

Compass Now 2021

Taking a deeper look at: Mental Health

The 2021 Compass Now Report found that mental health is one of the top needs in each county throughout the region. In this paper, we will explore deeper the mental health data, the work being done in the community, and what you can do to work toward solutions.

Throughout the counties covered in the 2021 Compass Now Report (Buffalo, La Crosse, Monroe, Trempealeau, Vernon in Wisconsin and Houston in Minnesota), mental health was voted as the #1 or #2 top need by community stakeholders. In the consideration of top needs, mental health was identified separate from substance use disorders. Though many people suffer with both, mental health is recognized as something that affects all community members.

Survey Findings

Compass Now uses two survey methods to gather data. A survey was sent to random households throughout the region. We refer to this as the Random Household Survey (RHS) or Random Sample. The same survey was made available for any community member to respond. Paper copies and an online link were communicated out through a variety of channels and partners to gather more community input. We refer to this as the Convenience Survey (CS) or Convenience Sample. The two sets of responses are analyzed separately due to the different collection methods. Throughout this paper, we will make some comparisons between the RHS and CS using the overall samples and by county. We also did further analysis of the Random Household Sample to examine if there were any differences between urban and rural respondents, and respondents of different education and income levels.

Demographic differences exist between the Random Sample and the Convenience Sample: The Convenience Sample was younger, more female, more racially and ethnically diverse, and included more people who rent than the Random Sample.

Consistently, throughout each county in the report, Random Household Survey participants rated their overall mental health as good or excellent (85-92% of respondents). However, Convenience Sample participants rated their overall mental health lower in each county with 54-68% rating their overall mental health as good or excellent. (See Table 1.)

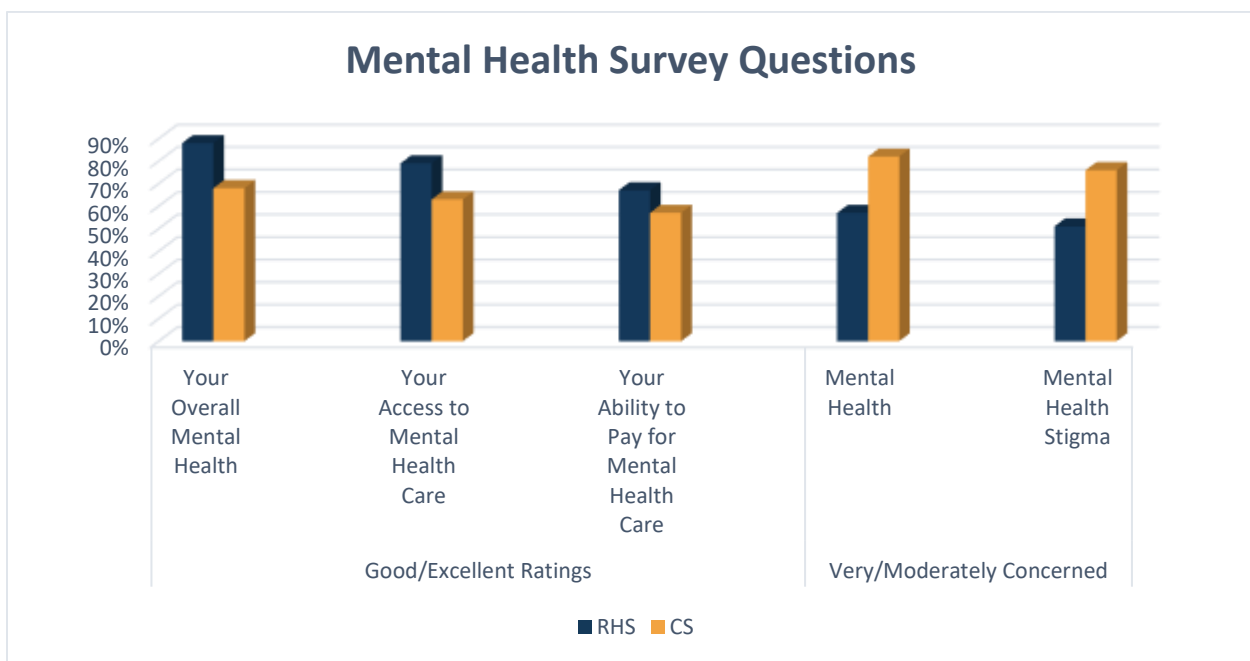
The same pattern exists for access to mental health care and affordability of mental health care. Random Household Survey respondents rated their access and ability to pay for mental health care better. Random Household Survey respondents rated their ability to access mental health as good to excellent. The range across counties was 75-83%. The Convenience Survey respondents answering good to excellent across counties ranged from 57% to 81%. The only exception was Buffalo County where Convenience Survey respondents rated access better than Random Household Survey respondents. However, the convenience sample size is too small to draw any conclusions.

Both groups rated the ability to pay for mental health care lower than the ability to access care. Overall, 66% of the Random Household Survey respondents rated the ability to pay for care as good or excellent compared to 53% of the Convenience Survey respondents. This trend was the

case through all of the counties represented in the report with the exception of Trempealeau County. However, the Convenience Survey sample size was too small to make any conclusions.

The survey also asked about the level to which respondents cared about the issues of mental health and mental health stigma. Overall, Convenience Survey respondents had a higher level of concern about the issues of mental health and mental health stigma. In looking at the Random Household Survey sample comparing rural respondents and urban respondents, urban respondents had a higher level of concern of both issues. Similar results are found looking at Random Household Survey respondents by education. The respondents with a 4-year degree or higher education rated their levels of mental health concern and mental health stigma concern higher than those with less than a 4-year degree. In all comparison groups, respondents had a higher level of concern of mental health over mental health stigma. Similarly, looking at the number of respondents to each question, more people responded to the question about mental health than mental health stigma. (See Table 2.)

Figure 1: RHS and CS Response Comparison of Survey Questions Involving Mental Health



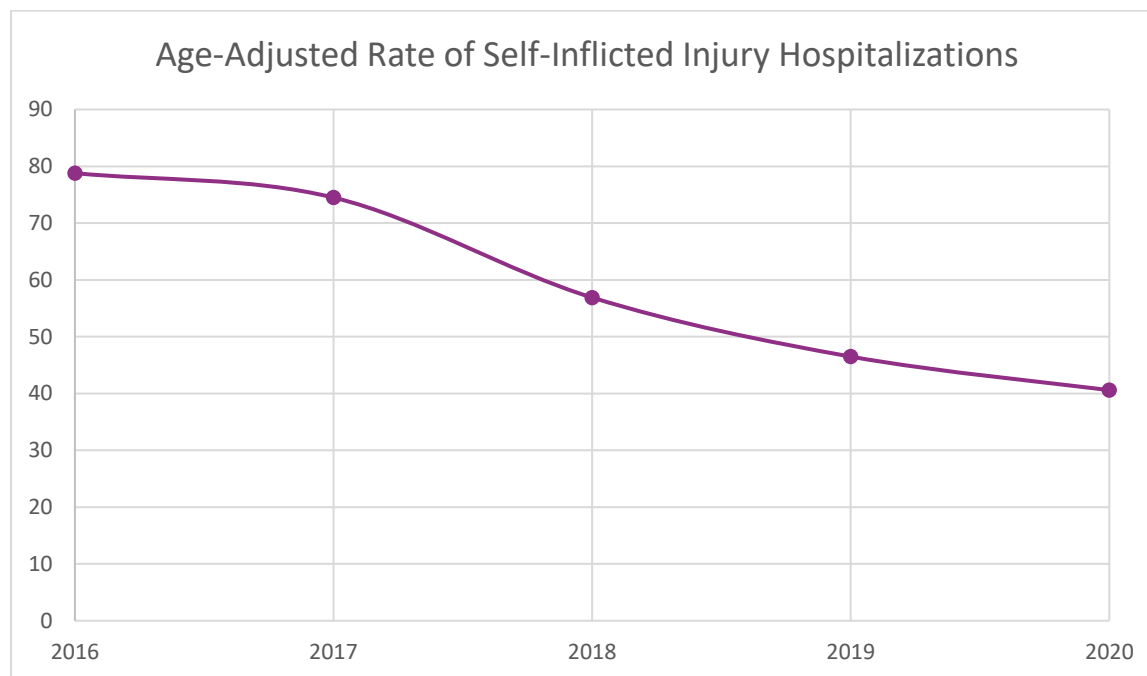
Secondary Data

Secondary data trends were analyzed alongside the Compass survey results to get a better understanding of what is happening in the community.

County Health Rankings reports two mental health data points from the Behavioral Risk Factor Surveillance System. Both show increases from 2014 to 2018 (the most recent data available on County Health Rankings) in mental distress for individuals and the percent of the population reporting mental distress. The average number of mentally unhealthy days reported in the last 30 days has risen steadily for all counties covered in the Compass Report. (See Table 3.) During the same time span, the percentage of adults reporting frequent mental distress, defined as 14 or more days of poor mental health per month, has also risen. (See Table 4.)

Self-inflicted injury hospitalizations is the closest population-wide measure available for suicide attempts. Between 2016 and 2020, the age-adjusted rate of hospitalization due to self-injury has gone down each year. In 2016, the age-adjusted rate of self-inflicted injury hospitalizations was 78.3 per 100,000 population. In 2020, the age-adjusted rate of self-inflicted injury hospitalizations was 38.7 per 100,000 population. Data from Minnesota suggests the rate of self-harm injury has also decreased since 2016. (See Table 3.)

Figure 2: Age-Adjusted Rate of Self-Inflicted Injury Hospitalizations in Wisconsin counties covered by Compass Now from 2016 to 2020.



In considering outcomes of poor mental health, one of the most extreme outcomes would be death by suicide. In the Wisconsin counties covered by the Compass Now Report, suicide rates have fluctuated from year to year. Looking at 5-year rates, however, shows a steady increase in the age-adjusted suicide rate in La Crosse County. (See Table 6.)

When considering access to mental health care, it is helpful to know the distribution of mental health providers throughout the region. Within the region, Buffalo has the highest ratio of population per mental health provider at 13,030 to 1. At the time of report, there was only one registered mental health provider in Buffalo County. La Crosse County has the lowest ratio of population per mental health provider at 310 to 1. (See Table 7.) The counties of Buffalo, Trempealeau, and Vernon are Mental Health Provider Shortage Areas according to the U.S. Health Resources and Services Administration. <https://data.hrsa.gov/tools/shortage-area>.

Another measure to consider is the mental health treatment gap. This is the percentage of adults and youth in need of mental health services who went untreated. In the Wisconsin counties covered by Compass Now 2021, La Crosse County had the lowest adult mental health treatment gap with 52% of adults going untreated. Buffalo County had the highest adult mental health treatment gap with 69% of adults needing mental health services going untreated. For the

youth treatment gap, La Crosse County again had the lowest treatment gap of 30% going untreated, and Vernon County had the highest treatment gap of 56% of youth in need of mental health services going untreated. (See Table 8.)

Summary and Discussion

Mental health has been identified as a top need in the region for several iterations of Compass. It has proven to be a complex problem with no easy solutions.

The Compass Now survey data suggests that people are suffering at different rates. The percentage of respondents reporting fair or poor overall mental health differs between the Random Household Sample and the Convenience Sample. More research would be needed to identify if there are demographic groups suffering at a higher rate, if attitudes about discussing mental health are changing, or if sampling error and study limitations are impacting the results.

Survey respondents felt they had better access to mental health care than what the treatment gap and ratio of population to providers suggest. In Buffalo County, where there is one provider for 13,030 people, 75% of Random Household Survey respondents rated their access to mental health care as excellent or good. However, this could be due to respondents not needing to seek mental health care, being willing to travel for care, or other factors.

The difference between the level of concern about mental health and mental health stigma between the two Compass Now survey samples also suggests differing attitudes toward mental health. More research would need to be done to identify demographic differences and causes of attitude change. Anecdotally, there has been more openness to discussing mental health, mental wellness, and mental health problems in communities, media, and social media that may be influencing attitudes.

Work Being Done

While professional counseling services are an important part of the mental health of the population, there are other programs and informal supports that help improve mental wellness in the region. Below are just a few examples of local work.

Mental health and mental wellness is becoming integrated into organizations across a variety of sectors: schools, healthcare, churches, nonprofits, businesses, and government to name a few. The La Crosse Area Family YMCA has a mental health coordinator who trains staff and provides resources and tools for Y members and the community as a whole. The program teaches how to recognize the signs of suffering in yourself and others and how to develop resilience.

<https://www.laxymca.org/mental-health/>

Local law enforcement is supporting mental health. Several police departments in the region require officers to be trained in trauma-informed care, which is an approach to people accounting for what has happened to them rather than what is wrong with them. In July 2021, the La Crosse City Police Department and the La Crosse County Health Department began collaborating to respond to calls where a person is in mental distress. The program is designed to de-escalate the mental health crisis and get the person in distress the help they need. The hope of the program is to get people the help that they need quicker and prevent them from being incarcerated.

Peer Support is another important element in the network of services to support folks dealing with mental health issues. RAVE* Recovery Avenue is one local program where those suffering with mental illness and/or substance use disorder can get help from a Certified Peer Specialist or Peer Mentor. Peer Specialists and Mentors have lived experience with mental illness or substance use. They are able to connect with folks on their level to offer support and hope.
<https://www.ilresources.org/home-1>

National Alliance on Mental Illness (NAMI) conducts peer support groups locally to help people suffering from mental illness find support, education, resources, and community.
<https://namilacrossecounty.org/about-nami-la-crosse-vernon/>

There is also community-level work happening through coalitions and collaborations. The Monroe County Mental Health Coalition brings together folks from different community sectors to discuss challenges and solutions and share resources and information with one another. Another collaborative initiative is the Resilient and Trauma-Informed Community work happening in La Crosse and Monroe Counties. This initiative has brought education on Adverse Childhood Experiences to hundreds of community members and helps “champions” implement trauma-informed practices into their own spheres of influence. The vision is to “build resilient organizations, effective partnerships, and efficient systems.”
<https://bettertogetherlacrosse.org/resilient-and-trauma-informed-community/>

What Employers Can Do

Employers have a role in this work by recognizing and supporting the mental health of their employees. All people have mental health, and encouraging mental wellness is one role that employers can do to help support employees. Offering an Employee Assistance Program as a benefit is one formal way to support employee mental health. Another way employers can support employees is to recognize mental health similar to physical health. Normalize using sick leave for mental health and working with employees to accommodate mental illness through flexible hours, remote work, or other solutions that will help the employee complete work. Building a Resilient and Trauma-Informed Community offers an organization assessment and planning guide to create strategies for implementing trauma-informed practices.
<https://www.resilientcommunitieswi.com/resilient-organizations.html>

What You Can Do

Every person can play a role in supporting the mental health and wellness of themselves and others. Understanding your own mental health and having a plan for when you are feeling unwell can help prevent crisis. Mental Health America has several screening tools for mental health conditions as well as education and assistance to find treatment if needed.
<https://screening.mhanational.org/screening-tools/>

Another tool for managing your own mental health and stress is WRAP – the Wellness Recovery Action Plan. WRAP is an application that helps individuals build their wellness toolbox. It helps people to understand their own stressors and plan for what to do if or when their mental health deteriorates into crisis. <https://www.wellnessrecoveryactionplan.com/>

Another way that everyone can support mental health is to check in with friends and family. As the COVID-19 pandemic has gone on, many folks have dealt with increased isolation and

loneliness. Checking in with friends and family will help others to know they are not alone, and will help you in just connecting with others.

Learn how to recognize the Five Signs of Emotional Suffering. The [Campaign to Change Direction](#) lists the signs of emotional suffering as: personality change, agitated, withdrawn, poor self-care, and hopelessness. They also provide tips on how to develop Healthy Habits of Emotional Wellbeing: take care, check in, engage, relax, and know the five signs of emotional suffering.

Finally, policy matters. Policies impact mental health, ranging from what is covered by insurance and patient privacy to licensing mental health practitioners, and supporting the peer support workforce. Understanding the issues and connecting with elected officials will help advance policies that can ensure everyone has access to care and tools to remain well. Mental Health America has policy resources available for more information.

<https://mhanational.org/policy-issues>

Need Help?

If you or a loved one are in need of resources, 211 is a great place to start. Great Rivers 211 is our local 211 resource. Simply dial 2-1-1, or call toll free: (800) 362-8255.

The National Suicide Prevention Lifeline can be reached at (800) 273-8255.

To receive support via text, text HOPELINE to 741741.

Table 1: County Comparisons of RHS and CS Survey Questions about Mental Health

Your Overall Mental Health								
		BU	HO	LC	MO	TR	VE	Overall
RHS	Good/Excellent	90%	88%	88%	92%	85%	85%	88%
	Fair/Poor	10%	12%	12%	8%	15%	15%	12%
	N=	142	94	110	89	154	113	702
CS	Good/Excellent	63%	54%	64%	68%	68%	65%	64%
	Fair/Poor	37%	46%	36%	32%	32%	35%	36%
	N=	11	53	274	84	25	57	502
Your Access to Mental Health Care								
		BU	HO	LC	MO	TR	VE	Overall
RHS	Good/Excellent	75%	83%	79%	81%	82%	76%	79%
	Fair/Poor	25%	17%	32%	19%	18%	23%	21%
	N=	140	95	109	89	147	111	691
CS	Good/Excellent	81%	57%	61%	68%	64%	64%	63%
	Fair/Poor	18%	43%	39%	32%	36%	36%	37%
	N=	11	53	274	84	25	56	501
Your Ability to Pay for Mental Health Care								
		BU	HO	LC	MO	TR	VE	Overall
RHS	Good/Excellent	70%	68%	66%	66%	68%	68%	67%
	Fair/Poor	30%	32%	34%	34%	32%	32%	33%
	N=	141	95	109	88	148	112	692
CS	Good/Excellent	45%	53%	53%	58%	76%	60%	56%
	Fair/Poor	55%	47%	47%	42%	24%	40%	44%
	N=	11	53	274	83	25	57	501
Concerned about Mental Health								
		BU	HO	LC	MO	TR	VE	Overall
RHS	Very/Moderately	49%	58%	65%	52%	55%	62%	57%
	A Little/Not	48%	34%	34%	41%	40%	37%	39%
	No Opinion	4%	8%	2%	8%	5%	2%	4%
	N=	141	95	111	89	155	112	703
CS	Very/Moderately	50%	77%	89%	79%	67%	69%	82%
	A Little/Not	34%	23%	10%	19%	33%	28%	17%
	No Opinion	17%	0%	1%	1%	0%	4%	1%
	N=	12	52	276	87	25	57	508
Concerned about Mental Health Stigma								
		BU	HO	LC	MO	TR	VE	Overall
RHS	Very/Moderately	45%	50%	56%	55%	50%	52%	51%
	A Little/Not	49%	41%	39%	36%	40%	42%	41%
	No Opinion	6%	9%	5%	10%	10%	6%	8%
	N=	141	96	111	88	154	113	703
CS	Very/Moderately	42%	75%	78%	79%	72%	71%	76%
	A Little/Not	33%	25%	22%	21%	28%	25%	23%
	No Opinion	25%	0%	1%	0%	0%	4%	1%
	N=	12	52	273	85	26	56	503

Table 2: Random Household Survey by Income, Urban/Rural Zip Codes, and Education

Your Overall Mental Health						
	By Income Level		By Zip Code		By Education	
	Low-Income	Not Low-Income	Urban	Rural	4+ Year Degree	Less than 4 Year Degree
Good/Excellent	77%	90%	88%	88%	90%	87%
Fair/Poor	23%	10%	12%	12%	10%	13%
N=	114	588	140	561	297	386
Your Access to Mental Health Care						
	Low-Income	Not Low-Income	Urban	Rural	4+ Year Degree	Less than 4 Year Degree
Good/Excellent	76%	80%	82%	78%	80%	79%
Fair/Poor	24%	20%	18%	21%	20%	21%
N=	109	582	140	550	294	379
Your Ability to Pay for Mental Health Care						
	Low-Income	Not Low-Income	Urban	Rural	4+ Year Degree	Less than 4 Year Degree
Good/Excellent	46%	72%	69%	67%	78%	60%
Fair/Poor	54%	28%	31%	33%	22%	40%
N=	108	584	140	551	296	377
Concern about Mental Health						
	Low-Income	Not Low-Income	Urban	Rural	4+ Year Degree	Less than 4 Year Degree
Very/Moderately	53%	60%	69%	57%	64%	55%
A Little/Not	47%	40%	31%	43%	36%	45%
N=	106	566	139	532	295	358
Concern about Mental Health Stigma						
	Low-Income	Not Low-Income	Urban	Rural	4+ Year Degree	Less than 4 Year Degree
Very/Moderately	52%	56%	60%	54%	60%	52%
A Little/Not	48%	44%	40%	46%	40%	48%
N=	104	546	135	514	284	347

Table 3: Poor mental health days: Average number of mentally unhealthy days reported in the last 30 days (age-adjusted)

	BU	HO	LC	MO	TR	VE	WI	MN
2014	3.4	2.8	3.3	3.5	3.3	3.5	3.7	2.9
2015	3.4	2.9	3.5	3.5	3.3	3.5	3.5	3.0
2016	3.4	2.9	3.5	3.6	3.4	3.6	3.8	3.2
2017	3.6	3.1	3.6	3.6	3.6	3.8	4.0	3.1
2018	4.2	3.6	4.0	4.1	4.2	4.5	4.0	3.5
County Health Rankings 2016-2021								

Table 4: Frequent mental distress: Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted).

	BU	HO	LC	MO	TR	VE	WI	MN
2014	10%	8%	10%	11%	10%	11%	11%	8%
2015	10%	9%	10%	11%	10%	11%	10%	9%
2016	11%	9%	11%	11%	11%	12%	12%	10%
2017	11%	10%	11%	11%	11%	12%	12%	9%
2018	13%	12%	13%	14%	13%	15%	13%	11%
County Health Rankings 2016-2021								

Table 5: Age-Adjusted Rate of Self-Harm Injury Hospitalization (per 100,000 population)

	BU	HO	LC	MO	TR	VE	Region*
2016	x	136.3	100.4	73.2	55.1	52.1	78.8
2017	76.0	104.2	85.7	74.4	66.6	38.5	74.5
2018	X	13.9	69.1	61.5	33.4	31.6	56.9
2019	52.0	39.1	53.3	45.6	39.4	31.6	46.5
2020	52.0	Unavailable	44.3	36.4	31.7	39.4	40.6
*Region includes data from WI Counties of Buffalo, La Crosse, Monroe, Trempealeau, and Vernon							
"x" indicates a value that is less than 5 but more than 0							
Wisconsin Department of Health Services WISH Query: Injury-Related Health Outcomes module Minnesota Department of Health: Hospital Treated Suicidal Self-Harm Injury							

Table 6: Age-adjusted Suicide Rate – 5-Year (per 100,000 population), circumstances known

	BU	LC	MO	TR	VE	WI
2010-2014	9.4	14.8	14.2	14.2	11.3	12.2
2011-2015	10.8	16.0	15.3	15.3	10.0	12.8
2012-2016	7.8	16.5	13.1	16.3	11.8	13.2
2013-2017	X	17.6	10.7	14.3	13.1	13.7
2014-2018	8.5	18.3	11.4	17.3	12.9	13.9
Wisconsin Department of Health Services WISH Query: Violent Deaths						

Table 7: Ratio of population to mental health providers

	BU	HO	LC	MO	TR	VE	WI	MN
2020 MH Provider Ratio	13,030:1	3,720:1	310:1	620:1	1,980:1	720:1	470:1	370:1
County Health Rankings 2021								

Table 8: 2017 Mental Health Treatment Gap for Adults and Youth

	Buffalo/Pepin	LC	MO	TR	VE	WI
Adults	69%	52%	60%	59%	56%	47%
Youth	52%	30%	42%	54%	56%	37%
Wisconsin Mental Health and Substance Use Needs Assessment 2019						

Data Sources and References

Compass Now 2021

Compass Now 2021. *Random Household Survey* (Unpublished raw data). Great Rivers United Way.

Compass Now 2021. *Convenience Survey* (Unpublished raw data). Great Rivers United Way

County Health Rankings

University of Wisconsin-Madison Population Health Institute. *County Health Rankings*. Retrieved November 2021 from <https://www.countyhealthrankings.org/>

Self-Harm Injury Hospitalization

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/injury/index.htm> accessed November 2021.

Minnesota Department of Health. Injury and Violence Prevention. Minnesota Injury Data Access System (MIDAS). <https://www.health.state.mn.us/communities/injury/midas/index.html> accessed November 2021.

Suicide Rate

Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/violent-death/index.htm> accessed November 2021.

Treatment Gap

Wisconsin Department of Health Services, Division of Care and Treatment Services. *Wisconsin Mental Health and Substance Use Needs Assessment 2019*. <https://www.dhs.wisconsin.gov/library/p-00613.htm> Retrieved November 2021.

News Article

WKBT News 8000. *La Crosse Police Department, county create mental health crisis response program*. July 2021. <https://www.news8000.com/la-crosse-police-department-county-create-mental-health-crisis-response-program/>