Community Health Needs Assessment

SILVER HILL HOSPITAL

2022 KEY INFORMANT SURVEY REPORT – SUBMITTED BY HOLLERAN

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COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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STUDY OVERVIEW

Background

Silver Hill Hospital is spearheading a comprehensive assessment of the health needs of individuals living in their service area. The aim of the assessment is to reinforce Silver Hill Hospital's commitment to the health of residents and to align its health prevention efforts with the community's greatest needs.

The Patient Protection and Affordable Care Act of 2010 set forth new requirements for non-profit hospital organizations in order to maintain their tax-exempt status as a charitable hospital, 501(c)(3). One of the new regulations is a requirement that all non-profit hospitals must conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy that meets the community health needs identified in the assessment every three years. Silver Hill Hospital has conducted previous CHNA's during the fiscal years 2014, 2017 and 2020 to identify needs and resources in the community. In 2022, the hospital revised its fiscal year and is conducting its CHNA at the end of 2022 to coincide with this revision.

Methodology

A key informant survey was conducted with a total of 20 key informants between October 11 and November 14, 2022. Key informants are defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. Participants included public health and social services providers, education/school specialists, mental health/substance abuse clinicians, government housing/transportation agencies, local municipal representatives including New Canaan, Westport and Darien, public health organizations and community members. Questions were focused around mental health and substance abuse issues and barriers for people in the community, health care access, underserved populations, and how to increase the overall mental health of the service areas An area of key concern in 2022 for Silver Hill is a perceived rise in child and adolescent mental and behavioral health issues.

The data were gathered and integrated into the report by Holleran, an independent research firm located in Wrightsville, Pennsylvania.

ORGANIZATION OVERVIEW

Silver Hill is an independent, not-for-profit psychiatric hospital located in New Canaan, Fairfield County, Connecticut on 44 acres. It is nationally accredited by the independent Joint Commission for its behavioral health and opioid treatment programs. The hospital is also licensed by the State of Connecticut as a hospital for the treatment for the mentally ill and certified by the Centers for Medicare and Medicaid Services (Medicare only). Silver Hill has been a standout among the top psychiatric hospitals in Connecticut and beyond, for adults and adolescents, since its founding in 1931. Silver Hill offers three levels of care: inpatient, transitional and outpatient treatment and through a broad range of therapies and services, it treats substance abuse, anxiety, mood, personality, and post-traumatic stress disorders, and psychotic illnesses as well as co-occurring disorders for each. Their expert clinicians include 15 board-certified psychiatrists who treat over 3,500 patients annually.

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KEY INFORMANT INTERVIEWS

Silver Hill Hospital identified key informant participants. A total of 20 key informants completed the survey between October 11 and November 14, 2022. The largest group of key informants (29.4%) are affiliated with local municipalities (New Canaan, Westport and Darien), followed by Social Services (17.6%) and Government/Housing/Transportation Sector, Pubic Health Organization and Youth Services (11.8% each). Finally, one member each (5.9% per individual) is affiliated with Education/School, Mental Health/Substance Abuse Treatment Facility or as a Community Member. Three key informants did not specify their affiliation.

A full list of key informants and their organizations is found in Appendix B. It is important to note that the results reflect the perceptions of some community leaders, but may not represent all community perspectives.

Table 1. Percentage respondents by community affiliation

Community Affiliation	Count	Percentage of respondents
Other	5	29.4%
Social Services	3	17.6%
Government/Housing/Transportation Sector	2	11.8%
Public Health Organization	2	11.8%
Youth Services	2	11.8%
Community Member	1	5.9%
Education/School	1	5.9%
Mental Health/Substance Abuse Treatment Facility	1	5.9%

A. Key Issues

Key informants were asked to determine the top three (3) mental health and substance abuse issues in their community from a list of nine (9) focus areas identified in the survey. An overwhelming majority state that Anxiety is the top mental health issue in the community. The second top mental health issue is Depression with 85% of key informants choosing this issue. This is followed by suicide (30.0%). This has changed from 2020 when Trauma was chosen as the third mental health issue and selected by 40.8%. In 2022, Trauma was chosen by 25.0%, much less.

The top three substance abuse issues selected by key informants remain the same from the 2020 study. These are Alcohol Abuse (90.0%), Underage Drinking (65.0%) and E-cigarette/Vaping (45.0%) and misuse of prescription drugs (also 45.0%). Illicit drug use and drug overdose were not identified as a key issue this year. A smaller portion of respondents selected e-cigarette/Vaping in 2022 (45.0%) than in 2020 (59.2%). Importantly, impaired driving was chosen by a much larger percentage (25.0%) in this survey.

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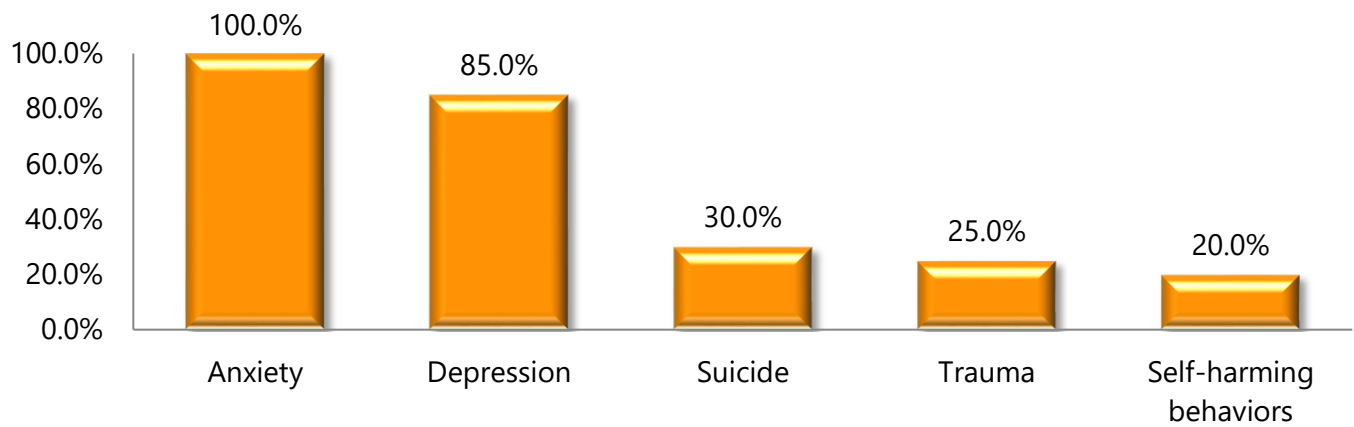Figure 1. Ranking of top three mental health issues in the community

Figure 2. Ranking of top three substance issues in the community
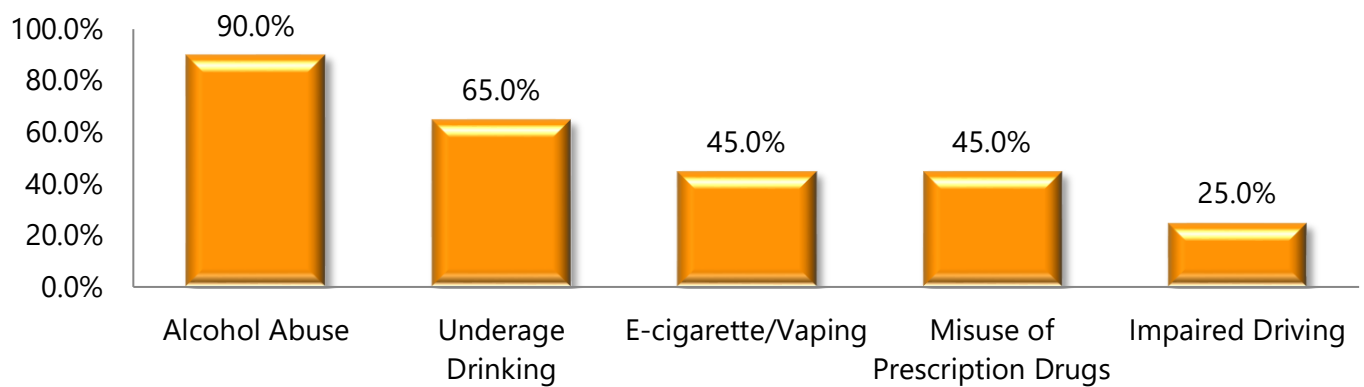
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Table 2: Ranking of the Top Three Mental Health and Substance Abuse Issues

Mental Health Issue	Count	2020 Percent of respondents who selected the issue*	2017 Percent of respondents who selected the issue (Previous Rank)*
Anxiety	20	100.0%	95.9% (1)
Depression	17	85.0%	95.9% (2)
Suicide	6	30.0%	16.3% (4)
Trauma	5	25.0%	40.8% (3)
Self-harming behaviors	4	20.0%	14.3% (5)
Eating Disorders	3	15.0%	10.2% (6)
Psychotic Disorders	3	15.0%	6.1% (7)
Other (specify)	1	5.0%	14.3% (5)
Personality Disorders	0	0.0%	4.1% (8)
Substance Abuse Issue	Count	Percent of respondents who selected the issue*	Percent of respondents who selected the issue (Previous Rank)*
Alcohol Abuse	18	90.0%	75.5% (1)
Underage Drinking	13	65.0%	63.3% (2)
E-cigarette/Vaping	9	45.0%	59.2% (3)
Misuse of Prescription Drugs	9	45.0%	36.7% (4)
Impaired Driving	5	25.0%	4.1% (7)
Abuse of Illicit Drugs (i.e., heroin, cocaine)	3	15.0%	32.7% (5)
Drug Overdose	2	10.0%	14.3% (6)
Tobacco Use	1	5.0%	4.1% (7)
Alcohol Poisoning	0	0.0%	4.1% (7)
Other (specify)	0	0.0%	4.1% (7)

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

When asked to determine which mental health issue was the most significant, 42.1% of key informants selected Anxiety. This has declined since 2020 when about 50% selected this issue. Approximately one-quarter (26.3%) selected Depression. The percent choosing Depression was similar in 2020. Once again suicide is chosen by 21.1% of respondents, surpassing Trauma.

Alcohol Abuse was selected again in 2022 as the single most significant substance abuse issue affecting the community. It was selected by 55%, a higher percentage than in 2020 (31.9%). Underage Drinking and E-cigarette/Vaping remained in the top three. However, E-cigarette/vaping was chosen as the third most significant by far fewer respondents (10.0%) than in 2020 (19.1%).

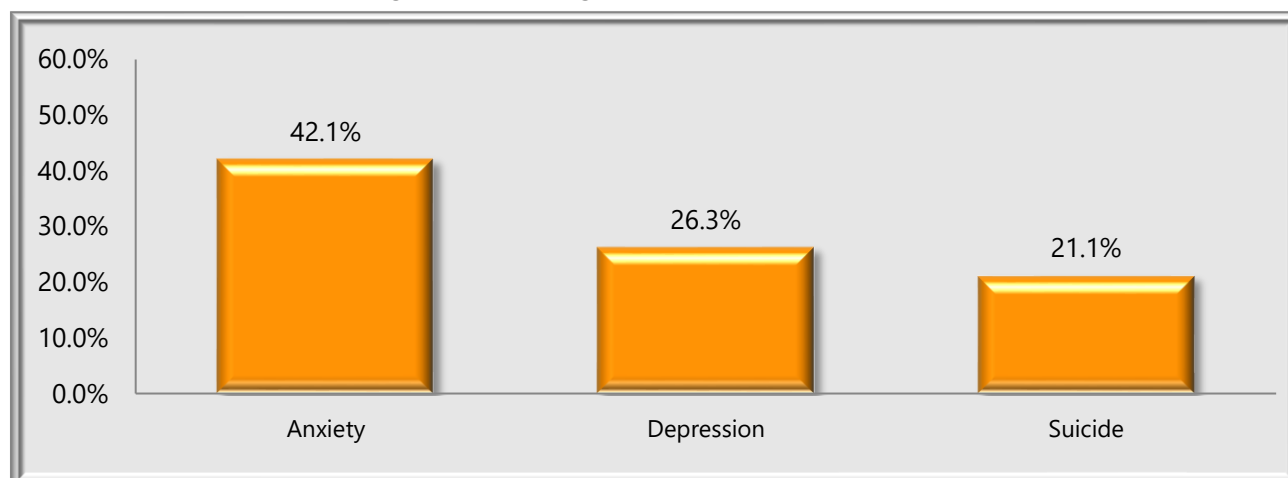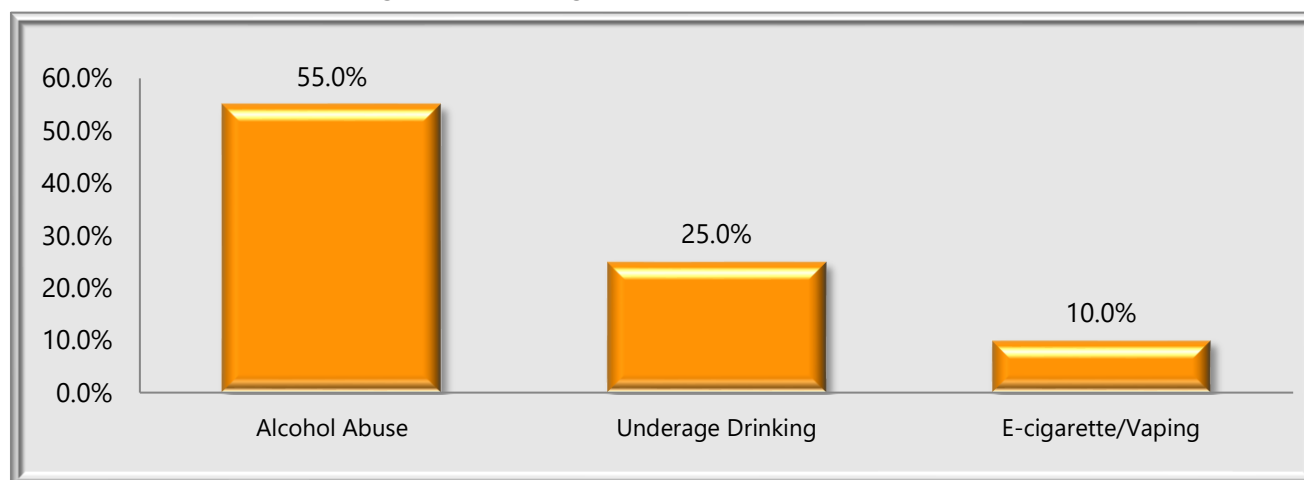Figure 3. Most significant mental health issues

Figure 4. Most significant substance abuse issues

Key informants were given the opportunity to elaborate on these key issues and their reasons for ranking them this way. An overarching theme of their comments is the involvement of parents in condoning and even enabling underage drinking. Vaping is also identified as a concerning issue in school. Select responses are listed below:

Select Comments Regarding the Ranking of Key Issues:

➢ *"Alcohol Underage drinking has been a community challenge for years and years...that young people feel it's a 'right of passage' (modeling adult behaviors) and that many parents seem to talk out of both side of their mouths (do as I say -- most of the time -- not as I do) makes this a particularly difficult challenge to address. What makes this an interesting uphill battle is that adults are certainly allowed to drink. But that so much emphasis is placed on this as a social outlet -- and norm -- naturally transfers to that in the young adult population."*

➢ *"I have seen a very large uptick in binge drinking, drinking alone and drinking in middle school. Plus, parents providing booze."*

➢ *"Alcohol abuse and drinking culture amongst adults is very strong in our community. Drinking at*

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youth and HS sporting events, modeling drinking and 'mommy juice' need for alcohol to our youth is a concern. I believe this is the largest concern because it creates a culture of acceptance and normalization of drinking. I think if we changed our adult modeling it would have a positive impact on the underage drinking as well."

➢ *"After a brief improvement in OD rates in this area we are seeing a dramatic increase again, although many lives are saved by Narcan, the rates are high." "As a youth and young adult substance use prevention coalition, Fairfield CARES has been monitoring substance use for many years. Clearly, teens' drug of choice is alcohol and is often condoned by parents who feel it is important to expose their child to alcohol before they go to college. Parents think it is important to 'take the mystery out of alcohol' so they permit underage drinking. Alcohol is easy to obtain in the Fairfield community. Teens get their alcohol from home and from retailers who do not always check IDs. During Covid, alcohol was used to feel better, to manage stress. This was true of adults as well as youth. Now that youth are back in school full-time, vaping is back with a vengeance. School counselors and administrators are beside themselves as to how to address the issue of vaping in school. The coalition's vaping work group will have its first meeting in early November and it is hoped that a comprehensive list of strategies will be identified to begin to reduce the amount of vaping happening in the schools."*

B. Awareness

The next set of questions focused on the public's awareness and understanding of mental health and substance abuse related issues. Key informants were asked to rate specific statements regarding awareness on a five-point scale of Strongly Disagree to Strongly Agree. In general, the vast majority of respondents feel the public does not understand mental health or substance abuse issues. This was the same response as in the previous study although more chose Disagree rather than Strongly Disagree in 2022. This may demonstrate some improvement in public awareness. Responses were mixed as they relate to community residents knowing where to get treatment for mental health and substance abuse issues. About one-third Agree and Strongly Agree and one-third Disagree or Strongly Disagree.

Figure 5. Percentage of respondents' agreement/disagreement with awareness statements

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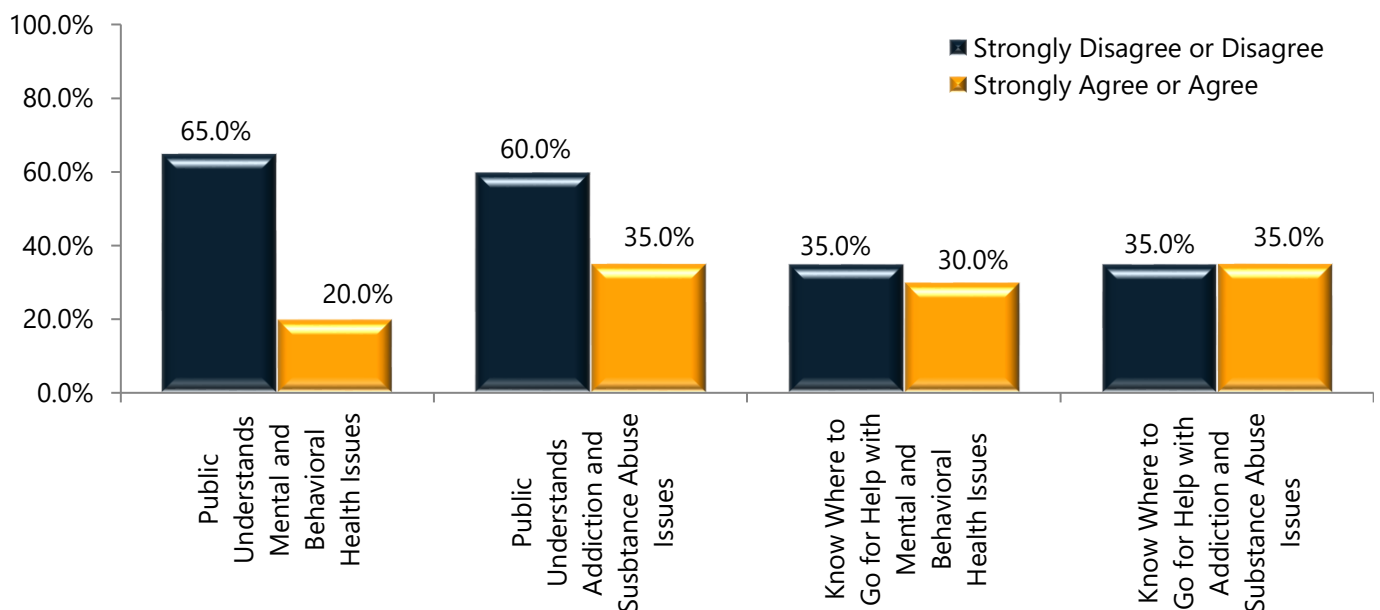
In addition, respondents were asked to estimate the percentage of cases where a mental health diagnosis is also accompanied by a substance abuse or addiction problem (i.e., co-occurring disorder, dual diagnosis). The third largest bucket, 51-75% of the time (a co-occurring disorder is involved) remains the top response. The percentage of key informants selecting this response (60.0%) increased since the 2020 study (45.8%). More key informants have identified a concurrent mental health and substance abuse problem.

Figure 6. Respondent estimates of co-occurring disorders
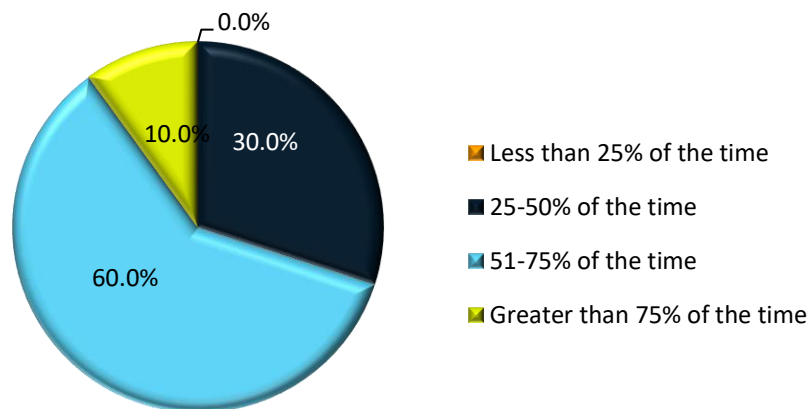
Key informants were asked to provide feedback on the awareness of mental health and substance abuse issues. Respondents elaborated on the need for treatment for young people. An attempt by young people to try to seem normal or to "fit in" when using substances is noted. Select responses are listed below:

Select Comments Regarding the Awareness of Mental Health and Substance Abuse Issues:

➢ *"Young people and the use of high concentration THC products is an issue that needs to be addressed. We see many acute psychiatric breaks related to this use and we also see episodes related to use of inhaled THC 'carts' and cannabinoid hyperemesis syndrome in young people trying to quit."*
➢ *"Many use, and then subsequently abuse, in an effort to fit in as well as to self-soothe. Anxiety amongst young folks is at an all-time high and trying to veil that as well as seem 'normal' (like they have it all together) typically amps up the anxiety. Young folks are really struggling with the concept that 'not being ok is really ok."*
➢ *"I work with parents of younger kids so many have the mental health without the substance -- yet."*

C. Access

The next set of survey questions pertained to the ability of local residents to access services and education for mental health and substance abuse issues. Respondents were asked to rate their agreement with these statements on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree). The results are summarized below in Table 3.

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Table 3. Ratings of Statements about Access for Mental Health and Substance Abuse Services

| Mental Health	Percentage of respondents who "Agree" or "Strongly Agree"
There are a sufficient number of organizations/providers in the community that provide treatment for mental health issues.	30.0%
There are a sufficient number of mental health providers that accept Medicaid or provide financial assistance for low-income patients and families.	0.0%
There are a sufficient number of mental health providers that are bilingual.	0.0%
Prevention education and outreach regarding mental health occurs frequently in the community.	50.0%
Substance Abuse	Percentage of respondents who "Agree" or "Strongly Agree"
There are a sufficient number of organizations/providers in the community that provide treatment for substance abuse issues.	35.0%
There are a sufficient number of substance abuse providers that accept Medicaid or provide financial assistance for low-income patients and families.	0.0%
There are a sufficient number of substance abuse providers that are bilingual.	0.0%
Prevention education and outreach regarding substance abuse occurs frequently in the community.	60.0%

As illustrated in Table 3, 30.0% of respondents Strongly Agree or Agree that there are a sufficient number of providers in the community that provide treatment for mental health issues. This figure has decreased since 2020 (51.0%), possibly indicating a decline in the availability of providers. In addition, 35.0% of key informants feel there are a sufficient number of providers available to treat substance abuse issues. This number has remained relatively stable since 2020 (36.7%) however, this indicates that almost two-thirds of respondents do not agree that there are sufficient providers for substance abuse.

A concerning finding is that none of the key informants perceive there to be a sufficient number of mental health and substance abuse providers that accept Medicaid or provide financial assistance. In the 2020, none of the key informants thought there were enough Medicaid providers or those that provide financial assistance either. The percentage of those who strongly disagree with the statement that there are sufficient providers in this category has increased significantly from 55% to 75%. None of the key informants Agree or Strongly Agree that there are enough mental health or substance abuse providers who are bilingual.

Positively, 50.0% of respondents Agree or Strongly Agree that prevention education and outreach regarding mental health occurs frequently in the community.
This is even higher as it relates to substance abuse prevention and outreach (60.0%).

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The following graph depicts the percentage of respondents who responded as Strongly Agree or Agree as compared to those who Strongly Disagree or Disagree with the statements.

Figure 6. Percentage of respondents' agreement/disagreement with access statements*
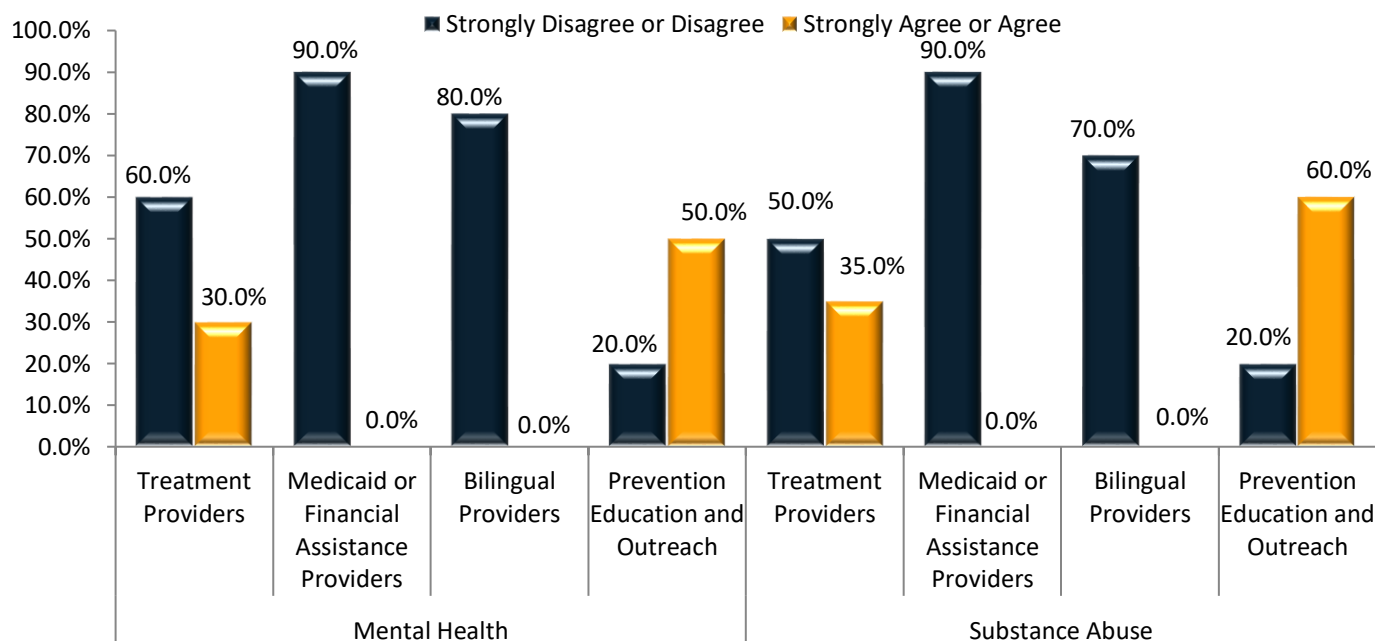
*See Appendix A: Key Informant Survey Tool or Table 3 for full factor phrasing.

When asked where the majority of individuals go first when they are in need of mental health/substance abuse treatment, 60% of respondents selected Primary Care Provider/Family Doctor as the first stop for those seeking mental health/substance abuse/treatment. Far fewer respondents selected hospital emergency department next (15.0%). This was selected by about 37% of respondents in the previous study. This is a positive finding and may indicate that access to Primary Care Providers/Family Doctor has improved with less reliance on emergency services.

Table 4. Key informant opinions regarding mental health/substance abuse treatment

Location	Count	Percentage of respondents
Primary Care Provider/Family Doctor	12	60.0%
Hospital Emergency Department	3	15.0%
Other (specify)	2	10.0%
School	1	5.0%
Self-Help Group (i.e. Alcoholics Anonymous, NAMI, etc.)	1	5.0%
Social Service Agency	1	5.0%
Community Health Center/FQHC	0	0.0%
Religious Institutions	0	0.0%

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Next, respondents were asked their opinions on what system gaps currently exist in the community related to mental health and substance abuse services. This year, long waiting lists have become more evident and this, along with insurance barriers was selected by 80% of key informants as the most critical system gap. In 2020, long waiting lists were selected by 54.2%. Navigating the mental health system remain at the top of the list. Limited service coordination and lack of providers are also very serious issues. Lack of providers rose from 35.4% to 55.0% in this study. The number and percentage of respondents who selected each system gap are outlined in Table 5 below.

Table 5: Ranking of the System Gaps

System Gaps	Count	Percent of respondents who selected the issue*
Insurance Barriers	16	80.0%
Long Waiting List	16	80.0%
Lack of Support in Navigating Mental Health System	13	65.0%
Limited Coordination Between Providers and Services	12	60.0%
Lack of Providers	11	55.0%
Limited Assistance with Medication Management	9	45.0%
Language/Cultural Barriers	6	30.0%
Lack of Community-Wide Prevention Efforts	3	15.0%
Other	1	5.0%
None	0	0.0%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Lastly, respondents were asked what they felt were the most common reasons individuals in the community do not seek treatment for mental health/substance abuse issues. As depicted in Table 6, the most commonly identified reason is Social Stigma (85.0%), similar to 2020. This is followed by the fact that individuals don't know where to go for treatment (70%), an increase from 50% in 2020 and lack of or insufficient insurance coverage (70.0%). Sixty percent of respondents perceive that individuals are not ready for treatment. Once again, half identified the lack of programming or providers. Only immigration status and lack of transportation were selected by less than 50% of respondents (20% and 10% respectively).

Table 6: List of Reasons for Not Seeking Treatment

Reasons	Count	Percent of respondents who selected the issue*
Social Stigma	17	85.0%
Inability to Pay Out of Pocket Expenses	15	75.0%
Don't Know Where to Go For Treatment	14	70.0%
Lack of or Insufficient Health Coverage	14	70.0%
Not Ready for Treatment	12	60.0%
Lack of Programming/Providers	10	50.0%
Immigration Status	4	20.0%
Lack of Transportation	2	10.0%
Other	0	0.0%

*Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

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Respondents were asked to share any additional information regarding access to mental health and substance abuse services. According to one key informant, improvement is noted in decreased stigma around accessing services for youth. However, access to resources needs improvement. Selected comments are outlined below.

Comment Regarding the Access to Mental Health and Substance Abuse Services:

> ➤ *"Social service agency needs to be more than a referral service. That is not what the community needs right now and leads to lack of visibility / awareness of them as a resource. The social stigma surrounding mental health care for our youth is dramatically improved! We as adults in the community now need to catch up by making these resources available and acceptable for all (access means so much more than having an appointment!)"*
> ➤ *"There is not enough access to resources in a timely and geographically accessible location for residents of our town. In the case of our youth, this means those with mental health needs are in school without having their mental health medical needs met. Our schools are not staffed to manage these challenges."*

D. Underserved Populations

The next set of questions in the survey asked respondents about specific groups that may be underserved by local mental health and substance abuse services. First, respondents were asked which groups were most underserved based on their health insurance status. Although 60.0% of key informants felt those without insurance are the most underserved group, there are still more than half who felt those with public health insurance (Medicaid) and 65% who felt that those with private health insurance who cannot afford their out-of-pocket expenses are also underserved. Whether uninsured or underinsured, these populations are perceived to be underserved.

Table 7. Most Underserved Based on Insurance Status

Most Underserved Populations	Count	Percentage of respondents selected the issue*
Those without insurance	12	60.0%
Those with public health insurance (i.e. Medicaid)	10	50.0%
Those with private health insurance who cannot afford their out-of-pocket expenses	13	65.0%

*Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Next, key informants were asked to rate their level of agreement, on a scale of 1 (Strongly Disagree) through 5 (Strongly Agree), on the adequacy of both Mental Health services and Substance Abuse services in the community for specific age groups. The results are summarized in Table 8.

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Table 8. Ratings of Adequacy of Mental Health and Substance Abuse Services by Age Group

Mental Health	Percentage of respondents who "Disagree" or "Strongly Disagree	Percentage of respondents who "Agree" or "Strongly Agree"
Children (Birth-12 years)	60.0%	15.0%
Teens (13-17 years)	55.0%	25.0%
Young Adults (18-25 years)	55.0%	10.0%
Adults (26-64 years)	52.7%	26.3%
Seniors (65 years and older)	50.0%	10.0%
Substance Abuse	Percentage of respondents who "Disagree" or "Strongly Disagree	Percentage of respondents who "Agree" or "Strongly Agree"
Children (Birth-12 years)	26.4%	5.3%
Teens (13-17 years)	47.4%	26.3%
Young Adults (18-25 years)	36.9%	26.4%
Adults (26-64 years)	26.4%	36.9%
Seniors (65 years and older)	26.3%	21.1%

In terms of Mental Health services, over half Disagree or Strongly Disagree that there are adequate services for all age groups, from children to seniors. In other words, participants perceive there to be a deficit in services for mental health across all ages.

When speaking about substance abuse, a large percentage Disagree or Strongly Disagree that services are adequate for teens and young adults.   Responses are mixed as to whether or not substance abuse services are adequate for adults and seniors.

Figure 7. Ratings of Adequacy of Mental Health Services by Age Group
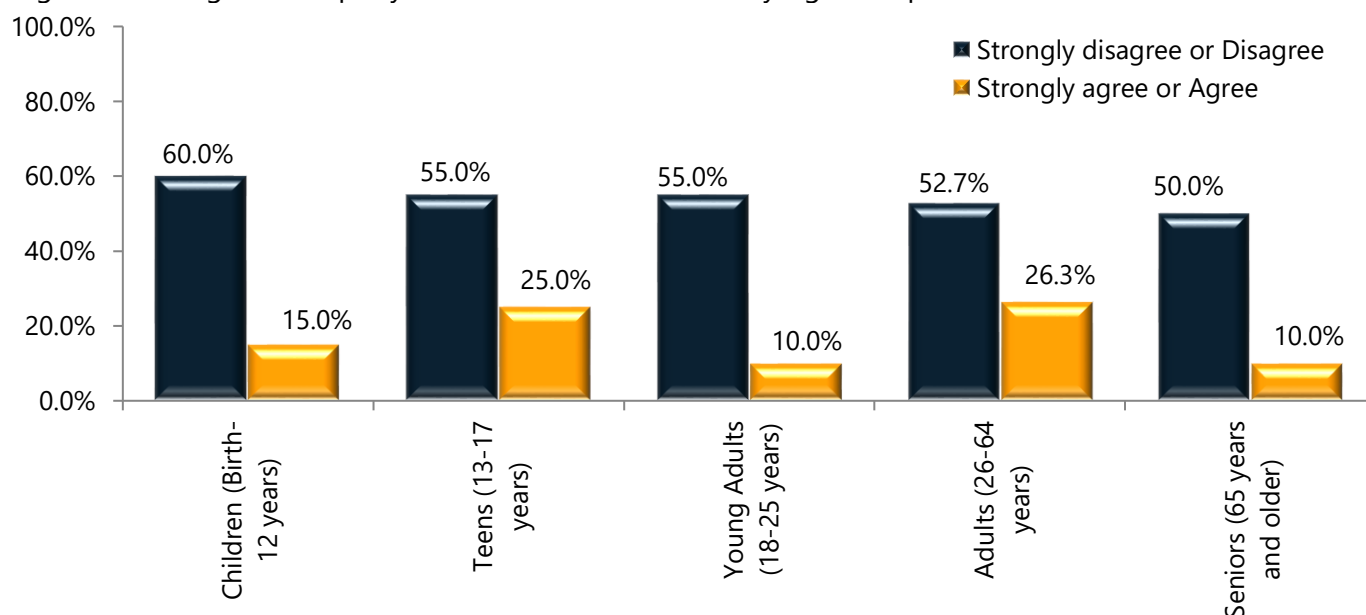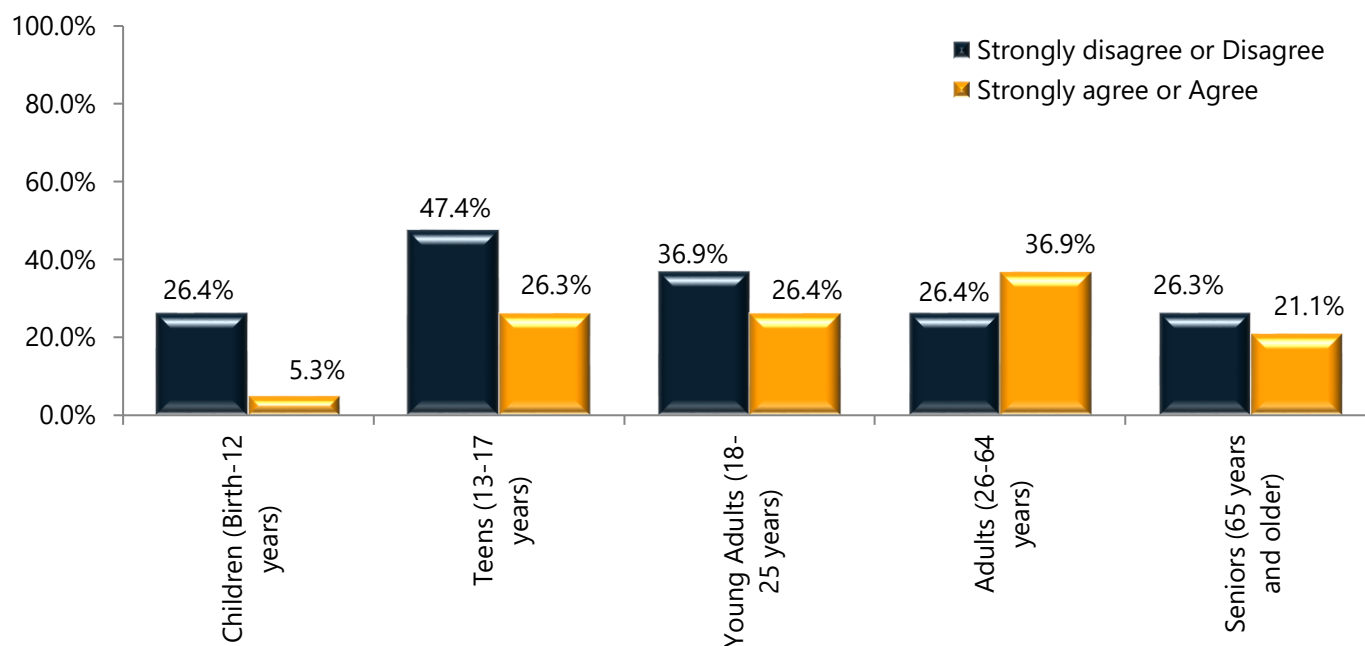
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Figure 8. Ratings of Adequacy of Substance Abuse Services by Age Group

Lastly, key informants were asked if there are specific Racial/Ethnic Populations, as well as any Other Population Groups, such as Homeless, Disabled, etc., who are underserved in terms of receiving Mental Health and Substance Abuse services. In 2022, respondents perceive there to be an equal percent of Latino/Hispanic and Black/African America (65% each) that are underserved. In 2020, more perceived that Latino/Hispanic is an underserved population. More respondents (30%) chose Asian than in 2020 (21.7%). For substance abuse, low-income and those uninsured were selected as the most underserved (70.0% each). These were selected most frequently in 2020 as well. However, the homeless, immigrant and disabled populations were selected less frequently in 2022 than in 2020. This may represent some improvement in serving these populations. The results are summarized in Table 9 and Table 10.

Table 9. Underserved Racial/Ethnic Populations

	Count	Percent of respondents who selected the issue (2022)*	Percent of respondents who selected the issue (2020)*
Latino/Hispanic	13	65.0%	76.1%
Black/African-American	13	65.0%	54.3%
Asian	6	30.0%	21.7%
Other	4	20.0%	17.4%
None	3	15.0%	8.7%
White	2	10.0%	17.4%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Table 10. Underserved Other Population Groups

	Count	Percent of respondents who selected the issue (2022)*	Percent of respondents who selected the issue (2020)*
Low-income/Poor	14	70.0%	78.3%
Uninsured/Underinsured	14	70.0%	73.9%
Immigrant/Refugee	10	50.0%	67.4%
Homeless	9	45.0%	71.7%
Disabled	8	40.0%	54.3%
Other	2	10.0%	19.6%
None	1	5.0%	0.0%

* Respondents could select more than one option, therefore the percentages may sum to more than 100.0%.

Respondents were asked to share any additional information regarding underserved populations. Key informants emphasized that those without insurance have difficulty accessing services. The local area is considered high income, but the reality seems to be that many cannot afford services, even with insurance. Some comments are outlined below.

Select Comments Regarding Underserved Populations:

➢ *"There are not enough providers period. Those who are uninsured and those on Medicaid have a far harder time accessing mental health and substance abuse services than those with insurance. I don't know which specific population groups have a harder time, but I want to say 'all of the above'. There are just not enough providers to meet the demand."*
➢ *"Working in a high-income community, the out-of-pocket expenses of mental health care are considered accessible to all. This is not the case, and the presumption otherwise puts an added level of stress on the population in attempting to access services. "*

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Challenges and Solutions

Finally, key informants were given the opportunity to provide additional feedback in the form of open- ended comment fields. Many respondents took this chance to voice their concerns, while also providing valuable information and insights into the community that they serve.

Key informants were first asked, "What challenges does the community face in regard to addressing mental health and substance abuse issues?" Many of these comments concern access issues, the stigma around accepting treatment, navigating the mental health system, affordability and insurance issues, current laws and insufficient resources.

Select Comments regarding Challenges Facing the Community

➢ *"Long wait lists to get services, lack of sufficient inpatient hospital beds- particularly for teens/children."*

➢ *"1) Not enough providers to address these health issues. 2) We need to change laws - a) the CT Social Host Law permits parents to serve and to purchase alcohol for their child. Until that law is changed, we are not going to be able to get the underage drinking problem fully addressed. b) CT is one of the few states that does NOT have an open container law, meaning people are permitted to drink and drive as long as it is not to excess. c) Everything is wrong with the cannabis law - potency, lack of warning labels, marketing, the provision that allows for towns with 50,000 people or more to have a public place to use cannabis - so stupid!! 3) Getting people/parents to understand that 'practice does not make perfect' when it comes to alcohol or cannabis use for their kids. It is a huge challenge getting through to parents on why they should be discouraging their teen from alcohol or marijuana use. Parents need to understand how today's marijuana is so very different from the marijuana of generations ago."*

➢ *"I do think stigma is a big issue and people tend to be more apt to complain if their problem is not solved immediately."*

➢ *"Multiple teen and adult suicides this spring."*

➢ *"Providing affordable services."*

➢ *"We need insurance companies to abide by the parity laws. There are many issues of corruption in the insurance industry regarding the withholding of medically appropriate care."*

➢ *"Destigmatizing either and/or both while at the same time being sensitive to not 'normalizing' it so much that young people copycat behaviors."*

➢ *"They don't know where to go for help, don't have anyone guiding them through the quagmire. Stigma -- not my kid, not my family, not my town."*

➢ *"Where to begin and how to navigate one's mental health journey."*

➢ *"Need more resources with openings."*

➢ *"Stigma on both fronts remains a consistent barrier. There has been progress, as the pandemic highlighted and opened more people up to the issues, but is still an entrenched challenge. Insurance coverage, cost, and coordination of benefits is also still a challenge -- including coordinating providers, wait list times, etc."*

➢ *"Stigma and cost can often create barriers in seeking care. We need more providers who take state medical insurance or any insurance at all. So many out-of-network providers create greater disparity among residents."*

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> ➢ *"Lack of providers. Stigma in seeking help. Cultural barriers."*
> ➢ *"There is a severe shortage of qualified providers who accept insurance or are otherwise affordable for the population seeking care and the demand for services continues to rise."*
> ➢ *"Having integrated care for co-occurring. Having facilities accept all insurances including commercial (private) and HUSKY Medicaid and Medicare. Having some good sliding scale options (scholarships for uninsured even if more time limited treatment.) Confusing for people seeking help some clinics, providers accept 1 or just a few. Long wait lists. Have never been able to have a client get into some clinics in years. Truly could open at least two more outpatient programs with varying levels of care, Partial, IOP, then outpatient and these clinics would be full."*

Next key informants were asked to think about the impact of the pandemic. Two questions were asked.
What effect has Covid-19 had on the health needs of the community? Did Covid-19 highlight any specific gaps/barriers in community health services? All participants reacted strongly by highlighting the escalation of mental health and substance abuse issues such as anxiety, depression, isolation, and violence. Telehealth was welcomed, however some individuals had difficulty accessing this resource. The perception is that Covid-19's impact will be felt for years to come.

Select Comments regarding What is Being Done Well in the Community:

> *"Mental health issues have escalated tremendously, particularly anxiety and depression, due to COVID."*
> ➢ *"Covid-19 highlighted the health disparities - those without insurance or under insured had a much harder time accessing health care services since the demand was/is much higher. Covid-19 was an excuse to over use substances; alcohol and marijuana use became coping mechanisms for many."*
> ➢ *"Yes, I think it made mental health more accessible via telehealth but I do think more and more people need behavioral health help and there are waitlists or lack of follow through from provider."*
> ➢ *Long wait lists for teens to get into therapy."*
> ➢ *"Dramatically increased the need and highlighted the problem of finding a provider that one can afford."*
> ➢ *"COVID isolation increased anxiety and depression and impacted women and families with young children intensely."*
> ➢ *"So incredibly isolating while at the same time required family units to redefine themselves which certainly was not without its challenges."*
> ➢ *"COVID - 19 has brought mental health issues as a legitimate concern in the medical arena. Isolation was a huge issue among seniors but it highlighted the problem even more."*
> ➢ *"Anxiety high among teenagers."*
> ➢ *"The pandemic exacerbated feelings of isolation, trauma, and uncertainty. I've seen heightened levels of anxiety and depression, coupled with an inability to cope that seems more heightened by 2+ years of change in lives, work, relationships. Telehealth was critical and a 'silver lining.' We need to continue improving access - through technology, through outreach for the Urgent Assessment Program, all avenues - so that there is no wrong door to services and continuing access to care is easy."*

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> ➢ *"COVID-19 may have increased awareness of mental health issues within families and provided an opportunity for families to explore treatment options remotely which may have increased access to care. Seniors were most adversely affected by barriers such as technology and transportation to access care."*
>
> ➢ *"The pandemic exacerbated existing mental health issues and the isolation, fear, and disruption of life though the health crisis created more needs for mental health support in the community. People could not access help in person and navigating an already complex system because almost impossible."*
>
> ➢ *"Increase in frequency and severity of mental health issues across the board have emerged."*
>
> ➢ *"Some clients not having necessary technology to participate in telehealth. Increased financial and psychosocial stressors some unemployed limiting ability to pay for copays or out of pocket treatment."*
>
> ➢ *"The isolation exacerbated domestic violence, depression, substance abuse, educational challenges, etc, etc. The challenge of participating in video conferencing for counseling services, schooling, etc. proved difficult for many, especially those without access to computers. We will be suffering the effects and studying the consequences of COVID for decades."*

Next, key informants were asked, "In your opinion, what is being done well in the community regarding mental health and substance abuse? (Community Assets/Strengths/Successes)." An increased focus on programming for youth through Fairfield CARES and The Urgent Assessment Program at Silver Hill were mentioned as being important resources. Increased collaboration among organizations is noted as a result of having to come together to address the pandemic.

Select Comments regarding What is Being Done Well in the Community:

> ➢ *"Our community is making mental health a priority now".*
>
> ➢ *"Fairfield CARES provides lots of education on substance use and some mental health issues via social media, monthly blurbs in the PTA newsletters, and through community events. We also have a community team of volunteers who meet monthly to help address the prevention and reduction of youth substance use. With consistent funding and use of evidence-based strategies, Fairfield CARES has begun to bring youth substance use down."*
>
> ➢ *"Love the access to the New Canaan urgent assessment at Silver Hill for the community."*
>
> ➢ *"Inviting young people to be a part of the discussion in terms of what is missing and what they think effective changes can be made to address those gaps. Needs/gaps --> solutions."*
>
> ➢ *"Wilton youth council tries to do it all. Love that good morning Wilton is telling the stories of those lost. The new library ED is open to programming."*
>
> ➢ *"Partnering and collaborating with Silver Hill and other mental health entities in order to provide faster and more direct services to those entering the behavioral health system."*
>
> ➢ *"Urgent Assessment Program is a great step in the right direction. Outreach and coordination will continue to be important on this."*
>
> ➢ *"Collaboration among town and local providers is strong. Prevention efforts exist*

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> *thanks to minimal grants (requiring a LOT of staff time) and funds provided by the local government to fill the gaps."*

  ➤ *"Many people/organizations who care."*

  ➤ *"Greater degree of interagency collaboration has emerged."*

  ➤ *"I see strengths in prevention efforts and community awareness and visibility and many excellent organizations coming together to partner for community awareness and prevention."*

Silver Hill Hospital is interested in being ahead of emerging trends in Mental Health and Substance Abuse in order to address these issues effectively. In order to stay up-to-date, key informants were asked about the new and emerging issues and trends that may not be on Silver Hill's radar. The responses provided by key informants include increased anxiety among youth, issues around gaming and gambling and parents providing alcohol to children.

Select Comments regarding New and Emerging Trends in Mental Health and Substance Abuse:

  ➤ *"Problem gaming and gambling."*
  ➤ *"There has been an uptick in suicide so we need to have more post-vention efforts and educate the community on how talk saves lives."*
  ➤ *"Younger people filled with anxiety."*
  ➤ *"Parents providing alcohol, at younger ages, drinking alone, eating disorders big time, suicide attempts that no-one knows about, binge drinking. mothers using meds for diabetes to lose weight."*
  ➤ *"Nothing new. Just trying to streamline the navigation process to receiving appropriate care."*
  ➤ *"Co-Dependents Anonymous (CODA)"*

Key informants were then asked for any additional suggestions or recommendations to improve mental health and substance abuse issues in the community. Several commenters mentioned reducing the stress placed on children and young adults in Fairfield with education to parents, improved access for the uninsured, shorter waiting lists and improved coordination among agencies.

Select Comments regarding Recommendations and Suggestions:

  ➤ *"Not sure how- but increase services and providers in the area."*

  ➤ *"Fairfield is a high stress/high pressure community. Even elementary students feel the pressure to 'be perfect'. That high stress/high pressure culture needs to change and it needs to begin with preschool parents and keep moving through the years so that kids are not needing to self-medicate. We want our kids to be happy. We want them to take healthy risks and feel so passionate and self-motivated about an interest that they know to stay away from drugs and alcohol. We need parents to chill, quite frankly. Parents just put way too much pressure on their kids and make them feel so inadequate. Honestly, Fairfield needs a mandatory parenting class for all parents on an on-going basis!"*

  ➤ *"Provide more access for underinsured, uninsured and have more therapists to lessen waiting lists."*

  ➤ *"A mental health clinic that offers affordable services."*

  ➤ *"Coordinate efforts...too often agencies and organizations are duplicating efforts and subsequently*

> *operating in silos. A unified effort can result in much stronger outcomes."*
> ➢ *"Stigma crushing campaigns in the media, a local non-profit provider in town, a local crisis assessment provider. Continued education and awareness and help in a timely manner."*
> ➢ *"Having the different levels of care in one place or having more treatment options."*
> ➢ *"Training programs as a way to meet demand."*

Lastly, key informants were asked to provide any additional feedback to help inform Silver Hill Hospital and its partners during their health improvement activities.

Select General Feedback for Silver Hill Hospital:

> ➢ *"All good."*
> ➢ *"We need SHH's Urgent Assessment Program! We need to educate pediatricians and take care of teachers mental health so that they can be there for our kids."*
> ➢ *"Silver Hill often seems ill equipped to handle the patient's it has and offers little to those unable to pay."*

Conclusions

Key informants were very forthcoming in their responses to the survey and they were complimentary about the Urgent Assessment Program at Silver Hill. Issues identified by these participants will assist Silver Hill Hospital in its planning process around key programming and services for the next three-year CHNA cycle. Anxiety, depression and suicide are the top three key mental health issues identified and they are also the most significant. Suicide replaced trauma as one of the top concerns, with an increase in the suicide rate noted in some comments. The top three substance abuse issues are alcohol abuse, underage drinking and e-cigarettes/vaping. Two of the three issues are closely related to an increase in concern for adolescents and their increased use of substances.

In addition to the top mental health and substance abuse issues, key informants frequently mentioned issues related to access, stigma surrounding seeking treatment, an increase in dual diagnoses, lack of resources and a coordination among agencies who supply the resources. The stress experienced by young people is noted as escalating and leading to increased anxiety and is sometimes parent driven. Depression, self-harm and self-medication in the form of alcohol and illicit drug use are resulting from increase pressure on young people. The effects of Covid-19 impacted all age groups and include increased isolation and substance abuse. They are predicted to impact Fairfield County for years to come.

Barriers to access continue to be in the forefront, making it difficult if not impossible for those with mental health and substance abuse issues to receive treatment. These include too few providers (particularly as it relates to substance abuse) and long waiting lists, a lack of insurance or being underinsured (and not being able to afford co-pays), and the complete lack of bilingual care providers.

A lack of knowledge about where to get treatment was identified in this survey by a much higher percentage of participants. This lack of awareness in the community hampers those who would otherwise seek treatment. This speaks to the need for further education, outreach and referral efforts. The stigma attached to treatment also impedes the effort to connect the individual with provider.

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Most survey participants noted that mental health services are inadequate across all age groups. Although some survey participants agreed that substance abuse services are generally adequate for adults, most perceived that these services for teens and young adults are insufficient. Another problem emphasized by many is the provision of alcohol and cannabis by parents to their children as well as denial that their children may be experiencing mental health issues. Many key informants perceive that the general public does not understand the issues of mental health and substance abuse. Continued education appears to be needed to increase understanding, increase the use of treatment services and reduce the stigma that surrounds the mental health system.

Fortunately, many key informants recognized an increase in the frequency with which preventive education and outreach is occurring. However, as it relates to adolescents, mental health and substance abuse resources do not always seem to be readily available in the school system.

Emerging trends that effect mental health and the use of substances were mentioned. These include gaming and gambling, increased suicide, increased anxiety in young people, parents providing alcohol to younger children and prescription drug misuse. Some of the recommendations for Silver Hill Hospital and the general community include parenting classes related to alcohol abuse by youth, an affordable mental health clinic, improved coordination among agencies, media campaigns to increase awareness and decrease stigma, and increased services and providers, perhaps through more training programs.

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APPENDIX A: KEY INFORMANT SURVEY TOOL

Key Informant Online Questionnaire

INTRODUCTION: As part of its ongoing commitment to improving the health of the communities it serves, Silver Hill Hospital is conducting a comprehensive Community Health Needs Assessment.

You have been identified as an individual with valuable knowledge and opinions regarding community health needs, and we appreciate your willingness to participate in this survey.

The survey should take about 10-15 minutes to complete. Please be assured that all of your responses will go directly to our research consultant, Holleran Consulting, and will be kept strictly confidential. Please note that while your responses, including specific quotations, may be included in a report of this study, your identity will not be directly associated with any quotations.

When answering the questions, please consider the community and area of interest to be Fairfield County, CT.

KEY ISSUES

1. What are the top 3 issues related to mental health that you see in your community? (CHOOSE 3)

☐	Anxiety	☐	Self-harming behaviors
☐	Depression	☐	Suicide
☐	Eating Disorders	☐	Trauma
☐	Personality Disorders	☐	Other (specify):
☐	Psychotic Disorders		

2. Of those mental health issues mentioned, which **1** is the most significant? (CHOOSE 1)

☐	Anxiety	☐	Self-harming behaviors
☐	Depression	☐	Suicide
☐	Eating Disorders	☐	Trauma
☐	Personality Disorders	☐	Other (specify):
☐	Psychotic Disorders		

3. What are the top 3 issues related to substance abuse that you see in your community? (CHOOSE 3)

☐	Abuse of Illicit Drugs (i.e. heroin, cocaine)	☐	Impaired Driving
☐	Alcohol Abuse	☐	Misuse of Prescription Drugs
☐	Alcohol Poisoning	☐	Tobacco Use
☐	Drug Overdose	☐	Underage Drinking
☐	E-cigarette/Vaping	☐	Other (specify):

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4. Of those substance abuse issues mentioned, which **1** is the most significant? (CHOOSE 1)

☐ Abuse of Illicit Drugs (i.e. heroin, cocaine)	☐ Impaired Driving
☐ Alcohol Abuse	☐ Misuse of Prescription Drugs
☐ Alcohol Poisoning	☐ Tobacco Use
☐ Drug Overdose	☐ Underage Drinking
☐ E-cigarette/Vaping	☐ Other (specify):

5. Please share any additional information regarding these mental health and substance abuse issues and your reasons for ranking them this way in the box below:

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AWARENESS

6. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement with each of the following statements about the public's awareness of mental health and substance abuse issues in the area.

Strongly Disagree←→Strongly Agree

The majority of the public understands mental and behavioral health issues.	☐1	☐2	☐3	☐4	☐5
The majority of the public understands addiction and substance abuse issues.	☐1	☐2	☐3	☐4	☐5
In general, residents in the community know where to go to get help with mental or behavioral health issues.	☐1	☐2	☐3	☐4	☐5
In general, residents in the community know where to go to get help with addiction and substance abuse issues.	☐1	☐2	☐3	☐4	☐5

7. If you had to estimate the percentage of cases where a mental health diagnosis is also accompanied by a substance abuse or addiction problem (co-occurring disorders), what would that figure be?

☐ Less than 25% of the time
☐ 25-50% of the time
☐ 51-75% of the time
☐ Greater than 75% of the time

8. Please share any additional information regarding awareness of mental health and substance abuse issues in the community in the box below:

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ACCESS

9. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Access to Mental Health** in the area.

Strongly Disagree⟵⟶Strongly Agree

There are a sufficient number of organizations/providers in the community that provide treatment for mental health issues.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of mental health providers that accept Medicaid or provide financial assistance for low income patients and families.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of mental health providers that are bilingual.	☐1	☐2	☐3	☐4	☐5
Prevention education and outreach regarding mental health occurs frequently in the community.	☐1	☐2	☐3	☐4	☐5

10. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate each of the following statements about **Access to Substance Abuse Services** in the area.

Strongly Disagree⟵⟶Strongly Agree

There are a sufficient number of organizations/providers in the community that provide treatment for substance abuse issues.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of substance abuse providers that accept Medicaid or provide financial assistance for low income patients and families.	☐1	☐2	☐3	☐4	☐5
There are a sufficient number of substance abuse providers that are bilingual.	☐1	☐2	☐3	☐4	☐5
Prevention education and outreach regarding substance abuse occurs frequently in the community.	☐1	☐2	☐3	☐4	☐5

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11. In your opinion, where is the FIRST place that the majority of community residents go for help with mental health and/or substance abuse issues? (CHOOSE 1)

☐ Community Health Center/FQHC	☐ School
☐ Hospital Emergency Department	☐ Self-Help Group (i.e. Alcoholics Anonymous, NAMI, etc.)
☐ Primary Care Provider/Family Doctor	☐ Social Service Agency
☐ Religious Institutions	☐ Other (specify):

12. What are the system gaps that currently exist in the community in regard to mental health and substance abuse services? (Check all that apply)

☐ Insurance Barriers	☐ Limited Assistance with Medication Management
☐ Lack of Community-Wide Prevention Efforts	☐ Limited Coordination Between Providers and Services
☐ Lack of Providers	☐ Long Waiting List
☐ Lack of Support in Navigating Mental Health System	☐ None
☐ Language/Cultural Barriers	☐ Other (specify):

13. In your opinion, what are the most common reasons individuals in the community do not seek treatment for mental health/substance abuse issues? (Check all that apply)

☐ Don't Know Where to Go For Treatment	☐ Lack of Transportation
☐ Immigration Status	☐ Not Ready for Treatment
☐ Inability to Pay Out of Pocket Expenses	☐ Social Stigma
☐ Lack of or Insufficient Health Coverage	☐ Other (specify):
☐ Lack of Programming/Providers	

14. Please share any additional information regarding access to mental health and substance abuse services in the community in the box below:

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UNDERSERVED POPULATIONS

15. Which of the groups with the following <u>health insurance status</u> do you see as **most underserved** in regard to receiving mental and substance abuse services? (Check all that apply)

☐	Those without insurance
☐	Those with public health insurance (i.e. Medicaid)
☐	Those with private health insurance who cannot afford their out of pocket expenses

16. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement on the adequacy of mental health services in the community for each of the following <u>age groups</u>:

Strongly Disagree←→Strongly Agree   Don't Know

Children (Birth-12 years)	☐1	☐2	☐3	☐4	☐5	☐6
Teens (13-17 years)	☐1	☐2	☐3	☐4	☐5	☐6
Young Adults (18-25 years)	☐1	☐2	☐3	☐4	☐5	☐6
Adults (26-64 years)	☐1	☐2	☐3	☐4	☐5	☐6
Seniors (65 years and older)	☐1	☐2	☐3	☐4	☐5	☐6

17. On a scale of 1 (strongly disagree) through 5 (strongly agree), please rate your level of agreement on the adequacy of substance abuse services in the community for each of the following <u>age groups</u>:

Strongly Disagree←→Strongly Agree   Don't Know

Children (Birth-12 years)	☐1	☐2	☐3	☐4	☐5	☐6
Teens (13-17 years)	☐1	☐2	☐3	☐4	☐5	☐6
Young Adults (18-25 years)	☐1	☐2	☐3	☐4	☐5	☐6
Adults (26-64 years)	☐1	☐2	☐3	☐4	☐5	☐6
Seniors (65 years and older)	☐1	☐2	☐3	☐4	☐5	☐6

18. Which of the following <u>racial or ethnic groups</u> do you see as **most underserved** in regards to receiving mental health and substance abuse services? (Check all that apply)

☐	Latino/Hispanic
☐	Asian
☐	Black/African-American
☐	White
☐	None
☐	Other (specify):

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19. Which of the following <u>other population groups</u> do you see as **most underserved** in regards to receiving mental health and substance abuse services? (Check all that apply)

☐	Disabled
☐	Homeless
☐	Immigrant/Refugee
☐	Low-income/Poor
☐	Uninsured/Underinsured
☐	None
☐	Other (specify):

20. Please share any additional information regarding underserved populations in regard to mental health and substance abuse services in the community in the box below:

CHALLENGES & SOLUTIONS

21. What challenges does the community face in regard to addressing mental health and substance abuse issues?

22. In your opinion, what is being done **_well_** in the community in regard to mental health and substance abuse? (Community Assets/Strengths/Successes)

23. What new, emerging issues or trends in mental health and/or substance abuse should the community have on their radar?

24. What recommendations or suggestions do you have to improve mental health and substance abuse issues in the community?

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CLOSING

25. Which one of these categories would you say <u>BEST</u> represents your community affiliation? (CHOOSE 1)

☐	Aging Services
☐	Community Member
☐	Education/School
☐	Faith-Based/Cultural Organization
☐	Government/Housing/Transportation Sector
☐	Hospital
☐	Mental Health/Substance Abuse Treatment Facility
☐	Public Health Organization
☐	Social Services
☐	Youth Services
☐	Other (specify):

26. Silver Hill Hospital and its partners will use the information gathered through this survey in guiding their community health improvement activities. Please share any other feedback you may have for them below:

Thank you! That concludes the survey.

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APPENDIX B: KEY INFORMANT PARTICIPANTS

Name	Agency
Aggie Aspinwall	Lapham Community Center, Director
Elaine Daignault	Town of Westport
Jacqueline D'Louhy, LCSW	Town of New Canaan
Laura Downing	The Depot, ED
Vanessa Elias	NAMI, MH Advocate, Former- Wilton Youth Council
Dr. Amir Garakani	Greenwich Hospital
Cathy Hazlett	Fairfield Public Schools
Elizabeth Jorgensen, CADC	Insight Counseling
Amy Kennedy	New Canaan EMS
David Knauf	Town of Darien
Emily Larkin	The Community Fund of Darien
Carol T. Malhstedt, Psy.D.	Project Resilience
Lauren Patterson	New Canaan Community Foundation
Ali Ramsteck	Town of Darien
Chandra Ring	Wilton Youth Council
Alicia Sillars	Town of Darien
Greg Sloane	NC High School Teen Talk Counselor
Denise Vestuti	Laurel House
Jessica Welt	Child Guidance of Southern CT
Bethany Zaro	Town of New Canaan

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