PRIORITIZED HEALTH CONCERN
PREVALENCE OF POOR MENTAL HEALTH
The Surgeon General stated unequivocally in the 1999 report, the first ever issued on the topic of mental health and mental illness, that good mental health is fundamental to the overall health and well-being of an individual, with the qualities linked to mental health being essential to leading a healthy life. Additionally, the Surgeon General emphasized that mental disorders are very real conditions which have an immense impact. They do not discriminate; mental illness can affect anyone and do affect almost every family in America.

Mental health and mental illness are dynamic, ever-changing phenomena. At any moment, a person's mental status reflects the sum total of that individual's genetic inheritance and life experiences; and the variability in expression of mental health and mental illness can be very subtle or very pronounced.

Most Knox County adults enjoyed good mental health during all days of the past month in 2004, however, 13.7% reported poor mental health for more than one week during the past month; and 21% reported poor mental health for 1 to 7 days. In 2004, psychoses was the ninth leading hospitalization reason for Knox County residents overall and the leading reason for hospitalization of children 5 to 17 years of age; it is the leading reason for referral outside Knox County with 166 cases during that same year.

In the U.S., direct costs for diagnosing and treating mental disorders totaled approximately $72 billion in 2001. Lost productivity and disability insurance payments due to illness and premature death accounted for another $74.9 billion, and an additional $6 billion are attributed to crime, criminal justice costs, and property loss. The costs of untreated mental illness are staggering as well, and significantly impact the economy. According to the Centers for Disease Control and Prevention (CDC), one study conducted on the effects of depression in the workplace found that depression caused a loss of $44 billion each year resulting from both presenteeism (the act of remaining on the job but not being as productive due to illness or stress) and absenteeism.

Mental Health — refers to the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.
Furthermore, there is overwhelming evidence that mental disorders and medical illnesses are strongly linked. Major depression is highly correlated with chronic diseases such as diabetes, coronary disease, arthritis, and stroke. Individuals with depressive disorders are twice as likely to develop coronary artery disease, twice as likely to suffer a stroke, more than four times as likely to have a myocardial infarction, and four times as likely to die within 6 months of a myocardial infarction as individuals without depressive disorders.

**Mental Illness** – refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.

Despite the effectiveness of treatment, the majority of individuals with mental disorders do not receive mental health services. Currently only one-fourth of persons with a mental disorder obtain help for their illness within the health care system, while about 70% of individuals with heart disease seek and receive care. In Knox County, at least 6,481 Knox County residents can be estimated to have been affected during the past month by a mental disorder. Estimates for leading mental disorders include the following simple phobia (2,651); dysthymia (1,401); alcohol abuse/dependence (1,128); major depressive episode (902); and severe cognitive impairment (733). According to the Healthy Communities Project Community Health Needs Assessment completed in 2005, over one in twenty household survey respondents reported that someone in their household suffered from mental or emotional problems; 18% of all respondents had thought about seeking professional help for personal or emotional problems. Of the 177 respondents who thought about seeking care, only about half, 51.4% followed through and actually sought professional mental health care.

Healthy People 2010 calls for successfully reaching the goal of “improving mental health and ensuring access to appropriate, quality mental health services.”

**The Healthy People 2010 objectives for mental health and mental disorders include:**

- Increase the proportion of adults with mental disorders who receive treatment. (baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%);
- Increase the number of persons seen in primary health care who receive mental health screening and assessment. (developmental);
- Reduce the suicide rate. Target: 5.0 suicides per 100,000 population. (baseline: 11.3 per 100,000 population); and
- Increase the proportion of children diagnosed with mental health problems who receive treatment. (developmental).

**Risk Factors**

Many of the primary risk factors for poor mental health in Knox County are linked to access to care concerns. As is the case with any access to care issues, corrective actions taken to aid in the management of mental health care as a priority health concern must cohesively address the three components which generally comprise any “access to care” issue, namely: physical access to mental health treatment, knowledge of available services, and preconceived notions regarding mental health. Physical access concerns include facets such as a lack of insurance coverage, financial resources, and transportation concerns, in addition to the
Other risk factors for poor mental health include life and environmental stressors. Stress is caused by the body’s instinct to defend itself. This instinct is good in an emergency; however, if it goes on too long stress can make an individual feel anxious, afraid, worried, and uptight. One of the primary causes of these reactions are life changes or changes in surroundings, specifically sudden or unpleasant changes.

**Possible signs of stress include:**
- Anxiety
- Back pain
- Constipation or diarrhea
- Depression
- Fatigue
- Headaches
- High blood pressure
- Insomnia
- Problems with relationships
- Shortness of breath
- Stiff neck
- Upset stomach
- Weight gain or loss

Additionally, heredity and chemical imbalances contribute to the prevalence of poor mental health. Individual's obtaining knowledge related to these concerns is essential in addressing these risk factors, as is appropriate mental health treatment and medication.

**DIRECT & INDIRECT CONTRIBUTING FACTORS**

Many Americans view mental illnesses through a lens of stigma and discrimination. This limited perspective is a primary contributing factor which leads to thousands of individuals across the Nation failing to access the mental health services that are available. Year after year, adults and children continue to suffer in silence from depression and other debilitating mental conditions. Where most would not hesitate to seek treatment for a physical illness, many remain paralyzed when it comes to seeking support for a mental health problem.

These social stigmas erode confidence that mental disorders are valid, treatable health conditions, and lead to people avoiding socializing, employing, working with, or renting to or living near individuals with a mental disorder, especially a severe disorder such as schizophrenia. Stigma deters the public from wanting to pay for care and, thus, reduces consumer access to resources and opportunities for treatment and social services. The consequent inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation, and hopelessness. Essentially, stigma tragically deprives people of their dignity and interferes with their full participation in society.

An individual willingness to seek help is often contingent on yet another factor; confidence that personal revelations of mental distress will not be disclosed without their consent. Although protection of confidential health information is commonplace to health care in general, there are special concerns related to mental health and mental health care records due to the extremely personal nature of the material shared throughout treatment.

Until such a time as the stigma associated with mental illness and confidentiality concerns related to mental health information are addressed, these issues will remain a critical point of contention for individuals deciding to seek treatment for mental illness.
PRIORITY HEALTH CONCERN
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COMMUNITY HEALTH IMPROVEMENT GOALS

In order to reduce the prevalence of poor mental health among Knox County residents, the Citizens Workgroup proposes the following community health improvement goals:

• **By the year 2016, decrease the prevalence of poor mental health status in Knox County adults by 5%.**

  Baseline: (Illinois County Behavioral Risk Factor Survey (IBRFS): Round 3, July 2004) Percentage of Knox County adults who self-reported in 2004 IBRFS that they have experienced days where mental health was not good for 1-7 days was 21.0%; for 8-30 days was 13.7%. State of Illinois data indicated 20.9% and 11.1%. Additionally, 11.8% reported feeling depressed, sad, or blue for one or two days over the past month; 25.4% reported feeling depressed, sad, or blue for more than two days over the past month; State of Illinois numbers indicate 35.1% reported feeling depressed, sad, or blue for one to seven days over the past month; 5.3% reported feeling depressed, sad, or blue for 8-14 days over the past month; 8.5% reported feeling depressed, sad, or blue for more than 15 days in the past month.

  Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

  Healthy People 2010: Increase the number of persons seen in primary health care who receive mental health screening and assessment; (Developmental).

• **By the year 2011, reduce the rate of Knox County deaths from suicide to no more than 7 per 100,000 population.**

  Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings) The rate of Knox County deaths contributed to suicide during 2002 was 14.6 per 100,000 population; the State of Illinois and U.S. rates during that same period were 9.1 and 10.6 per 100,000 population.

  Healthy People 2010: Reduce the suicide rate. Target: 5.0 suicides per 100,000 population; Baseline: 11.3 suicides per 100,000 population occurred in 1998.

COMMUNITY HEALTH IMPROVEMENT OBJECTIVES

The Healthy Communities Project Partners have established the following community health improvement objectives in an effort to influence the health improvement goals and reduce the prevalence of poor mental health.

• **By the year 2011, increase by 10%, the number of Knox County residents with poor mental health who receive treatment.**

  Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings) According to household survey data, 18% of respondents indicated that they had thought about seeking professional help for any personal or emotional problems; of those 18% only half, 51.4% followed through and sought professional help.

  Healthy People 2010: Increase the proportion of adults with mental disorders who receive...
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Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

Healthy People 2010: Increase the proportion of children diagnosed with mental health problems who receive treatment; (Developmental).

By the year 2011, reduce the number of Knox County residents hospitalized for psychoses to no more than 25 per 10,000 population.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)

Psychoses was the 9th leading reason for hospitalization in Knox County residents during 2004. The Knox County rate of hospitalization for psychoses in 2004 was 32.8 per 10,000 population. State of Illinois rate for 2004 was 58.7 per 10,000 population.

Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical and mental health care due to cost, to no more than 5%.

Percentage of Knox County adults who self-reported in 2004 IBRFS that they have a usual person as a health care provider was 84.4%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they think of one person as their personal doctor was 81.8%.

Healthy People 2010: Increase the proportion of persons with a usual primary care provider. Target: 85%; Baseline: 77% of the population had a usual primary care provider in 1996.

COMMUNITY HEALTH IMPROVEMENT STRATEGIES

Ensuring access to mental health care services is a major component of any strategy to reduce the prevalence of poor mental health in Knox County. In fact, there are more treatments, strategies, and community supports than ever before; and even more are on the horizon. Local efforts will focus on Ensuring access to mental health treatment and eradicating social stigmas associated with mental illness and treatment so individuals will be comfortable seeking treatment for any type of mental illness.

These proposed strategies listed below are intended to improve the mental health status of residents through educating the community. Often people are afraid to talk about mental health because of the many misconceptions linked to mental illness. It is as important to begin treating mental illnesses with respect and dignity in order to reduce or eliminate these
social stigmas and encourage individuals to seek treatment; as it is to ensure access to mental health treatment services for all residents of Knox County.

► **Provision of mental health services within a Community Health Clinic setting to ensure access to the provision of mental health care for Medicaid, low-income, uninsured or under-insured individuals and families.**

► **Focused overview of available mental health care resources within Knox County and assurance that linkages are provided for proper treatment.**

► **Collaborate with Knox County physicians to promote a culture of joint care for individuals diagnosed with mental health disorders or illness.**

► **Comprehensive community health education campaign related to mental health warning signs and symptoms, treatment, and social stigmas.**

► **Marketing campaign to address mental health and related social stigmas.**

**IMPLEMENTATION & CORRECTIVE ACTIONS**

Today, mental illnesses can be viewed not only as treatable, but recovery is expected. Studies show that most people with mental illnesses get better, and many recover completely. It is important that individuals suffering from mental illness are provided the opportunity to seek care and are comfortable doing so. Subsequently, Knox County community members need to be educated to understand that mental illnesses do not discriminate, they can, and do affect everyone.

In an effort to address risk factors related to poor mental health, the Citizens Workgroup has identified the following corrective actions to impact the prevalence of poor mental health within the community. Corrective actions proposed include:

► **Investigate models for the provision of mental health care services to Medicaid, low-income, uninsured or under-insured individuals and families; including: 708 tax, community health clinic services, or local health department services.**

► **Utilize community stakeholders to monitor the number of mental health professionals in the Knox County and coordinate community recruitment and marketing.**

► **In collaboration with community stakeholders investigate the establishment of a “Grow Your Own” program and/or last year medical school payoff to recruit mental health professionals.**

► **Collaborate with Knox County physicians to promote a culture of brief screening for mental health status during routine and primary health care and support in education and referral for treatment.**

► **Investigate suicide prevention methods, to include a hotline and intervention training.**

► **Partner mental health care providers with local physician offices in order to expand physician comfort levels when working with mental health care medication management and treatment within physician scope of practice.**

► **Investigate programs which would encourage the use of “mental health nurses” in physician offices; specifically general practitioners and OB/GYN.**

► **Establish a mental health care resource and referral listing for Knox County physicians identifying available services and linkages to**
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care; including secondary medical visits when seen by a counselor initially and the individual needs prescription drugs

► Provide comprehensive health education programming which educates the general public about mental health, the warning signs of mental health disorders and illness, and supports individuals seeking treatment.

► Coordinate a community marketing campaign to alleviate public social stigmas and cultural barriers associated with mental illness and individuals who are diagnosed seeking treatment.

These corrective actions will provide the multifaceted approach needed to address access to mental health care concerns for Knox County residents. Of primary importance is the establishment of some form of indigent care program, or community health clinic for low-income, uninsured, or underinsured individuals in Knox County to receive mental health treatment services. The Steering Committee of key stakeholders will be utilized to investigate multiple aspects of this concern; including, the investigation of models for providing health and mental health care services to the underserved populations, the establishment and coordination, and operation of community health clinic. Also investigation into programs which allow access to psychotropic prescription drugs, as well as establishing policies and procedures for ensuring the provision of advanced mental health care services to community health clinic patients within the local community through referrals.

A second purpose of this task force would be to undertake activities which focus on ensuring the availability of mental health care to all residents of the County by monitoring the availability of mental health professional practicing in Knox County; and, taking active steps to coordinate community recruitment if necessary. As part of these efforts, opportunities such as “grow your own” programs, last year tuition pay-off and college recruitment would be investigated as possible, viable solutions.

Other programming will introduce collaborative partnerships between the health care and mental health care communities in order to accomplish multiple goals. Efforts such as encouraging mental health screening practices during patient visits to primary care or OB/GYN providers and mentoring relationships to expand physician comfort levels when working with mental health care medications and treatment within the physician’s scope of practice are important components of public health programming to improve mental health. Additionally, physicians may be educated regarding the benefits of utilizing mental health nurses to compliment existing services related to mental health treatment within their practice.

Additionally, resource and referral listings will be made available to the health care and mental health care community to aid in ensuring linkages to care for patients; resources will also be made available to the general public. A component of this resource will be educational support for physicians to encourage appropriate patient instruction and referrals made in follow-up to screening practices.

Finally, community health education campaigns will be instituted in order to comprehensively educate the general public about mental health, the warning signs of mental health disorders and illness, and support individuals seeking treatment. Social marketing campaigns will be executed via print media, billboards, radio, television, and other venues. These campaigns will be designed to be all-encompassing and will work to eradicate social stigmas and cultural barriers related to mental

Knox County Community Health Improvement Plan: September 2006
www.knoxcountyhealth.org
By educating the public about mental illnesses and portraying an accurate and balanced view of the mental health issues that effect so many; public perceptions about mental illnesses can finally be changed and the public health crisis can be addressed. All portions of the campaign will be an integral and ongoing component of programming designed to reduce the prevalence of poor mental health in Knox County.

**Barriers**

The burden of mental illnesses and the looming public health crisis of mental health care have a detrimental effect on society, and many barriers keep individuals with mental illnesses from seeking, obtaining, and maintaining treatment. These barriers to mental health care or treatment interventions play a key role in efforts to combat and reduce the prevalence of poor mental health in Knox County.

Concerns related to personal beliefs, social stigmas, and the attitudes and perceptions of others are significant determinants in individual decisions to seek treatment. Additionally, some lack a primary care provider who may initially identify the need for mental health care, or simply fear a type of health care they have not previously experienced.

Furthermore, transportation to and from mental health treatment may be a problem for some Knox County residents. According to the 2000 Census, 8.4% of Knox County households have no vehicle available. Census data also indicates that 13.1% of residents are in poverty. These individuals may experience a lack of financial resources or health insurance, and are unable to afford the cost of care or prescription medications to treat mental illnesses.

Finally, many individuals experience some form of skepticism about mental health care, and do not fully understand the value, or long-term benefits associated with seeking treatment. All of these barriers must be addressed in public health programming to improve the mental health status of Knox County residents.

**Community Resources**

Promoting good mental health and mental health care within the Knox County community will involve effort from all participants of the public health system. The following agencies and organizations are resources for the coordination and implementation of programs and activities to impact the prevalence of poor mental health in the County.

- Health care providers
- Physician offices
- Knox County Health Department
- Schools
- Colleges
- Faith community
- YMCA
- Bridgeway
- Illinois Department of Public Health
- Civic and business groups
- Labor unions
- Human service organizations
- Clubs and organizations
- Chamber of Commerce
- Local media outlets
- Pharmacies
- Meal sites

**Funding**

Initially and on an ongoing basis, funding for vital local health department staff, community health clinic staff, health educators, and public health nurses, as well as other expenditures such as travel reimbursement, health education materials, screening services and supplies, data
collection, and advertising costs will be required. Possible sources of funding include grants to local agencies from the State of Illinois, the Federal Government, and other public or private entities.

However, as is the case in access to health care concerns, Knox County public health system partners will need to work collaboratively in providing care and completing the identified strategies in order to assure that needed resources are provided. The Citizens Workgroup recognizes that only through collaboration are public health system partners able to assure access to primary and preventative health care services for a greater number of Knox County residents while avoiding duplication of services.

**EVALUATION**

Effective program evaluation plays an essential role in public health programming. It includes the development of clear plans, inclusive partnerships, and systematic feedback that allows learning and ongoing improvement to occur. Each program, as part of the Knox County Community Health Improvement Plan, must conduct routine, practical evaluations that provide information for management and stakeholders, and improve program effectiveness. Program evaluation data will be reviewed every six months by Health Department staff monitoring programs, and annually by key stakeholder groups.

A program is simplistic terminology used to describe the object of the evaluation, and can be any organized public health action. Within this Community Health Improvement Plan, evaluation will be routinely tied to all identified corrective actions which address priority health concerns. Emphasis will be placed on the evaluation processes being practical, ongoing, and involving key community stakeholders. It will be utilized to justify the value of a program; answering questions related to program “merit” or quality, “worth” or cost-effectiveness, and “significance” or importance.

Additionally, Citizens Workgroup members acknowledge that stakeholders will be involved in the Community Health Improvement Plan evaluations. When key stakeholders are not engaged in the evaluation process, an evaluation may not address important elements of a program’s goals, objectives, and strategies. Therefore, evaluation findings might be criticized or ignored. Program evaluation will include stakeholders who are involved in program operations, those served or affected by the program, and the primary users of the evaluation.

Each program evaluation outlined as part of this Plan will include a brief program description; including what the program is intended to accomplish. Key program stakeholders will be identified, as well as how and when data will be gathered and the program evaluated. Finally, each evaluation description will identify how often and with whom program evaluation results will be shared, as well as the means for distribution.

Program evaluation data and results will be maintained by Knox County Health Department staff and kept on file for public use. Any substantial changes to Programs identified by the Knox County Community Health Improvement Plan will be noted therein.

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**PROGRAM #1:** Access to Health Care Services Steering Committee charged with monitoring, investigating, and supporting implementation of solutions for access to health care concerns, including mental health care services, in Knox County; including establishment of a community health clinic.
PURPOSE

The purpose of the program is to form a “watch-group” of key stakeholders to monitor and address concerns vital to access to medical and mental health care for Knox County residents. The Access to Health Care Services Steering Committee would be formed collaboratively with local health care partners, the Knox County Health Department and other public health system partners.

The watch-group would be charged with investigating models for providing health care and mental health services to Medicaid, low-income, uninsured or under-insured individuals and families, and aiding in the formation of a committee of local public health system partners to establish and coordinate operation of community health clinic. A second purpose of this task force would be to undertake activities which focus on ensuring the availability of mental health care to all residents of the County by monitoring the availability of mental health professional practicing in Knox County; and, taking active steps to coordinate community recruitment if necessary. As part of these efforts opportunities such as “grow your own” programs, last year tuition pay-off and college recruitment will be investigated as possible, viable solutions.

Additionally, the steering committee would work to cooperatively to investigate programs which allow access to mental health prescription drugs and medical supplies either through the community health clinic, indigent care plans, or community philanthropy. Finally, the Steering Committee would ensure the provision of advanced mental health services for community health clinic patients within the local health care system by establishing fiscal resource systems, community partnerships, and accepted policies and procedures for referral.

KEY PROGRAM STAKEHOLDERS

Local health care providers, county hospitals, local medical association members, members of the Access to Health Care Services Steering Committee, program recipients and their families, community health clinic staff, Knox County Health Department staff, Bridgeway staff, and individuals and entities to whom the evaluation results will be provided.

DATA

Access to Health Care Services Steering Committee will inherently as part of its purpose; maintain demographic data relevant to the status of the health care system in Knox County. This data will be relevant to the watch-group performing the task for which it was created. Additionally, process evaluation data will be collected which reflects the activities and actions of the Steering Committee.

Health Care Services Steering Committee activities will be monitored and amended if necessary during annual Program evaluation.

PROGRAM EVALUATION

The Health Care Services Steering Committee would be evaluated as a successful effort if resulting data indicates that the partnership has successfully accomplished assigned actions, and that completion of those actions has positively influenced the health care system in Knox County.

Specifically, was the Steering Committee able to appropriately investigate models for providing health care and mental health services to Medicaid, low-income, uninsured or under-insured individuals and families? Did they aid in the formation of a committee of local public health system partners to establish and coordinate operation of community health clinic? Was a community health clinic successfully established? Are there programs available which
allow access to prescription drugs and medical supplies either through the community health clinic, indigent care plans, or community philanthropy for Knox County residents? Did the Committee work cooperatively and successfully ensure the provision of advanced health care services to community health clinic patients within the local health care system? These are the type of questions that evaluators will be charged with in the evaluation of this program.

Additionally, Program accomplishments will also be measured against the successfulness of the collaborative relationships amongst participating Knox County Public Health System partners. This secondary purpose of the Program will foster and expand communication and working relationships between entities, specifically those which build relationships between mental health and health care.

Collected statistics will also be utilized to justify the value of the program to the community, health care providers, and the overall public health system, as well as its contribution to reducing access to primary and preventative health care concerns in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

**RESULTS**

Program evaluation results will be reviewed and provided annually via written reports made by the Health Care Services Steering Committee to key stakeholders within the local health care community.

**PROGRAM #2: Better Understanding Mental Health, education and promotion program to increase public knowledge about mental health and reduce stigmas related to mental illness and treatment.**

**PURPOSE**

The purpose of this program is to reduce social stigmas within the Knox County community and provide individuals and their families health education concerning what mental health is and is not. Programming will also address what influences your mental health, warning signs and symptoms, how your mental health affects your life, the effectiveness of treatment, and social stigmas connected to mental disorders and those who seek treatment for them.

Fundamental to any disease control program is the accurate communication about the causes of that disorder, since this knowledge empowers individuals to make educated choices regarding their health. As such, health education will be provided to the community providing individuals the tools necessary to take control of their overall mental health and well-being.

Another segment of the Better Understanding Mental Health, health education and promotion program is a social marketing campaign which focuses first and foremost on eradicating social stigmas and fears related to mental health and mental health treatment. Removal of these stigmas as a barrier will allow individuals to have confidence in seeking treatment for mental disorders and full, active participation in society.

Secondarily, the Better Understanding Mental Health, health education and promotion program encourages collaboration between community public health system partners to ensure that a greater number and scope of individuals are
being reached and that non-duplication of services is accomplished.

**Key Program Stakeholders**

Local health care providers, county hospitals, local medical association members, members of the Access to Health Care Services Steering Committee, program recipients and their families, community health clinic staff, Knox County Health Department staff, and Bridgeway staff, individuals and entities to whom the evaluation results will be provided.

**Data**

Mental health education data will be collected through an activity log tracking the number of Program recipients. Additionally, data may include program evaluations completed by recipients, pre-and post-test results, program inputs and outcomes, as well as community feedback which may be received from the local mental health care community.

Mental health promotion data will be qualitative data outlining program activities completed and at times a running tally of recipient response. The Community Health Improvement Plan strategy does not identify a specific goal for this portion of the Program; however, these activities would be monitored and amended if necessary during regular Program evaluation.

**Program Evaluation**

The program will be determined successful if the comprehensive Better Understanding Mental Health Program is successful in increasing the number of Knox County residents who understand the importance of good mental health and its link to the overall health and well-being of an individual. Additionally, the length of Community Health Improvement Plan goals will allow for measurement of any increase in individuals seeking mental health care when need exists and for conclusions to be drawn as to any relationship between the increase and the Better Understanding Mental Health Program.

Collected statistics will also be utilized to justify the value of the program to the community, mental health care providers, and the overall public health system, as well as its contribution to reducing the prevalence of poor mental health in Knox County. Process evaluation questions related to the quality of the program, its cost-effectiveness, and importance to the community will additionally be examined during evaluation by key stakeholders.

**Results**

Program evaluation results will be reviewed and provided annually via reports made to key stakeholders within the local health care community. Program data will also be shared through publication in the Knox County Health Department Annual Report.

**Program #3: Mental Health Treatment Mentoring and Practices programming to provide short and long term solutions for mental health care in Knox County.**

**Purpose**

The purpose of the program is to form partnerships within the health and mental health care systems in Knox County, which encourage collaboration in treatment plans for patients with mental health disorders.

These mentoring relationships are intended to be mutually beneficial for both providers, as well as for the patient. They will ensure superior health care for individuals by expanding physician comfort levels when working with mental health care medication management and treatment inside their scope of practice. In some instances the partnerships may advocate for the use of “mental health nurses” in physician offices.
Additionally, Knox County physicians will be encouraged to complete brief screening for the mental health status of individuals during routine and primary health care, specifically general practitioners and OB/GYN providers. Physicians will be supported in educational materials and opportunities, as well as efforts to refer individuals for treatment.

All portions of programming are intended to provide short- and long-term solutions for managing mental health treatment concerns in Knox County. The desired outcome being that mental health disorders are managed prior to need arising for ambulant care or inpatient treatment programs.

**KEY PROGRAM STAKEHOLDERS**

Local health care providers, mental health care providers, county hospitals, Bridgeway staff, local medical association members, patients and their families, community health clinic staff, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

**DATA**

Data will be collected through a confidential running tally of physicians and their staff who participate in the Mental Health Treatment Mentoring and Practices program, as well as patients receiving mental health care who would not have otherwise had access. This will be completed confidentially in accordance with HIPAA Privacy Standard provisions.

Additionally, participating physicians, medical office staff, and mental health care providers and their staff will complete surveys regarding the successfulness of the mentoring program, and changes in physician comfort levels when working with mental health care medication management and treatment inside their scope of practice.

**PROGRAM EVALUATION**

The Mental Health Treatment Mentoring and Practices program will be determined successful if participating physicians, medical office staff, and mental health care providers and their staff report that the mentoring program was successful in completing outlined goals of changes in physician comfort levels when working with mental health care medication management and an increase in mental treatment inside their scope of practice.

Additionally, the length of Community Health Improvement Plan goals allows for measurement of any increase in individuals diagnosed with mental health care concerns who seek treatment, as well as any increase in individuals adhering to mental health treatment. Mental Health Treatment Mentoring and Practices program activities will be monitored and amended if necessary during annual Program evaluation.

**RESULTS**

Program evaluation results will be reviewed and provided annually via written reports to key stakeholders and participating health and mental health care providers within the local health care community.

**PROGRAM #4: Mental Health Care Resource and Referral program for physicians and patients to aid in assuring linkages for mental health care.**

**PURPOSE**

The purpose of this Resource and Referral program is to provide appropriate educational resources, as well as linkages for treatment of mental health disorders to both physicians and community members. Physicians completing brief screening tools during care of their patients...
will be provided access to resource and referral information to aid in ensuring that their patients go on to receive timely and suitable mental health care.

Additionally, completion of mental health screening which will lead to early detection of mental health concerns; thus, increasing the chances of treatment in its early stages, with the desired outcome being that mental health disorders are managed prior to need arising for ambulant care or inpatient treatment programs.

The Mental Health Care Resource and Referral program will also promote the link between good mental health and the overall health and well-being of an individual. It will encourage collaboration among community public health system partners to ensure that a greater number and scope of individuals are receiving needed mental health services appropriately, and that non-duplication of services is accomplished.

**KEY PROGRAM STAKEHOLDERS**

Local health care providers, county hospitals, local medical association members, program participants, and their families, community health clinic staff, Bridgeway staff, Knox County Health Department staff, and individuals and entities to whom the evaluation results will be provided.

**DATA**

Data will be collected through a confidential running tally of Mental Health Resource and Referral Program participants and referred services. This will be completed confidentially in accordance with HIPAA Privacy Standard provisions. Additionally, the length of Community Health Improvement Plan goals allows for measurement of any increase in referrals for appropriate mental health care, as well as any increase in individuals seeking mental health treatment.

**PROGRAM EVALUATION**

The Mental Health Resource and Referral program would be evaluated as a successful effort if resulting data indicates that the resource and referral partnership has successfully accomplished assigned actions, and that completion of those actions has positively influenced the health care system in Knox County. Program accomplishments will also be measured against the successfulness of the collaborative relationships between Knox County Public Health System partners. A secondary purpose of this Program is to foster greater communication and workforce relationships between public health system partners.

Evaluation and collaboration data will additionally be utilized to justify the value of a program to the community, as well as its contribution to reducing the prevalence of poor mental health in Knox County. Process evaluation questions which are related to the quality of the program, its cost-effectiveness, and importance to the community will all be examined by key stakeholders of the Program. Mental Health Resource and Referral Program activities will be monitored and amended if necessary during annual Program evaluation.

**RESULTS**

Program evaluation results will be reviewed and provided annually via written reports made to key stakeholders, to include mental health care and health care providers, within the local health care community.
PREVALENCE OF POOR MENTAL HEALTH
Prevalence of Poor Mental Health

Risk Factor
Access to Care

Direct Contributing Factor
Lack of Provider Resources
Indirect Contributing Factors
Shortness of in-patient care
Limited knowledge of resources
Need for affordable providers

Direct Contributing Factor
Lack of Financial Resources
Indirect Contributing Factors
Un- or under-insured
Unable to afford treatment
Poor program availability

Direct Contributing Factor
Attitudes and Behaviors
Indirect Contributing Factors
Negative social stigma
Patient knowledge/denial
Fear and apathy
Concerns and misconceptions regarding personal privacy

Direct Contributing Factor
Primary Care Practices
Indirect Contributing Factors
Limited use of screening and intervention at primary care level
Moderate physician willingness to address mental health issues
Limited physician knowledge of mental health community resources

Direct Contributing Factor
Inadequate Medication
Indirect Contributing Factor
Denial of mental illness
Improper use of medication
Unable to afford medication

Direct Contributing Factor
Lack of Knowledge
Indirect Contributing Factors
Inadequate public education
Negative social stigma
Public apathy
Inappropriate privacy concerns

Risk Factor
Hereditity/Chemical Imbalance

Direct Contributing Factor
Undeveloped Coping Skills
Indirect Contributing Factors
Limited family/parenting skills
Poor self-esteem
Insufficient education on skills to manage stress

Risk Factor
Life/Environmental Stressors

Direct Contributing Factor
Physical Environment
Indirect Contributing Factors
Socioeconomic status
Limited employment satisfaction
Poor household dynamics/abuse

Direct Contributing Factor
Inadequate Physical Activity
Indirect Contributing Factors
Reduced motivation/self-esteem
Scarcity of time and resources
Insufficient knowledge of short and long-term benefits
<table>
<thead>
<tr>
<th>HEALTH PROBLEM:</th>
<th>COMMUNITY HEALTH IMPROVEMENT GOAL(S):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of Poor Mental Health</td>
<td>• By the year 2016, decrease the prevalence of poor mental health status in Knox County adults by 5%.</td>
</tr>
<tr>
<td></td>
<td>• By the year 2011, reduce the rate of Knox County resident deaths from suicide to no more than 7 per 100,000 population.</td>
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<table>
<thead>
<tr>
<th>RISK FACTORS:</th>
<th>COMMUNITY HEALTH IMPROVEMENT OBJECTIVE(S):</th>
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<tr>
<td>Access to Care</td>
<td>• By the year 2011, increase the number of Knox County residents diagnosed with mental disorders who receive treatment by 10%.</td>
</tr>
<tr>
<td>Heredity and Chemical Imbalance</td>
<td>• By the year 2011, reduce number of Knox County residents hospitalized for psychoses to no more than 25 per 10,000 population.</td>
</tr>
<tr>
<td>Life and Environmental Stressors</td>
<td>• By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical and/or mental health care due to cost, to no more than 5%.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRIBUTING FACTORS (direct &amp; indirect):</th>
<th>COMMUNITY HEALTH IMPROVEMENT STRATEGIE(S):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Providers/Facilities for Care</td>
<td>• Provision of mental health services within a Community Health Clinic setting to ensure access to the provision of mental health care for Medicaid, low-income, uninsured or under-insured individuals and families.</td>
</tr>
<tr>
<td>Shortness of Inpatient Care Facilities</td>
<td>• Focused overview of available mental health care resources within Knox County and assurance that linkages are provided for proper treatment.</td>
</tr>
<tr>
<td>Indigent Care Facility Availability</td>
<td>• Collaborate with Knox County physicians to promote a culture of joint care for individuals diagnosed with mental health disorders or illness.</td>
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<tr>
<td>Inadequate Medication</td>
<td>• Comprehensive community health education campaign related to mental health warning signs and symptoms, treatment, and social stigmas.</td>
</tr>
<tr>
<td>Improper Use of Medication</td>
<td>• Marketing campaign to address mental health and related social stigmas.</td>
</tr>
<tr>
<td>Lack of Available Specialists/Psychiatrists</td>
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<tr>
<td>Primary Care Practices</td>
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<tr>
<td>Physician Knowledge of Mental Health Resources</td>
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<tr>
<td>Moderate Willingness to Address Mental Health Issues</td>
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<tr>
<td>Cost of Care and Prescription Medication</td>
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<td>Inadequate Physical Activity</td>
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<tr>
<td>Denial of Mental Illness</td>
<td></td>
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<tr>
<td>Socioeconomic Status and Cultural Differences</td>
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<tr>
<td>Negative Social Stigmas</td>
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<tr>
<td>Uninsured or Underinsured</td>
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<tr>
<td>Low-Income and Working Poor</td>
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<tr>
<td>Rural Transportation Concerns</td>
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<tr>
<th>RESOURCES FOR PROGRAMMING:</th>
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<tbody>
<tr>
<td>Health care providers</td>
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<tr>
<td>Physician offices</td>
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<tr>
<td>Knox County Health Department</td>
<td></td>
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<tr>
<td>Schools and Colleges</td>
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<tr>
<td>Faith community</td>
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<tr>
<td>YMCA</td>
<td></td>
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<tr>
<td>Bridgeway</td>
<td></td>
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<tr>
<td>Illinois Department of Public Health</td>
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<tr>
<td>Civic and business groups</td>
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<td>Labor unions</td>
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<td>Human service organizations</td>
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<td>Clubs and organizations</td>
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<td>Chamber of Commerce</td>
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<td>Local media outlets</td>
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<tr>
<td>Meal sites</td>
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<table>
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<tr>
<th>BARRIERS:</th>
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<tbody>
<tr>
<td>Cost, inability to afford care or medication</td>
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<tr>
<td>Lack of health insurance</td>
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<td>Lack of a usual source of primary care</td>
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<td>Transportation</td>
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<tr>
<td>Fear of mental health care visits</td>
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<tr>
<td>Limited of knowledge of resources</td>
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<tr>
<td>Attitudes, Beliefs about mental health care</td>
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<tr>
<td>Lack of understanding of long-term benefits</td>
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<tr>
<td>Public stigmas and perceptions</td>
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<tr>
<td>Skepticism about the effectiveness of treatment</td>
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</table>
DESCRIPTION OF THE HEALTH PROBLEM, RISK FACTORS, AND CONTRIBUTING FACTORS:

— Major depression is believed to be the leading cause of disability among adults in the United States.
— About 6.5% of women and 3.3% of men will experience major depression in any year; only ¼ of those who suffer will seek treatment.
— In 2004, psychoses was the 9th leading reason for hospitalizations for Knox County residents; it was the leading reason for children aged 5-17.
— At least 6,481 Knox County residents can be estimated to have been affected during the past month by a mental disorder.
— Leading mental disorders are simple phobia (2,651), dysthymia (1,401), alcohol abuse/dependence (1,128), major depressive episode (902), and severe cognitive impairment (733).
— Over 1 in 20 Knox County residents reported someone in their household suffered from emotional or mental health problems; 1 in 7 experienced severe anxiety or tension; 13.2% trouble remembering, concentrating, or understanding.
— Encompassing most psychiatric cases, psychoses is the leading reason for referral for services outside of Knox County.
— Financial reasons are cited most often for not receiving care; in 2004, only 84.9% of County residents report having a health insurance plan; much lower than the 1997 rate of 90.1%.
— Twelve clinical psychologists are located in Knox County, or 21.6 per 100,000 population; lower than the Illinois rate of 25.0 per 100,000.

CORRECTIVE ACTIONS to reduce the level of the indirect contributing factors:

• Investigate models for the provision of mental health care services to Medicaid, low-income, uninsured or under-insured individuals and families; including: 708 tax, community health clinic services, or local health department services.

• Utilize community stakeholders to monitor the number of mental health professionals in the Knox County and coordinate community recruitment and marketing.

• Collaborate with Knox County physicians to promote a culture of brief screening for mental health status during routine and primary health care and support in education and referral for treatment.

• Investigate suicide prevention methods, to include a hotline and intervention training.

• Partner mental health care providers with local physician offices in order to expand physician comfort levels when working with mental health care medication management and treatment within physician scope of practice.

• Investigate programs which would encourage the use of “mental health nurses” in physician offices; specifically general practitioners and OB/GYN.

• Establish a mental health care resource and referral listing for Knox County physicians identifying available services and linkages to care; including secondary medical visits when seen by a counselor initially and the individual needs prescription drugs.

• Provide comprehensive health education programming which educates the general public about mental health, the warning signs of mental health disorders and illness, and supports individuals seeking treatment.

• Coordinate a community marketing campaign to alleviate public social stigmas and cultural barriers associated with mental illness and individuals who are diagnosed seeking treatment.

PROPOSED COMMUNITY ORGANIZATION(S) to provide and coordinate the activities:

<table>
<thead>
<tr>
<th>Health care providers</th>
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<tr>
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<td>Faith community</td>
<td>Bridgeway</td>
<td>State and local medical Associations</td>
<td>Clubs and organizations</td>
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</tbody>
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Evaluation Plan:

Programs
1. Access to Health Care Services Steering Committee
2. Better Understanding Mental Health Education and Promotion Program
3. Mental Health Treatment Mentoring and Practices Programming
4. Mental Health Care Resource and Referral Program
Purpose
The purpose of the proposed programming is to promote, and provide support and infrastructure to effectively address social stigmas, as well as cultural, knowledge-based, and physical community health concerns related to access to mental health treatment services.

Key Stakeholders
Health care providers and their staff, community health clinic staff, Knox County Health Department staff, program recipients, participants, and their families who will utilize the evaluation information, Board of Health, steering committee members, and members of the public health system.

Data
Data for evaluation of all programs will be collected according to HIPAA Privacy Rule Standards, and may include any or all of the following dependent upon programming evaluation and justification needs: recipient and participant data, activity logs, organizational records, client records, observatory information, completed questionnaires, participant and recipient interviews, case studies, monitoring of inputs and outcomes, service utilization data, qualitative and quantitative data, demographic data, and process evaluation data.

Program Evaluation
The costs and benefits, or the value, of the program to the community will always be considered in evaluation of a program; including, its contribution in reducing access to health care concerns in the Knox County community. Additionally, data will be used to determine the quality and worth of the program, as well as its significance in addressing the priority health concern of poor mental health.

Information Distribution
Program evaluation information will be shared annually with key community stakeholders. In some instances this will include written reports distributed to program providers, task force members, or other key stakeholders. Some program information will be shared via publication in the Knox County Health Department Annual Report.

Community Health Improvement Goals:

By the year 2016, decrease the prevalence of poor mental health status in Knox County adults by 5%.
Percentage of Knox County adults who self-reported in 2004 IBRFS that they have experienced days where mental health was not good for 1-7 days was 21.0%; for 8-30 days was 13.7%. State of Illinois data indicated 20.9% and 11.1%. Additionally, 11.8% reported feeling depressed, sad, or blue for one or two days over the past month; 25.4% reported feeling depressed, sad, or blue for more than two days over the past month; State of Illinois numbers indicate 35.1% reported feeling depressed, sad, or blue for one to seven days over the past month; 5.3% reported feeling depressed, sad, or blue for 8-14 days over the past month; 8.5% reported feeling depressed, sad, or blue for more than 15 days in the past month

Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

Healthy People 2010: Increase the number of persons seen in primary health care who receive mental health screening and assessment; (Developmental).

By the year 2011, reduce the rate of Knox County resident deaths from suicide to no more than 7 per 100,000 population.
Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)
The rate of Knox County deaths contributed to suicide during 2002 was 14.6 per 100,000 population; the State of Illinois and U.S. rates during that same period were 9.1 and 10.6 per 100,000 population.
Healthy People 2010: Reduce the suicide rate. Target: 5.0 suicides per 100,000 population; Baseline: 11.3 suicides per 100,000 population occurred in 1998.
Community Health Improvement Objectives:

By the year 2011, increase the number of Knox County residents diagnosed with mental disorders who receive treatment by 10%.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)
According to household survey data, 18% of respondents indicated that they had thought about seeking professional help for any personal or emotional problems; of those 18% only half, 51.4% followed through and sought professional help.

Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)
According to household survey data, 18% of respondents indicate that they had thought about seeking professional help for any personal or emotional problems; of those 18% only half, 51.4% followed through and sought professional help.

Healthy People 2010: Increase the proportion of children diagnosed with mental health problems who receive treatment; (Developmental).

By the year 2011, reduce the number of Knox County residents hospitalized for psychoses to no more than 25 per 10,000 population.

Baseline: (Knox County Healthy Communities Project 2005: Executive Summary and Report of Findings)
Psychoses was the 9th leading reason for hospitalization in Knox County residents during 2004. The Knox County rate of hospitalization for psychoses in 2004 was 32.8 per 10,000 population. State of Illinois rate for 2004 was 58.7 per 10,000 population.

Healthy People 2010: Increase the proportion of adults with mental disorders who receive treatment; Baseline: Adults aged 18-54 years with serious mental illness, 47%; adults aged 18 years and older with recognized depression, 23%; Target: Adults aged 18-54 years with serious mental illness, 55%; adults aged 18 years and older with recognized depression, 50%.

Healthy People 2010: Increase the proportion of children diagnosed with mental health problems who receive treatment; (Developmental).

By the year 2011, reduce the proportion of Knox County adults and their families who are unable to receive appropriate medical and/or mental health care due to cost, to no more than 5%.

Percentage of Knox County adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 9.6%%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not see a doctor in the past twelve months due to cost was 11.1%.

The percentage of Knox County adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.3%. The percentage of State of Illinois adults who self-reported in 2004 IBRFS that they could not fill a prescription due to cost during the past year was 11.6%.

Healthy People 2010: Reduce the proportion of families that experience difficulties or delays in obtaining health care or do not receive needed care for one or more family members. Target: 7%; Baseline: 12% of families experienced difficulties or delays in obtaining health care or did not receive needed care in 1996.

Community Health Improvement Strategies:

- Provision of mental health services within a Community Health Clinic setting to ensure access to the provision of mental health care for Medicaid, low-income, uninsured or under-insured individuals and families.
- Focused overview of available mental health care resources within Knox County and assurance that linkages are provided for proper treatment.
- Collaborate with Knox County physicians to promote a culture of joint care for individuals diagnosed with mental health disorders or illness.
- Comprehensive community health education campaign related to mental health warning signs and symptoms, treatment, and social stigmas.
- Marketing campaign to address mental health and related social stigmas.