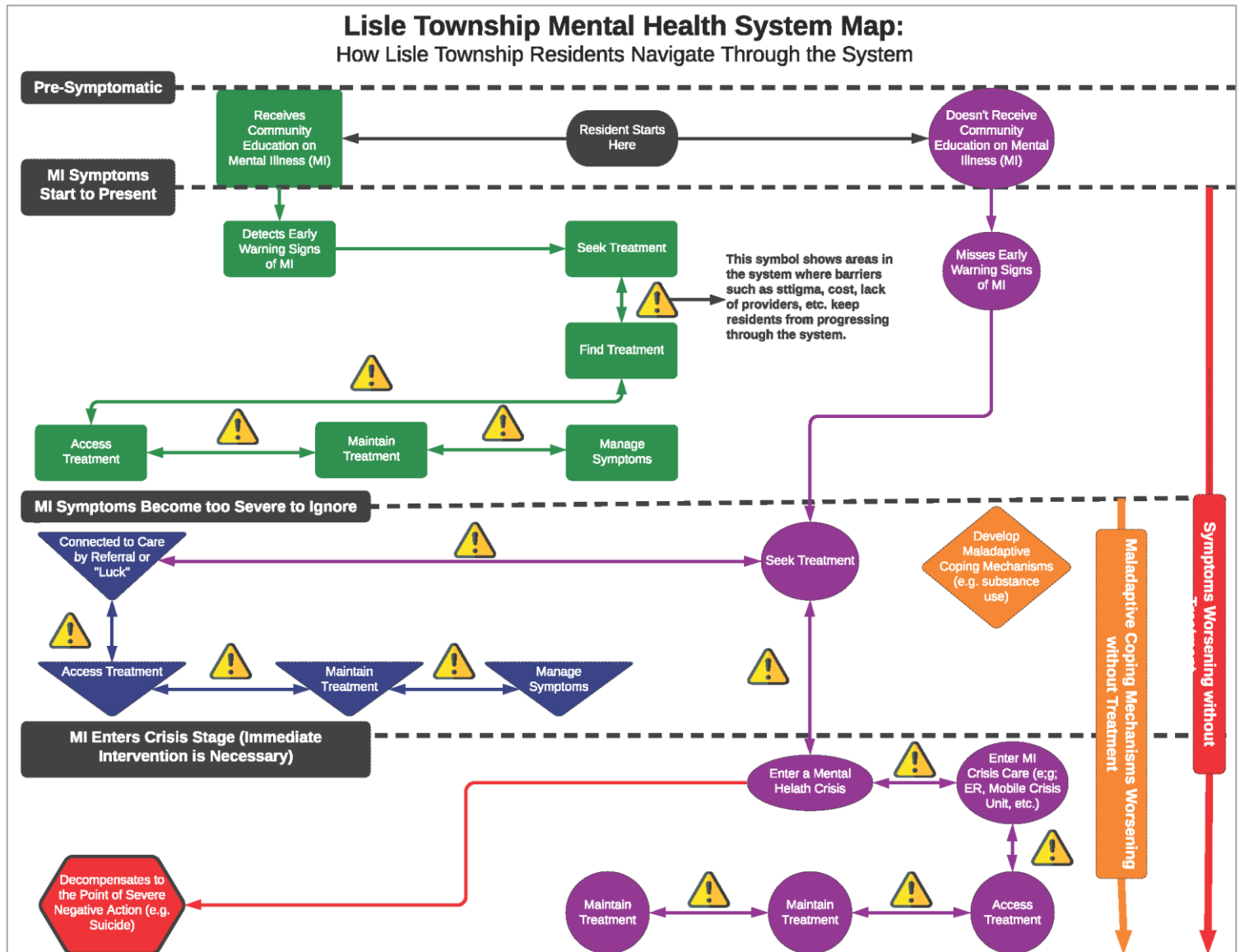
National Survey of Substance Abuse Treatment Services. HHS Publication No. SMA-19-Baro-17-IL. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2019.

Substance Abuse & Mental Health Services Administration. 2020. "Key Substance Use and Mental Health Indicators in the United States: Results from the 2019 National Survey on Drug Use and Health."

Substance Abuse and Mental Health Services Administration. n.d. *Mental Health and Substance Use Disorders*. Accessed March 16, 2021. <https://www.samhsa.gov/find-help/disorders>.

United States Census Bureau. 2019. "Table S0101 (ACS 5-Year Estimates)."

Appendix #1: Navigating the Lisle Township Mental Health System



Full size flowchart available as separate file.

Components of Lisle Township Mental Health System Map

The Lisle Township Mental Health System Map is meant as a tool to help simplify a complex system that residents with mental illness must navigate to manage their symptoms. This system map is a generalized depiction. No two cases of mental illness are the same, so people's specific journeys to attain mental well-being may look different.

Below is an explanation of the different components that make up this system map. If, after reading the descriptions below, you have questions or concerns, then please reach out to DuPage Federation at www.dupagefederation.org.

Stages of Mental Illness

Mental illness tends to be a progressive illness (i.e., symptoms worsen the longer the illness goes without treatment). As Mayo Clinic states, "[m]ost mental illnesses don't improve on their own, and if untreated, a mental illness may get worse over time and cause serious problems."¹ Any model of a mental health system must keep in mind that the longer mental illness goes untreated, the more likely the illness is to progress toward a mental health crisis.

To capture this important factor, this system map labels different mental health stages. The stages are outlined in the following chronological order:

1. **Pre-symptomatic:** The stage before mental illness symptoms are felt.
2. **Mental illness symptoms start to present:** The stage in which the individual with a mental illness and/or those around them notice symptoms. At this stage individuals with a mental illness and/or those around them may not connect the symptoms to a mental illness. For instance, someone who has just started to feel a chronic fatigue may not at first may not realize that it is a depressive episode that is causing the fatigue. Individuals experiencing these symptoms might attribute them to physical health or even ignore the symptoms altogether. However, if an individual knows the warning signs of mental illness, then they could access treatment at this point and have a better prognosis than if they had waited.
3. **Mental illness symptoms become too severe to ignore:** The stage at which it is no longer possible for an individual suffering severe symptoms from a mental illness and/or those around them to write-off the symptoms as nothing. At this stage it is important that residents be able to quickly access treatment. However, without a referral from someone linked into the mental health system, the odds of finding care in a timely manner are much less than if the search had been started in the previous stage.
4. **Mental illness enters a crisis stage:** At the mental health crisis stage immediate medical attention is necessary to prevent catastrophe health outcomes such as suicide. The individual in crisis must be stabilized before they can seek less intensive treatment.

While the system map will be using this highly simplified and generalized view of the progression of mental illness, it should be stressed that no two cases of mental illness present in quite the same way. Specific cases may not follow this chronological order nor will they all exhibit every stage.

¹ <https://www.mayoclinic.org/diseases-conditions/mental-illness/symptoms-causes/syc-20374968#:~:text=Most%20mental%20illnesses%20don't,time%20and%20cause%20serious%20problems.>

Sidebar of Worsening Mental Illness Symptoms and Maladaptive Coping Mechanisms

To highlight the progression of mental illness symptoms the sidebar of the diagram contains an arrow showing worsening mental illness symptoms as more time passes. Similarly, there is another arrow labeled “worsening maladaptive coping mechanisms.” As symptoms of mental illness worsen, some individuals rely on maladaptive coping mechanisms such as avoidance and substance use to escape the symptoms.² The model shows this dynamic by including an arrow showing worsening maladaptive mechanisms as mental illness symptoms increase.

Barrier Icons

Once an individual becomes aware of the need for treatment, they must face several barriers to finding, accessing, and maintaining treatment and managing their symptoms. Some barriers include cost of treatment, lack of psychiatrists, stigma, etc. This is not an exhaustive list of barriers. However, the areas where the barrier icon (an exclamation sign surrounded by a yellow triangle) has been placed on the system map were selected as the study found that barrier in those areas were particularly difficult to overcome.

The clustering of difficult barriers in this area creates instances of regression to a previous step in the mental health system. For instance, an individual might have reached the “maintain treatment” stage, but instead of progressing to the “managing symptoms” stage, they regress to the “access treatment” stage because their mental illness medication is too expensive. This concept of regression in the face of barriers is demonstrated by the arrows in the treatment stage pointing both forwards and backwards.

Community Education Pathway

At the very beginning of the system map there are two paths to follow that result in vastly different outcomes. Those individuals fortunate enough to receive community education on mental health have a head start when they experience mental illness symptoms compared to those who didn’t receive the community education. This is because community education on mental illness can help individuals pick out the warning signs of mental illness faster than others. Community education also helps reduce the stigma associated with asking for help for mental health issues. These factors help individuals seek out care for their mental health systems toward the beginning of a new or recurring mental illness.

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872051/>

Appendix #2: Infographic

Lisle Township Mental Health System: A System in Transition

The Lisle Township Mental Health System is composed of nonprofit, private, and government institutions that provide services to diagnose, treat, and manage mental health symptoms.

The system is currently in a state of transition, best exemplified by three components of the mental health system: 1) stigma, 2) cost of treatment, and 3) referral networks.

Stigma



Mental health stigma may prevent individuals from seeking mental health treatment.

Community awareness and education programs have helped reduce the stigma, but the problem persists.

Consistent educational and awareness campaigns will likely need to be conducted on a long-term, continuous basis.

Cost of Treatment

Cost of treatment for mental illnesses may keep people from successfully managing their symptoms.

Recent policy changes to the Affordable Care Act provide insurance coverage for mental health treatment. Sliding scale practices also help alleviate cost of treatment.

People continue to struggle to find affordable treatment. Other cost reduction avenues need to be explored.



Referral Networks



Providers use referral networks (professional contacts) to reach out to other providers in order to find clients the treatment they need in a timely manner.

In Lisle Township, providers develop their networks by building professional relationships. While successful to an extent, local providers desire a more formalized network that does not rely on social networking and staff continuity.

Infographic developed with information collected for the Lisle Township Mental Health Study (2020-2021) from key informants. Please direct questions to DuPage Federation on Human Services Reform at dupagefederation.org. Infographic designed by DuPage Federation on Human Services Reform (March 2021)

Full size flowchart available as separate file.