Elbert County Behavioral Health

Needs Assessment

August 1, 2022

GEORGIA Rural Health INNOVATION CENTER

AT MERCER UNIVERSITY SCHOOL OF MEDICINE

This document was produced by the Georgia Rural Health Innovation Center at Mercer University School of Medicine pursuant of Georgia Department of Community Health Grant #19045G.

Authors

Payton Phillips
Medical Student
Mercer University School of Medicine

Meghan McArthur
Medical Student
Mercer University School of Medicine

Chris Scoggins, M.P.H.
Director of Special Projects
Georgia Rural Health Innovation Center

Anne Montgomery, Ph.D.
Biostatistician
Georgia Rural Health Innovation Center

Brad Lian, Ph.D.
Associate Professor
Mercer University School of Medicine

This document was prepared by the Georgia Rural health Innovation Center at Mercer University School of Medicine. For additional information, questions or comments, please contact the Center at 470-301-4700 or info@georgiaruralhealth.org.

About the Georgia Rural Health Innovation Center

In 2018, Georgia lawmakers dedicated special funds to establish a new Rural Health Innovation Center tasked with confronting the complex health care challenges and wellness disparities facing rural communities. Mercer University School of Medicine (MUSM) was awarded the grant funds in 2019 and formally established the Georgia Rural Health Innovation Center on its Macon campus. MUSM boasts a longstanding commitment to serving rural Georgia's health needs, with a mission to educate physicians dedicated to tackling the health challenges in rural Georgia. The Rural Health Innovation Center serves as a critical resource to rural communities to improve access and effectiveness of health care by offering research, collaboration and training opportunities.

Table of Contents

Introduction

Overview

As part of its ongoing mission, Elbert Partners for Health (EPH) is working to fortify and build upon the behavioral health infrastructure within Elbert County. EPH has established a network of stakeholders to focus on this issue, and ultimately will devise a strategic plan to guide the networks' actions. Key to the endeavor is a comprehensive, community wide behavioral health needs assessment to identify strengths, challenges, and gaps in the current system. The Georgia Rural Health Innovation Center (GRHIC), in partnership with EPH, conducted this assessment from January 2022 to July 2022. This report outlines the findings of that assessment as well as recommendations for specific action items.

Assessment Summary

The assessment consisted of four major components Including a review of available data, interviews, focus groups, and surveys. Planning for the assessment began in late 2021 with a formal proposal submitted to EPH on November 10, 2021. The timeline for the assessment ran from January through July of 2022 and is shown below in Figure 1. The assessment was approved by the Mercer University Institutional Review Board and conducted in compliance with all ethical guidelines for human subject research (Approval #: H2201018).

Figure 1: Timeline

January	February	March	April	May	June	July
Survey Development						
	Key Informant Interviews					
			Focus Groups			
					Survey Data Collection	
						Data Analysis

History and Overview

Elbert County is located in Northeast Georgia and encompasses 374 square miles of land between the Savannah and Broad Rivers. It borders the counties of Hart, Lincoln, Madison, Oglethorpe and Wilkes.[1] Elbert became an independent county in December of 1790 becoming a key destination for pioneers settling from Virginia and the Carolinas. Historically, Elbert County was a tobacco trading center in the early 1800s, later becoming a cotton and agricultural industry hub after the Civil War. By 1882, the first granite quarries in the area began operation. The granite industry, surviving even the Great Depression, made Elbert County the "granite capital of the world" and remains the predominant industry in the area today.[3] One third of the nation's granite monuments originate in Elbert County.[1] Despite the considerable size of the granite industry, Elbert County remains predominately rural, rich in agricultural fields and timberlands.[3]

The population of Elbert County totals 20,500 and is predominately White (68%) with Black/African Americans making up the second largest percentage of the population (29%). Females account for slightly more than half of the population at 54%. Seniors aged 65 years or older make up for 21% of the population, indicating that Elbert County is on average older than the state. Median household income for the county is $39,323 per year which is much lower than the state median income of $61,224. Elbert County also trails the state in educational attainment with 78.8% of the population having a high school diploma or higher compared to 85.9%. 11.8% of those in Elbert County have a Bachelor's Degree or higher compared to 36.8% statewide.[7]

The death rate due to drug overdose in Elbert County is 41.4 per 100,000, which is much higher than the rate in the state of Georgia (17.8). The top five causes of death in Elbert County are: (1) ischemic heart and vascular disease, (2) malignant neoplasms of the trachea, bronchus, and lung, (3) all Chronic Obstructive Pulmonary Disease (COPD) except asthma, (4) Alzheimer's disease, and (5) cerebrovascular disease.[4]

Although specific information about mental health status in Elbert County is not available, we have outlined state and national trends for context. The prevalence of mental illness is similar between urban and rural areas, but access to mental health services differ significantly.[5] Overall, 65% of rural areas lack psychiatrists, and 60% of rural populations live in mental health provider shortage areas. Suicide rates in rural areas are almost double those in urban areas, particularly in the 10-24 and 25-35 age groups.[2] In Georgia 3.8% of adults report suicidal ideation in the past year. Among those 18-25 the rate increases to 9.1%. In all, 4.2% of Georgia adults have experienced a serious mental illness in the last year. For young adults ages 18 to 25 the rate was higher at 5.9%. 36.6% of the Georgian's reported using mental health services in the last year.[6]

Research suggests that mental health status is adversely affected by barriers to accessing mental health care. These barriers often include a lack of transportation, financial resources, or health insurance. There is also a high rate of stigma associated with mental illness among many rural residents. Cultural factors, general mental health knowledge, and personal experience all may influence a person's attitudes and decisions to seek care. [5]

Methodology

Overview

The assessment consisted of three major components: a series of key informant interviews, focus groups, and a community survey. The combination of interviews and survey were used to create a comprehensive view of the status of behavioral health within the Elbert County community. The assessment utilized an iterative approach with information gathered in the Key Informant Interviews helping to refine the focus groups, which then helped to refine the survey.

Key Informant Interviews

A total of 12 key informants were identified and interviewed via Zoom to gain understanding of the behavioral health needs of Elbert County. Participants were recruited based on their positions and the specific groups they represented, and included faith leaders, elected officials, employers and health professionals. Semi-structured interviews were conducted to address topics such as attitude toward behavioral health, availability and accessibility of mental health services, motivational factors for seeking care, and challenges seeking care. The information gathered from these interviews helped further develop a community-wide survey and refine focus group questions. Key informants included faith leaders, elected officials, employers and health professionals. Interviews were assessed by multiple reviewers using a thematic analysis.

Focus Groups

A total of 8 focus groups were conducted, each contained 5 to 10 members from a specific area of interest. Groups were recruited from EPH partner connections and selected to represent specific constituencies of interest. These focus groups included first responders, medical providers, mental health providers, employers, educators, parents/guardians, government officials, and the faith community. A semi-structured approach was used to address topics such as attitude toward behavioral health, availability and accessibility of mental health services, motivational factors for seeking care, and challenges seeking care. The information gathered from the focus groups helped further refine the community-wide survey for final distribution. Focus group recordings were assessed by multiple reviewers using thematic analysis.

Community Survey

A community wide survey was created to address several topics identified by EPH and the research team. Focus groups and key informant interviews informed the creation and refinement of the survey. Surveys were distributed digitally using the existing EPH communication channels and collected from May to June 2022 via online and paper options. Surveys were anonymous. The survey included measures of depression, anxiety, and substance use as well as questions addressing demographics, stigma, and access to services.

Key Informant Interview Findings

Topic 1: Attitudes toward Behavioral Health

Throughout the interview process, key themes pointed to an overall stigma surrounding mental health. In terms of this stigma, one emergent theme was that those with mental health challenges were seen as "less than." Participants noted that those with mental health "issues" are seen as less productive, a negative perception in a community that values hard work. Other respondents mentioned those suffering from mental health challenges were looked down upon and pitied. Some participants stated they did not believe mental health was an issue in their town.

Topic 2: Availability of Services

A lack of available mental health services and/or lack of knowledge about these services emerged as another significant theme. Several participants could not recall specific mental health services available to residents. Several groups recalled services that improved mental health, like meditation classes, yet could not recall any directly linked to mental health care.

A few respondents listed services such as Elbert Memorial Hospital, Project Family Clinic for pediatric therapy, and Advantage Mental Health Services. Yet, many services mentioned were not located within the county, which necessitated increased travel time to places like Athens, Georgia, Augusta, Georgia, and Anderson, South Carolina. Many seeking mental health services lack the needed transportation, including public transportation outside of the county.

Generally, each participant was either unaware of services available, aware of services available but could only name a limited number, or directly stated that Elbert County lacked sufficient availability of mental health services.

Topic 3: Accessibility of Services

There was a general consensus among respondents that most Elbert County residents could access mental health services if they wanted to. One participant noted that even if people of lower socioeconomic status could not afford to travel to outside services, they would most likely qualify for local ones. Several groups mentioned that circumstances could dictate the ability to access services. This included financial status, insurance status, the desire to find help, the ability of local hospitals to treat an incoming patient, and access to transportation. If a person lacks any one of these qualities, it would make it harder to access mental health services.

It seems that access to mental health services is largely dependent on the individual barriers each person faces, causing the degree of difficulty to vary widely. Even so, almost all of the participants agreed that the few local services available could be accessed a majority of the time, even without transportation. Having neighboring counties with added mental health services also seems to offset that lack of accessibility for those with the financial and transportation means to utilize them.

Topic 4: Motivating Factors for Seeking Care

Several participants acknowledged that removing barriers and logistical inconveniences would promote care seeking. Some mentioned that people need an internal motivation or desire to make a change in their lives.

A few respondents thought having social and familial support was another motivating factor that could be a source of advocacy and mentorship for those seeking help. Other groups believed changes in service delivery would serve as to improve care seeking. Those include offering more telemedicine visits and providing more local services tailored to treating mental health.

Topic 5: Challenges to Seeking Care

Most respondents noted limitations in the accessibility and availability of mental health services within Elbert County to be the most significant challenges to seeking care. Lack of "24 hour" service availability was a common theme. Fewer physical facilities, shortages of providers and resources, as well as programs already at full capacity were all cited as challenges.

Other challenges emerged pertaining to scheduling and economic factors such as work schedules, limited childcare availability, or affordability. Several participants described cultural challenges including stigma associated with mental health. The notion to "go fix it yourself" was noted as a significant deterrent to reaching outside the standard social and family circle for help.

Representative Quotes:

"There is a great amount of need in the community and frustration with the inability to receive the care needed."

"Some families can access the services and some families cannot access the services, it really depends on the family. Overall, it is very difficult and time consuming to access services. Transportation and finances are barriers."

Focus Group Findings

Topic 1: Attitudes toward Behavioral Health

Throughout the focus groups, there were a wide range of attitudes toward behavioral health. With some respondents, there was a large amount of stigma associated with mental health. In those groups, the majority of respondents viewed mental health as a diagnosable "issue" that required treatment. However, there were focus groups who viewed mental health in a more holistic way who saw mental health as a part of a person's overall health, not a negative undertaking. One common theme among the participants was that mental health is how someone copes with or reacts to life. These attitudes toward mental health exhibited less stigma than in the individual interviews, but that stigma is still very much present.

Topic 2: Understanding and Stigma

The responses regarding understanding and stigma demonstrated a high degree of consensus. All of the focus groups stated that the stigma surrounding mental health has improved in recent years; however, there is still a long way to go. The education focus group stated that parent's hesitancy to discuss mental health were often a barrier for children in utilizing available mental health services. Several participants commented that some seek mental health help within their religious community, and there was a need for education regarding mental health. The groups also indicated that most individuals in the community are not comfortable seeking mental health services even though mental health is beginning to be viewed in a less stigmatized light.

Topic 3: Availability of Services

In terms of service availability, most participants mentioned Advantage Behavioral Health as a resource while others mentioned Celebrate Recovery. Very few respondents mentioned telehealth and crisis lines as viable options. Many stated that a majority of people in Elbert County who accessed mental health services did so by traveling outside of the county.

One of the groups mentioned that only the "basic" mental health needs were met in Elbert County, and anyone with more "severe issues" would need to travel outside the community. For example, children needing screening for a suspected ADHD diagnosis had to travel to Athens. This means that only children whose parents have the means for travel are able to be screened.

As with the key informants, all of the focus groups believed there were barriers to accessing mental health resources. The most common barriers mentioned were lack of resources, finances, insurance, and transportation. Another barrier, specifically affecting children, was a lack of adequate parental communication about their mental health and how to get help.

Topic 4: Challenges to Seeking Care:

A majority of focus groups stated that limited transportation, finances, and insurance made it difficult for individuals to access mental health resources. One focus group reported that having substance abuse and mental health disorders make it difficult for individuals to access services due to an associated difficulty in daily functioning.

There were a wide range of suggestions by the focus groups on ways to improve access to mental health services. Again, many focus groups stated transportation needed to be improved. Other focus groups stated a need for continuing education surrounding mental health and educating families on defining the symptoms of mental health disorders. Another common theme was a need for more mental health services in the community instead of a reliance on outside services.

Representative Quotes:

"Most people don't understand mental and behavioral health. They'd rather deal with physical health over mental health — there's a clear separation."

"A lack of understanding— people don't understand what it [mental health] is; there is somewhat of an idea that it is a moral failure or struggle."

"Some families don't have the resources and don't know how to call, so they give up."

Community Survey Findings

A total of 210 survey responses were collected between May and July 2022. Screener questions excluded potential respondents who were either under the age of 18 or not residents of Elbert County. The sample was predominately in the 36-55 age range, female, white, employed full time, with a bachelor's degree or higher. Full demographics are shown in Table 1.

The 46-55 age category made up the largest group of participants at 31.9%. In general participants skewed older. Survey participants were typically female, accounting for 84.3% of the responses. Most participants identified as white or Caucasian, making up 88.6% of the sample. Black or African American participants were the second largest group at 7.6%. The vast majority of participants reported being not Hispanic or Latino, making up 95.7% of respondents.

The sample was skewed toward higher levels of educational attainment with 73.9% or respondents reporting some level of post-secondary education. Most participants were also employed full-time, making up 86.2% of the total. Participants reported being married most often encompassing 70.5% of the total.

Table 1: Demographics
(N=210)

Age	
18-25 years	6.2%
26-30 years	7.6%
31-35 years	7.6%
36-45 years	20.5%
46-55 years	31.9%
55-64 years	15.7%
65+ years	10.5%
Gender	
Female	84.3%
Male	14.8%
Race	
Black or African American	7.6%
Prefer Not to Say	1.0%
Some other Race	0.5%
Two or More	2.4%
White or Caucasian	88.6%
Ethnicity	
Hispanic or Latino	1.9%
Not Hispanic or Latino	95.7%

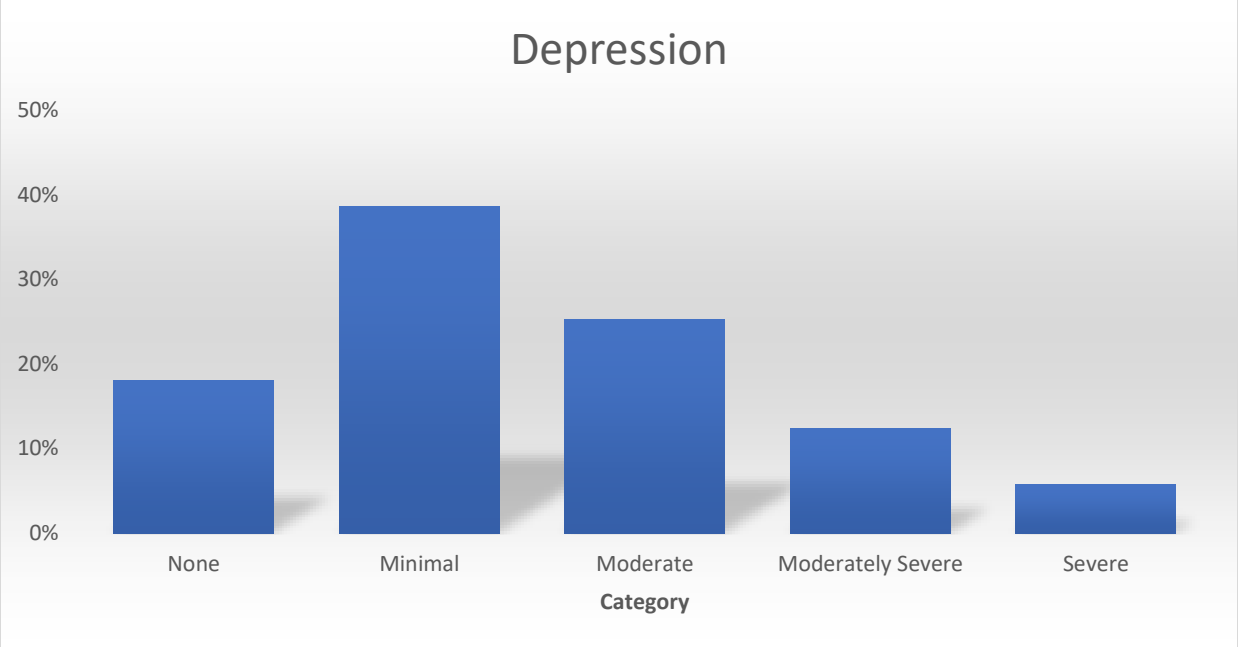
Highest Level of Education	
Bachelor's Degree	21.0%
High School	21.4%
Less than High School	1.0%
Master's Degree	36.2%
Ph.D or Higher	3.8%
Prefer Not to Say	3.3%
Trade School	12.9%
Marital Status	
Divorced	13.3%
Married	70.5%
Single/Never Married	13.3%
Widowed	2.9%
Employment	
Employed Full Time	86.2%
Employed Part Time	3.8%
Prefer Not to Say	2.9%
Retired	6.2%
Student	1.0%

Depression

The community survey included the PHQ-9 scale for depressive symptoms to gauge the general level of depression present in the community.[8] The scale consists of 9 items reflecting feelings often associated with depression that the respondent may have experienced in the "past two weeks.". Responses for each question range from "not at all" (coded as 0) to "nearly every day." (coded as 3) The scale has a range of 0 – 27, with scores between 0 - 4 indicating normal levels of depression, 5-9 as "mild" depression, 10-14 as "moderate," 15–19 as "moderately severe," and 20 or greater as severe depression.

Data from the 210 survey respondents who completed the depression part of the survey revealed that 82% reported at least some depressive symptoms over the preceding two weeks. Normal life events can cause short term mood fluctuation so focusing on moderate to severe symptoms provides a clearer picture of the prevalence of clinically significant depression. When looking only at the moderate to severe categories, 43% of respondents met those criteria. Figure 2 shows the distribution of responses by category. It is noteworthy that the depression rate in this sample is far higher than the nation al rate of 19%.

Figure 2: Depression Distribution by Severity

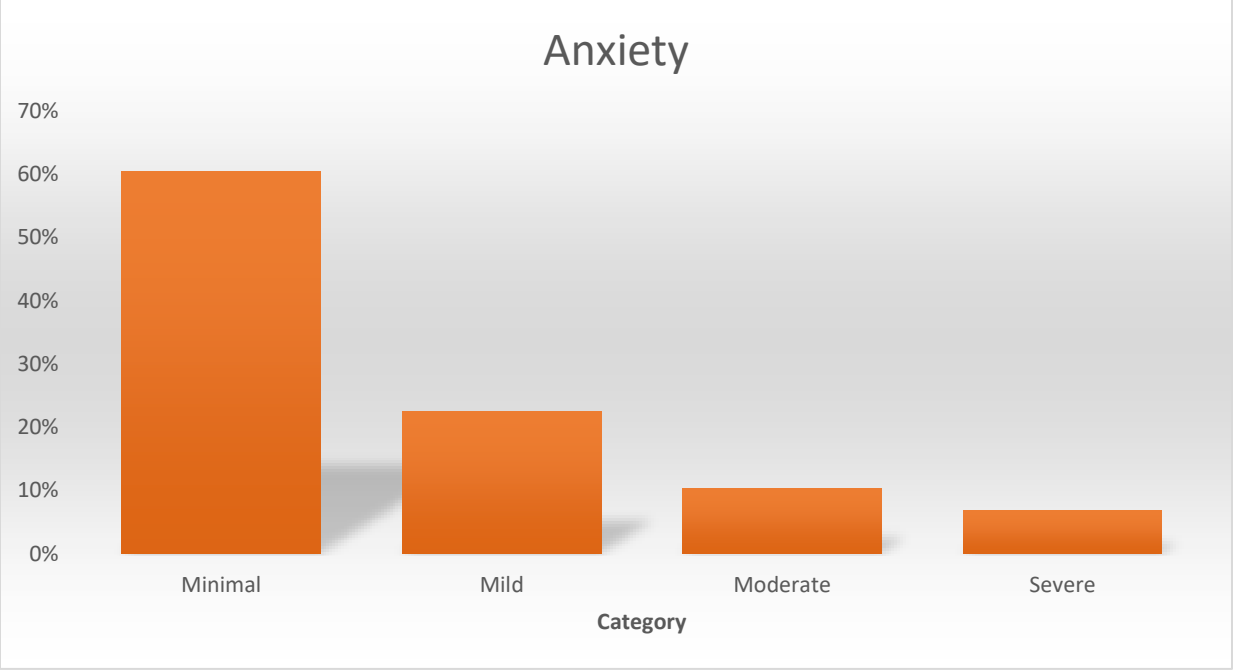


Anxiety

The community survey included the GAD-7 a widely used assessment for the prevalence of anxiety in Elbert County.[9] This scale contains 7 statements measuring the frequency of anxiety symptoms experienced by participants over the preceding two weeks. Each statement is answered on a scale of "not at all" (coded as 0) to "nearly every day" (coded as 3). The score produced by the scale can be used to determine the level of symptom severity with scores 0-4 considered minimal, 5-9 mild, 10-14 moderate, and 15-21 severe.

Data from the 205 survey respondents who completed the anxiety part of the survey revealed that 40% reported at least mild anxiety symptoms over the preceding two weeks. Some anxiety is a common feature of normal life. Looking at moderate to severe symptoms is more indicative of clinically significant anxiety. When looking only at the moderate to severe categories, 17% of respondents met those criteria. Figure 3 shows the distribution of responses by category.

Figure 3: Anxiety Distribution by Severity



Mental Health Services

The survey also included several questions about the availability of mental health services in Elbert County. In all 72% of respondents reported being able to access services if needed while a smaller portion, 55% reported service being available in Elbert County. This finding corresponds with interviews stating that many have to travel to receive appropriate care. In contrast, 85% reported being able to access a physical health provider and 82% of respondents reported that

those services were available in Elbert County. This again underscores the divide between physical health and mental health care in the community.

When asked about factors that would motivate the participant to seek care, the most common responses were “wanting to improve my mental health” (21%) and “having affordable options” (20%). The most commonly reported barriers to care were affordability (16%) and location (14%). When asked about services that should be prioritized for development participants most often selected counseling services (21%), followed closely by school based mental health counseling (20%), substance use treatment (19%), and education and awareness (18%). Prioritizing emergency psychiatric care was endorsed by 12% of respondents.

Stigma of Mental Health

A series of seven questions were included to gauge general community attitudes toward mental health and any stigma that may be present. Three quarters (74%) of participants reported that they had a good understanding of mental illness. Almost nine out of ten (88%) of respondents believed that mental and physical health were equally important. Three out of five (82%) respondents said they would feel comfortable interacting with a person who has a mental illness. Similarly, only 20% of respondents reported feeling that they had little in common with people who have mental illness. A fifth (19%) of respondents reported that they themselves would feel embarrassed to have a mental illness and 18% reported that they would not tell friends if they had a mental illness. In contrast, only 4% said they would advise a friend not to tell anyone if they had a mental illness. Looking across all seven questions there appears to be a component of the population, roughly 20% who maintain negative or stigmatized attitudes toward mental health and those with mental illness.

Substance Use

The Assist tool for measuring substance use was include in the survey to provide background information on the kind and prevalence of substance use in the community. Here, data on use is reported. It is important to note that use, misuse, and dependence are all different constructs and our analysis, via survey, is not appropriate to make determinations of misuse and dependence. Likewise, no information was gathered on illicit use. In total 57% of responded using at least one substance. The most frequently used substance was alcohol (50%) followed by sedatives (14%). Full details are available in Table 2.

Table 2: Substance Use
(N=210)

Substance	Percent
Alcohol	49.6%
Sedatives	14.2%
Opioids	5.8%
Cannabis	4.2%

Methamphetamine	0.5%

As stated previously the format of this survey is not appropriate to make determinations of misuse and dependence as both are complicated clinical phenomena. The Assist tool does, however, ask about several issues related to substance use. Cravings for the substance were the most commonly reported issue at 19.6%. 5.2% report having made an attempt to control, cut down on, or quit a substance in the past 3 months. Additional issues are listed in table 3

Table 3: Substance Use Related Impacts

(N=210)

Substance	**Percent**
Cravings	19.6%
Attempt to Control/Cut Down/Stop	5.2%
Health/Social/Financial Impact	3.4%
Failed to do What Was Normally Expected	1.0%
Friend/Relative Expressed Concern	1.0%
Failed to Control/Cut Down/Stop	1.4%
Used Drug by Injection	0.5%

Summary of Findings

Across components of the assessment and groups of participants, several key themes emerged. Two of the largest themes observed were the role of mental health stigma in the community and the need for mental health education. Many who were interviewed mentioned these topics as drivers of the general community attitudes toward mental health. In general, participants thought thigs were “getting better” but that there was still a persistent stigma and lack of knowledge surrounding mental health.

Measures of depression and anxiety suggest rates within Elbert County that exceed that of the state. These two concerns represent some of the most common mental health challenges experienced by individuals and are used here to obtain a general sense of mental health status. Likewise, our analysis suggests some level of underlying substance use and related difficulties. Taken together, these findings suggest an elevated need for mental healthcare within the Elbert County.

Another significant and expected theme was the lack of mental health services in the community. Counseling was one area of specific concern. Having to drive significant distances for care was a consistent barrier. In general, participants did not fault services present in the community but saw them as overwhelmed and understaffed. Knowledge of the available services did vary significantly between individuals and groups. Of note, only the healthcare provider focus group brought up the role that physicians and other clinicians can play in mental healthcare and treatment. Other groups did not include these resources in the discussion of mental health.

Recommendations

1. **Create a community resource guides to document and promote local resources.**

   Compiling existing local resources into a comprehensive guide will help to build awareness of assets already present in the community. By leveraging existing partnerships, EPH can compile this information and work with community partners to create online and print versions for community wide distribution.

2. **Conduct community education to build awareness and reduce stigma.**

   A variety of educational activities should be evaluated and considered to reach all age groups and demographics. This will likely involve many kinds of education, different partners, and different modalities. Community leaders and those in specific roles, such as public safety, or managers, might benefit from specific and more thorough training such as Mental Health First Aid or Community Resilience Model (CRM). Other general trainings, discussion groups, and town hall events may also be good avenues to engage the community in mental health awareness.

3. **Explore the creation of mental health support groups.**

   Support groups present a significant opportunity for education, normalization, coordination, and direct non clinical support. Groups could be targeted to specific concerns, such as autism or anxiety. This would allow for care givers and those affected to build community and share information and resources. Currently, Celebrate Recovery is a functioning and successful example of this approach in the substance use space. Creating similar opportunities for other groups should produce similar results.

4. **Convene a systems of care working group to coordinate local resources.**

   Additional coordination between the local clinical resources would streamline care and provide an opportunity to address systemic barriers and friction. Involving representatives from all levels of care in a regular discussion of challenges and opportunities would allow for the development of strategic solutions that involve multiple entities or stakeholders.

5. **Convene a working group on mental health workforce and recruitment.**

   The issues of provider recruitment and the availability of resources touches many segments of the community. Coordinating efforts across a diverse group of stakeholders can help to address these issues at multiple levels. Groups such as the business community, local government, and local providers should be included to strategically approach recruitment and service development from a shared private and public perspective. Coordination of efforts in this way would improve the likelihood of successfully attracting new providers.

References

1. Elbert County Board of Commissioners. “Welcome to Elbert County, Georgia”, 2021, https://www.elbertga.us/index.html.

2. Morales, Dawn A et al. “A call to action to address rural mental health disparities.” *Journal of Clinical and Translational Science* vol. 4,5 463-467. 4 May. 2020, doi:10.1017/cts.2020.42

3. Ouzts, Clay. “Elbert County - New Georgia Encyclopedia.” *Elbert County*, 4 Aug. 2003, https://www.georgiaencyclopedia.org/articles/counties-cities-neighborhoods/elbert-county/.

4. Health, Office of Health Indicators for Planning, Georgia Department of Public “OASIS, GA DPH, OHIP.” OASIS, GA DPH, OHIP, https://oasis.state.ga.us. Accessed 22 Jun. 2022.

5. “Rural Health Information Hub.” *Rural Mental Health Overview*, 20 Oct. 2021, https://www.ruralhealthinfo.org/topics/mental-health.

6. Substance Abuse and Mental Health Services Administration. “Behavioral Health Barometer .” *Samhsa.gov*, 2020, https://www.samhsa.gov/data/sites/default/files/reports/rpt32827/Georgia-BH-Barometer_Volume6.pdf.

7. “U.S. Census Bureau Quickfacts: Elbert County, Georgia.” *Census.gov*, U.S. Census Bureau, 2021, https://www.census.gov/quickfacts/fact/table/US/PST045221.

8. Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: validity of a brief depression severity measure. Journal of general internal medicine, 16(9), 606–613. https://doi.org/10.1046/j.1525-1497.2001.016009606.x

9. Spitzer RL, Kroenke K, Williams JBW, Löwe B. A Brief Measure for Assessing Generalized Anxiety Disorder: The GAD-7. Arch Intern Med. 2006;166(10):1092–1097. doi:10.1001/archinte.166.10.1092