

# MENTAL HEALTH COMMUNITY NEEDS ASSESSMENT

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2022



Community Foundation  
*of Greater Dubuque*

# A Message from the President and CEO

The pandemic taught us that the strength of a community is tied to the mental well-being of its people. Feelings of anxiety, isolation and depression are becoming more recognized as part of our daily lives, which makes increasing access to services all the more important.

The scope of the needs facing our region is great. It reinforces our belief that helping people tend to their brain health is not simply the responsibility of health care providers. It is a challenge that requires our entire community. I am proud of the role the Community Foundation of Greater Dubuque has played as a catalyst for systemic solutions.

A brief note about the terminology in this report: The Community Foundation uses "brain health" when talking about conditions related to a person's psychological and emotional well-being. We do this to fight against the stigma often associated with "mental health." Dr. Colton Strawser, the researcher who conducted this assessment, is not from Dubuque and uses "mental health" throughout, because it is more widely known and seen as more objective.

The Community Foundation fully supports and advocates for use of "brain health," and we believe our position is reinforced by the findings of the report.

We are deeply grateful for the support and partnerships that have made this assessment a reality, particularly Dubuque County and the Mental Health and Disability Services of the East Central Region. It is our hope that this assessment will help provide a path and sense of purpose for our region as we move to ensure the health and happiness of all who live here.



**Nancy Van Milligen**

A handwritten signature in purple ink that reads "Nancy Van Milligen". The signature is fluid and cursive, with a long horizontal line extending to the right.

## Introduction

In 2016, the Community Foundation of Greater Dubuque (the Community Foundation) and the United Way of Dubuque Area Tri-States collaborated to conduct a community needs assessment focused on identifying gaps and opportunities for mental health services in Dubuque County, one of two priority areas identified in a survey of over 75 local professionals. The report highlighted the perspectives of mental health service providers and the various challenges and opportunities those professionals saw in the community. Many efforts have since come out of the assessment, including additional services, community conversations around mental health (“brain health”), and working groups focused on various topics such as children’s brain health and brain health for adults. Throughout this report, we use the term “mental health” to align with industry terminology; however, we want to acknowledge Dubuque County’s efforts to shift the focus to “brain health.”

Conversations around the need for mental health services increased due to the coronavirus pandemic (COVID-19). The pandemic caused individuals to severely alter their lives to avoid illness, including working remotely and attending school virtually. The stress, anxiety, and social isolation associated with the pandemic and the loss of friends and family members to the disease have increased the need to discuss mental health in businesses, schools, nonprofits, places of worship, and other community circles.

This needs assessment aimed to gain insights from diverse stakeholder groups with representatives from the private, public, and nonprofit sectors. Interviews and focus groups were conducted with various stakeholders, and a community survey was shared broadly within the community to gain perspectives from residents.

## Methodology

The research for the needs assessment was conducted between November 2021 and March 2022. The Community Foundation led the coordination of the needs assessment, with Dr. Colton Strawser of Colton Strawser Consulting leading the data and research efforts.

**Key Informant Interviews:** Six individuals with experience in mental health services were interviewed to understand the current state of support and services available in Dubuque County. Their insights helped identify key themes for the community survey.

**Community Survey:** A survey was distributed through various community partners to solicit feedback from community members on what they perceived as the primary challenges within Dubuque County. A total of 351 responses were submitted from individuals either living and/or working within Dubuque County.

**Focus Groups:** Six focus groups were held around different topics: Direct service providers (2), nonprofit and educational organizations (2), businesses (1), and individuals representing the voices of diverse communities (1). Approximately 50 individuals participated.

**Observations:** The Community Foundation hosts two brain health working groups. Dr. Strawser attended the brain health working group meetings to observe the various topics and challenges providers and organizations face. Those insights were incorporated into the other aspects of the research.

## Key Findings

The primary themes of the needs assessment included access to mental health services, the intersection of marginalization and mental health, specific needs by age groups, and the overall acceptance and stigma of mental health. The following subsections share additional aspects of each of these primary themes.

### Access to Mental Health Services

A primary theme that emerged throughout the needs assessment process was the lack of access to mental health services. Challenges with access to mental health services were multifaceted and included issues of limited provider capacity, affordability, and representation.

#### Limited Provider Capacity

While community residents indicated that Dubuque County is fortunate to have engaged providers in the community, there are often long waiting periods (reports of 3-6 months) before an individual can access a provider. The primary reason for delays appears to be a lack of providers, and not necessarily a significant influx of individuals seeking services. The provider shortage is not just therapists, but direct service providers (e.g., behavioral technicians, direct care workers) and social workers as well. Furthermore, survey respondents and focus group participants indicated that there are no full-time neurologists in Dubuque County, as well as an overall lack of mental health professionals who can prescribe medication – resulting in individuals sometimes turning to their primary care physicians for mental healthcare, creating the potential for being prescribed medications or treatment plans that may not be the proper fit for them.

#### Insurance

These issues are compounded by the fact that many private practices have stopped accepting insurance—often resulting in individuals with greater financial means being seen by a provider faster than those with limited health insurance or an inability to pay “out of pocket” to see a provider. Individuals with state health insurance, or insurance plans with high deductibles, are often those that are placed on a waiting list to see a provider through a public or nonprofit entity—rather than via private practice.

The economic inequality within healthcare also applies to mental health, and even the most robust insurance plans often have limited mental health coverages.

Not all providers accept Medicare and Medicaid, and in some cases, the coverage is limited to a certain number of sessions; therefore, the focus is shifted away from the client and their needs due to a limitation set by insurance – which, as one provider put it, is simply providing patches on problems rather than helping to resolve the underlying issue(s).

*“Lack of available prescribers and affordable therapists coupled with the cost of treatment, whether you have insurance or not, is a huge problem in the county.”*

### **Marginalization and Mental Health Services**

Marginalized communities often have an increased occurrence of mental health challenges due to the discrimination they face related to their race, ethnicity, sexual orientation, or beliefs.<sup>1</sup> Research has shown that peer support or engaging with a provider that has experienced life similarly to a patient can help establish trust;<sup>2-3</sup> however, most of the providers in Dubuque County are white and only speak English. This creates a vacuum for BIPOC (Black, Indigenous, People of Color) residents that wish to access mental health providers since they may mistrust the institutions or individuals that have contributed to their marginalization when they do not see themselves represented in those institutions.<sup>4</sup>

*“These discussion about expanding access to services and improving outcomes to marginalized communities must also include how those communities are currently being engaged with. I would not continue services with a mental health professional unless they understood racialized trauma and my immediate community in context.”*

In the focus group discussions, it was disclosed that there are no known bilingual mental health providers in Dubuque County; however, translators are provided in limited capacities. The challenge with translation is that many individuals may prefer to converse in their native language without a translator. In addition, some situations and nuances are not translated easily, which is even more of a challenge since medical translation is highly specialized and often requires additional training.<sup>5</sup>

*“I have SO MANY people that request mental health counseling in Spanish that come from some SERIOUS trauma. Those resources are almost nonexistent in this county, add under/uninsured to that - it’s truly impossible”*

Additional languages in the community, such as Marshallese, are also not spoken by providers, and translation services are often unavailable. Immigrants often suffer long-lasting mental or physical trauma as a result of difficult journeys leaving their home countries—as well as the reasons for leaving.<sup>6</sup>

There appears to be no specific mental health service focused on serving immigrants in the county, and none that are accessible for individuals in languages other than English.

Members of the LGBTQ+ community were also identified as a population within the community that lacks resources, both in mental health and broadly. Interviews with local mental health providers and focus groups with community residents revealed that LGBTQ+ individuals were among the primary populations identified as lacking equitable access to services. Additional populations not previously mentioned included senior citizens, farmers, and individuals with disabilities.

### Navigating Mental Health Services

One of the major challenges identified by respondents was the difficulty navigating the systems required to access mental health services. Given the low provider capacity in the region, identifying the most relevant service, accessing it, and solving logistical problems like payment and transportation are challenging for many participants. For those with limited familiarity with and understanding of local care systems, it can feel extremely daunting. This complexity can limit patient access, induce additional stress/anxiety, and increase the amount of time needed to access mental health services.

When it comes to finding and accessing these services, there were identified socioeconomic disparities that showcased how some individuals are placed on waiting lists and how others can skip the proverbial line. As stated earlier in this report, many private practices are selective in which insurance they take – or they may not take insurance at all. Therefore, individuals with the means to pay out-of-pocket to private practitioners can be seen quicker and have a greater number of options from which to choose. This means that it is often low-income or marginalized individuals who have the greatest difficulties successfully utilizing mental health services.

*“Anyone needing mental health services needs someone savvy who can help them navigate the system when they need help. It is difficult to find the right therapist, figure out how to pay for it, how to get transportation...”*

One of the potential solutions respondents identified for addressing this challenge was through staff that could help patients with navigation. Individuals may be more likely to access the right service if they have a trained advocate helping them. Within one focus group, a participant representing a nonprofit organization shared they had a client who needed immediate mental health services—she provided a list of three referrals; the client called all the referrals and was told the waiting list was long or full. The nonprofit then worked to make some desperate calls to get the client seen in a reasonable time frame. In this particular case, having a navigator in the mental health space helped an individual get seen, but not all community members have intimate knowledge of how mental health services work and how they can get access to a provider.

## Mental Health Needs by Age Groups

Focus groups and survey results indicate that all populations within the community either need mental health services or that they sometimes struggle to access them.

Most survey respondents identified high school students and young adults (ages 14-24) as the population with the greatest need for mental health services. Bullying was identified as a major issue affecting the mental health of young people in Dubuque County, with anxiety and lack of emotional support being largely reported issues, as well.

While those two age groups have the most perceived need, all age groups have challenges accessing mental health services. This is due to lack of access and the acceptance and stigma associated with mental health issues.

Regarding the mental health issues that need the most attention, respondents were asked to indicate on a scale from 1 to 5, with 1 being “no attention needed” and 5 being “critical attention needed,” the level of attention needed by common mental health issues.

Depression -----	4.40
Stress -----	4.16
Drug Use & Abuse -----	4.15
Alcohol Use & Abuse -----	4.14
Suicide -----	3.99
Anxiety -----	3.98
Dementia & Alzheimer’s Disease -----	3.44

## Awareness and Acceptance of Mental Health

Since 2016, the community has spent significant time changing the narrative around mental health. Additional programs, services, and working groups have been established in an effort to relabel “mental health” as “brain health.” This was done to address the stigma around mental health by stating that the brain needs to be cared for just as any part of the body does—it requires regular attention, preventative care, and treatment when necessary. This change has been combined with an extensive communications campaign that has significantly elevated the visibility of the issue within the community. As part of the 2022 needs assessment, participants were asked to indicate their preferred label for “...issues such as anxiety, depression, Alzheimer’s, verbal abuse, drug abuse, and other things that affect an individual’s cognitive abilities.”

A variety of options were provided, and participants could include their own labels; however, “mental health” was the preferred option (43.2%), with “brain health” being the second preferred label (32.4%). In addition, 13.3% of respondents had no preference for labeling the issue. Reframing the community’s perception of mental health will continue to take time and education, however, the survey data indicate that “brain health” is becoming a preferred term and gaining recognition among more commonly used terminology.

Some respondents preferred using the term “mental health” because it is more commonly used outside of the region. They expressed concern that using “brain health” could lead to issues related to government funding, individual licensure, and insurance reimbursements. In addition, many organizations outside of Dubuque use the term “brain health” to refer to neurological and neurodevelopmental conditions such as epilepsy and dementia.<sup>7</sup>

The impact of the “brain health” communication campaign has been significant and should continue to be pursued in order to help raise the visibility of this issue and fight against the stigma commonly associated with mental health. Future versions of the campaign may want to consider how to continue to build local consensus around common language, and how to help resolve any challenges caused by national organizations being unfamiliar with local usage of the term.

## **Revisiting the Previous Needs Assessment**

The previous needs assessment shared six key findings related to the needs in the community.

- (1) Medicaid and funding challenges
- (2) Meeting specialized and changing needs
- (3) Lack of options for dual-diagnosis patients
- (4) Limited capacity and barriers to care
- (5) Lack of prescribing providers
- (6) Committed providers seek greater coordination.

The six findings are still prominent needs in the community; however, these are challenges facing most communities. While these needs still exist in some form or another, progress – and often significant progress – has been made on the recommendations taken from the last needs assessment, including.

- (1) Strengthen collaboration among stakeholders;
- (2) Develop solutions to address dual diagnosis;
- (3) Alleviate barriers that prevent access to care;
- (4) Expand mental health prescription services; and
- (5) Expand mental health advocacy efforts.

Many of the recommendations have been addressed during the past five years, with some delayed due to the COVID-19 pandemic. A prime example of a major systems change spurred by the previous needs assessment was the development of a wrap-around program for individuals who have both been jailed for misdemeanors and diagnosed with mental health issues. Previously it was common for these individuals to become disconnected from social safety net programs and other care during their time in jail, leading to major setbacks for their treatment. The new program expedites their path through the criminal justice system, ensures that they remain connected to critical services, and has helped designate a psychologist from Hillcrest Family Services to serve the Dubuque County jail for 15 hours a week.

Other examples of accomplishments made by the community include:

- Convening regular meetings of the Adult Brain Health Stakeholder Committee and Children’s Brain Health Stakeholder Committee.
- A community-wide campaign led by Brain Health Now to address the stigma around mental health.
- The hiring of a Law Enforcement Liaison, a trained staff member that responds alongside local law enforcement to emergency calls that involve potential or confirmed mental health concerns in order to help connect the person in crisis with the best resources possible.
- The development of “Brain Health Retreat Rooms” and other mental health support rooms in local high schools, designed to provide a space to support students facing anxiety and other mental health challenges.
- An increase in the focus on health equity and how well underserved populations are accessing mental health services.
- The distribution of Family Resource Cards to families that provide information on available mental health resources and services.
- The creation of parent and caregiver engagement classes designed to support caregivers of infants in addressing their children’s mental health needs.
- An increase in funding for evidence-based training for local mental health practitioners.
- The production of two local children’s books designed to support social and emotional learning for children and their caregivers.

Some of the identified community needs are related to government funding, insurance regulations, and things that are simply beyond the control of a single county. The needs identified in the previous report are structural or systemic problems; therefore, it is recommended that the community revisit these needs and recommendations – but instead consider how it can change the system (i.e., advocate for change, involvement in policy formation) rather than dealing with the outputs of the broken system (e.g. lack of funding, lack of insurance options).

## Recommendations

Mental health is a dynamic issue within all communities; however, Dubuque County should be commended on its efforts to address mental health and shift the conversation around it from a negative to a positive. This movement has created opportunities for conversations with less stigma and convened numerous community partners to implement potential solutions to the mental health needs of the community. These efforts have also resulted in more businesses, government entities, and nonprofit organizations discussing what the community can do to support the mental health of residents.

Many of the independent and collaborative efforts happening within Dubuque County are assisting in advancing the issue of mental health; however, coordination and collaboration will be necessary to address the mental health needs of the community adequately. Below are recommendations for consideration as the community determines its future work in mental health, noting that it cannot be done alone or by one organization.

### **Increase Provider Capacity**

One of the most consistent findings identified during the research is the need for additional counselors and other mental health professionals to meet the significant demand for services and reduce the backlog of individuals waiting to receive services.

- Fund additional capacity and staffing for mental health providers in Dubuque County.
- Advocate with local, state, and national funders for additional resources to be dedicated to funding additional mental health capacity.
- Focus on efforts benefiting underserved, minority, and low-income populations, as the research indicates that these groups face the greatest barriers to accessing timely mental health services.
- Encourage and facilitate community-based programming by providing mental health training to passionate and qualified individuals who naturally interact with students, coworkers, and others each day, thereby creating additional front-line support within the community.
- Consider expanding the roles of health care professionals to meet patient mental health needs, utilizing community health workers, nurse practitioners, and other staff to help expand local capacity to provide mental health services.

## **Strengthen Collaboration and Coordinate Resources**

Dubuque County was described as resource-rich but coordination poor – which was evident throughout the various focus groups.

- Continue to convene mental health providers and stakeholders in meaningful ways (e.g., creating measurable goals and objectives to assess performance).
- Establish a plan to coordinate the rollout of the 988 system (emergency mental health line) within Dubuque County.
- Consider expanding local staffing for mental health by establishing a mental health “coordinator” or “advocate” at the county level to help individuals navigate the healthcare system and access support services (e.g., similar to the continuum of care for individuals experiencing homelessness).
- Contemplate what sharing resources between organizations would accomplish (i.e., bilingual therapists, psychiatrists, etc.).

## **Evaluate and Shift Local Advocacy Efforts**

- Be more inclusive of who is included in advocacy efforts and ensure that future campaigns include representation from service providers and community representatives.
- Consider including “prevention” in advocacy efforts along with a request to expand services to ensure a comprehensive approach to mental health.

## **Make Diversity and Equity a Priority in Mental Health**

- Increase the number of mental health services providers that identify as BIPOC, are members of the LGBTQ+ community, and/or are bilingual.
- Increase the professional development offerings for providers focused on providing services to marginalized communities.
- Focus outreach efforts on marginalized communities to increase mental health awareness, acceptance, access, and prevention.

## **Support the Entire Mental Health Spectrum**

Discussions of mental health often focus on treatment; therefore, with a perceived provider shortage, it may be beneficial to focus on prevention and supporting all aspects of mental health.

- Offer professional development opportunities for nonprofit organizations and businesses to create a culture of care in the community (e.g., Mental Health First Aid).
- Research the primary challenges individuals are being treated for in the community to understand if good support services are in place before intervention and treatment are necessary (e.g., educational programs, prevention programs, group therapy).

## Foster Data Sharing

In order to better target interventions and respond to existing gaps in mental health services, mental health service providers should work to share aggregated (not client-level or confidential) data on services and needs.

- Provide local authorities, including Dubuque County and the Mental Health and Disability Services of the East Central Region, with regular data on the number of mental health services requested, types of mental health challenges clients face, and areas of unmet needs, among other key indicators.
  - This should include data aggregated from the community resource referral platforms in Dubuque, which can help provide a community-wide insight into the referrals made for mental health services and where there may still be gaps.
- Coordinate data sharing among providers so that data can be easily aggregated, showing a community-level view of mental health services.
- Support a collective analysis and discussion of data to help provide increased collaboration around setting community priorities.

## Next Steps

When focus group participants were asked to consider the question of who was responsible for the mental health of the community, respondents in every session answered that addressing mental health needs is the responsibility of the entire community. A single organization, funder, government agency, or person is not able to address all of the issues of the community; however, if the community continues to come together to tackle these challenges, then it will increase the quality of life of Dubuque County and be a place where individuals want to live, work, and play. Identifying a set of community partners to lead this work is an important next step, as a single organization cannot manage all aspects of this important work and it will instead take a robust working group to achieve the desired outcomes of better mental health support and services.

## References

<sup>1</sup> <https://www.talkspace.com/blog/marginalization-discrimination-impact-mental-health/>

<sup>2</sup> Shalaby, R. A. H., & Agyapong, V. I. (2020). Peer support in mental health: literature review. *JMIR Mental Health*, 7(6), e15572.

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<sup>4</sup> Jaiswal, J., & Halkitis, P. N. (2019). Towards a more inclusive and dynamic understanding of medical mistrust informed by science. *Behavioral Medicine*, 45(2), 79-85.

<sup>5</sup> Al Shamsi, H., Almutairi, A. G., Al Mashrafi, S., & Al Kalbani, T. (2020). Implications of language barriers for healthcare: a systematic review. *Oman medical journal*, 35(2), e122.

<sup>6</sup> Salami, B., Salma, J., & Hegadoren, K. (2019). Access and utilization of mental health services for immigrants and refugees: Perspectives of immigrant service providers. *International Journal of Mental Health Nursing*, 28(1), 152-161.

<sup>7</sup> [https://www.who.int/health-topics/brain-health#tab=tab\\_1](https://www.who.int/health-topics/brain-health#tab=tab_1)

## **Funders**

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## **Research**

Research for this needs assessment was led by Dr. Colton Strawser of Colton Strawser Consulting and the Community Leadership, Engagement, and Research (CLEAR) Institute.  
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## **Notes**

All percentages may not add up to 100% due to rounding.

Some quotes were edited for clarity while maintaining their original intent.

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