

# Mental Health

## Focus Group and Key Informant Interview Results

### Introduction

Across the United States, mental health struggles are prevalent as one in five US adults experience mental illness each year. Meeker, McLeod, and Sibley counties are not an exception - in 2018, 27.8% of adults reported they had ever been told by a health professional they had one or more of the following mental health concerns: depression, anxiety or other mental health problems<sup>1</sup>. This was almost a three percent increase ( $p < .1$ ) from 2014 (24.9%)<sup>2</sup>. Likewise, 50.4% of Sibley County 8<sup>th</sup>, 9<sup>th</sup>, and 11<sup>th</sup> graders reported they were bothered by feeling down, depressed or hopeless several days or more over the past two weeks, which is significantly higher than the rate of 42.5% for students across Minnesota<sup>3</sup>. Also, the percent of 5<sup>th</sup>, 7<sup>th</sup>, 9<sup>th</sup> and 11<sup>th</sup> graders who in the past 12 months felt sad or hopeless for two or more weeks (in a row) that they stopped doing normal activities was 18.3% in Meeker County and 24.5% in McLeod County<sup>4</sup>. As such, Meeker McLeod Sibley (MMS) Community Health Services staff wanted to gather qualitative information to understand the challenges and impacts related to mental health issues and gather suggestions for helping those with mental health concerns. Therefore, they decided to conduct key informant interviews and focus groups with professionals, parents and youth.

Between July 23<sup>rd</sup> and September 12<sup>th</sup>, 2019, MMS staff conducted three focus groups with a total of 26 adults, one focus group with youth and 12 key informant interviews, talking with a total of 38 adult professionals representing law enforcement, child protective services, school staff, therapists, child mental health services, veterans' services, domestic violence senior citizens, adults living with persistent mental health conditions and three participants who work with and represent the Hispanic community. Participants were asked a variety of questions about mental health covering challenges, coping strategies, impacts, available and needed resources and suggestions for helping people improve their mental health. The following is a summary of results from these conversations.

### Findings

#### Challenges

**When asked about challenges individuals face around mental health today versus 20 years ago, stigma and social media and texting were the top two themes.** Respondents described a pervasive stigma around mental health issues, as people are proud and don't want to be labeled as weak, different or "crazy" and some are afraid to use available resources. Social media and texting were seen as contributing factors because they are often used instead of talking which leads to a lack of social skills, increased comparison to other people and isolation, thus yielding high rates of anxiety and depression. Several respondents discussed how there is a lack of access to help because of high cost of therapy and because there are not enough providers in the area. Further, respondents from the Hispanic community said that lack of providers who speak Spanish is a challenge for the Hispanic community because interpreters aren't available and often not trusted. Also, the Hispanic community can be resistant to accessing government assistance. Several respondents also noted how drugs are more

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<sup>1</sup> 2018 Meeker McLeod Sibley Healthy Communities Survey.

<sup>2</sup> 2014 Meeker McLeod Sibley Healthy Communities Survey.

<sup>3</sup> *Minnesota Student Survey* Interagency Team. *Minnesota Student Survey* 2019. Roseville, MN: Minnesota Department of Education, 2019.

<sup>4</sup> 2017 Pact for Families SHARE Survey.

accessible and used more than 20 years ago while others said it is hard to identify mental health issues. Other challenges reported included:

- More pressures and stressors from school/home/sports, less time to just have fun, or for parents to spend time with kids.
- More children with Adverse Childhood Experiences (ACEs).
- Diversity/multiculturalism - people having to learn about and get used to working across cultures.
- Mass shootings often framed as due to mental health so contributes to stigma.

## Stressors

**Acceptance and peer pressure were raised as the greatest stressors facing youth, with social media and screen time being a significant contributing factor, particularly because it is constant.** Additionally, several respondents mentioned school, bullying or cyber-bullying, competition and pressure to succeed as sources of stress for youth, while others said lack of home stability. The following ideas were raised by one respondent (each):

- Lack of brain development
- Less family time
- Media showing active school shootings

**Money was most frequently identified as a stressor for adults.** Relatedly, affordable housing and healthcare coverage were also identified by multiple respondents as stressors. Lack of documentation and a culture around wanting to provide their family with things they didn't have were discussed as stressors specifically for the Hispanic population. Additional stressors identified for adults include relationships, in particular a huge strain for those in jail, social isolation of seniors /elders, aging, caregiving to older parents, a society that is always on the go and pressure to live up to others (neighbors, etc.).

## Coping with mental health issues and stress

Respondents were asked about healthy and unhealthy ways youth/adults deal with mental health issues and stress. **Exercise was the most commonly mentioned healthy way to deal with these stressors.** The second most common way reported was connecting with others, such as talking either to peers or a professional, being involved in the community or generally connecting with others through socializing, family time or participating in a group activity. Several people mentioned practicing mindfulness/meditation. Other healthy ways of coping with stress and mental health issues included connecting to resources, religion/spirituality, relaxing, getting enough sleep, engaging in hobbies or generally taking care of oneself.

On the other hand, **substance use, including alcohol, drugs, tobacco and marijuana, was identified in the majority of conversations as an unhealthy way** people deal with mental health issues and stress. Similarly, many respondents thought shutting down or isolating oneself through more screen time or not talking or sharing with others was a typical method for coping with stressors. Several respondents discussed self-harm, such as cutting and suicide, risky sexual behavior, bullying and fighting. Gaming, vandalism, dropping out of/skipping school or work, overspending, parents not allowing children to talk about frustrations and unhealthy eating were also referred to as unhealthy ways of dealing with stressors.

## Impacts of mental health on daily living

**Overall respondents described many negative impacts of mental health on daily living**, some of which were also described as unhealthy ways to cope with mental health issues and stress. The most common impacts voiced were detriments to physical health such as high blood pressure, gaining weight and getting sick more often; issues at school such as not being able to concentrate, worse grades, fighting, bullying and decreased attendance; issues at work such as absenteeism and injuries and impacts on relationships and communication, sometime leading to severed relationships. In addition, several people simply stated it impacts all aspects of life with one person commenting:

*“How can you have good quality of life when you have a mental health disorder and it is not under control?”*

Further, respondents thought mental health can create stress, impact substance use, homelessness, attitude, sleep, memory and lead to lack of self-care.

## Talking about mental health

**While more responded in the negative, results were mixed on whether the community is open to talking about mental health.** The top reason respondents noted for why people don't want to talk about it is because of the **stigma**; people don't want to be seen as weak or have a fear of losing their job if they are open about a mental health struggle they are experiencing. One person commented that people know about the employee assistance program (EAP) but are afraid to use it because of this fear. Furthermore, there is a lack of education and people don't know or understand the problem. For example, some think of it as a choice, not a mental health imbalance and that people can/should just 'suck it up'. It was noted the Hispanic community doesn't talk about mental health because there is an expectation to keep going and not seek help. Similarly, it's not viewed as important because they (Hispanic community) are not educated about it - and vice versa. Others are generally uncomfortable with mental health.

Alternatively, several key informants and several focus group members thought the community or parts of the community (professionals and veterans) is open to talking about mental health. Several people stated this is because there is a lot, and more than there used to be, of information about mental health in the community. That said, participants theorized that it's easier for people to talk about in the big picture rather than how they are personally affected by it. Also, there are plenty of resources to help. Another respondent said veterans are OK talking to other veterans. However, one other person noted some (professionals) don't want to collaborate with mental health professionals as they are seen as 'outsiders' to their organization/institution.

Not all participants commented on who they would reach out to in a situation where they needed to talk to someone about mental health, but **friends, spouse and therapist/counselor were the most common responses.** Coworkers, online groups, social services and church leaders were also mentioned.

## Helping people with mental illness

As evidenced in the MMS Healthy Communities Survey, 55% of adult residents in MMS are more comfortable helping a person with a physical illness than a mental illness. Similar to why people don't talk about mental health, **respondents most commonly discussed lack of education and understanding as the reason for this sentiment.** For instance, there is a perception people can just change if they want to and many people don't

understand mental health conditions can be treated and managed. Moreover, many respondents reasoned mental health is not visible or concrete in the same way as physical illness so not seen as 'real'. Because of this, it can be hard to identify, harder to see progress and is a longer commitment for treatment (and takes longer to diagnose). Also, respondents suggested people don't want to talk about it because they don't know what to do, are worried about saying the wrong thing, or just don't want to hear about others' mental health issues as it can be exhausting to the person providing help. One person said TV portrays (mental health struggles) negatively, thereby contributing to this perception.

**Respondents proposed training and education on mental health could help people feel more comfortable helping those with a mental illness.** It was suggested one way to do this would be to have more movies and TV shows that address mental health, and have parents and kids watch them together so they could have a conversation about it after. Other suggestions for helping people feel more comfortable included more open conversations at workplaces, people showing others they care and listening more, a mental health walk/5K, more resources in general and more resources to cover costs of therapy, particularly for the Hispanic population.

## Resources

Respondents were asked to share resources that are available for community members experiencing mental health issues and for professionals and caregivers who support people struggling with mental health issues. Respondents were able to name more resources for community members **but the main resource shared for both groups was seeking professional support (therapists or doctors), accessing them through healthcare facilities including clinics and hospitals or connecting with mental health workers at the county.** Some facilities were specifically named including Glencoe Regional Health, Woodland Center, Hutchinson Health and Mental Health in Hutchinson. Several participants suggested crisis programs, including the McLeod Mobile Crisis Unit and one in Mankato, as resources for community members. Hotlines were suggested as a resource for both community members and professionals. Listed below are other resources suggested for each group:

### Community Members

- Employee Assistance Program
- Church/QPR at church
- Clubhouse professionals
- Support groups, such as AA or NA
- CORE program - providing veterans with transportation to Mankato
- Mission Act – vets can go outside VA with a referral
- Peer led group (advertised in Glencoe paper)
- School programs
- Online

- Salvation Army camp for kids
- Dirt Group run Kenny Turck
- Ted Matthews
- Hairdressers
- Bartenders

### Professionals

- Support groups
- Relying on each other
- Crisis intervention training
- National Alliance on Mental Illness (NAMI)

## Social connectedness

**Respondents described social connectedness as being involved in the community and connected to others through various ways** including community events; places and activities such as the farmers

market, a Teen Center, Sibley County Clubhouse or Music on Main; National Night Out; volunteering, social media; community members and public agencies collaborating and working together and knowing your neighbors. One person shared that elderly have a place to go to lunch and socialize, seemingly suggesting this is helpful for them and potentially would be for others if a similar connection point was available for them. One person talked about everyone supporting someone in need and less judgement of each other. For some specific communities, unique differences were discussed. For example, one person stated veterans feel connected to their community but it is not the same or as strong as their connection with other veterans, while another respondent said people of Hispanic ethnicity want to intermingle with other cultures.

## Suggestions

**The top idea on how to help people in MMS become more socially connected or to positively influence how people are dealing with mental health was providing education/raising awareness,** a theme that also emerged in response to how to help people feel more comfortable helping those with a mental illness. More specifically, respondents suggested doing so through media (including social media), raising awareness about available local resources, partnering with organizations, having more open dialogue - potentially through community meetings or a community forum, providing parenting classes and trainings to all county professionals and providing more Question, Persuade and Refer (QPR) trainings, potentially at churches and at the jail.

In addition to providing education, several people recommended providing specific services such as a drop-in counseling center, having more mental health beds in the area, having a navigator group in a clinic setting, and creating more local support groups, including one for vets. Others recommended more community events and opportunities for adults and youth to connect (separately) to increase social connectedness. One focus group discussed having free community education classes, the Love and Logic curriculum and a general sentiment of people reaching out and connecting with each other more. Other ideas were to have Collaborative Care meetings annually, collaborate across sectors to address the issue, raise awareness of resources available across all three counties as some are not aware that resources in the other two counties are available to them, invest more in early childhood development, and have a list of resources along with universal referral form with all the resources a client/patient may need, as well as having teachers and professionals make more referrals when they see a teen struggling.

## Additional comments

- At Hutchinson schools, students can get credits for mental health therapy if done outside school time.
- Many veterans and farmers would be interested in partnering on a suicide prevention grant.
- Make it ok button, someone asks about it then you can start talking about mental health (this seems to be a suggested resource or idea for addressing mental health).
- In athletics there is a lot of pressure from coaches - there needs to be training for coaches and parents on how to motivate (appropriately).
- Housing and employment are big concerns.

## In Summary

Overall, there is strong sense among respondents who participated in the interviews and focus groups that social media and texting are contributing to social isolation and corresponding mental health issues today more so than 20 years ago. Further, stigma and lack of education and awareness are currently key challenges in addressing these issues among community members. Accordingly, suggestions for changing and improving the culture around mental health focused on providing more education and raising awareness. And while there are more resources and information available than in the past, respondents mostly thought more are still needed. It is important to note respondents shared the Hispanic community faces some unique challenges including language barriers and potentially stronger stigma among community members. These results along with other pertinent data, can be helpful for public health and other key stakeholders when planning how to help the many community members who are struggling with mental health.