

# Vermont State Health Assessment Community Engagement Data



## Mental Health & Substance Use

The data in this slide deck is specific to **mental health** and **substance use** as health needs.

May 2024

# Where does this data come from?

**This data was collected as part of the 2024 [Vermont State Health Assessment](#).**

We are grateful to the people of Vermont who participated in focus groups and interviews for the State Health Assessment. The following information comes from individuals who identify as members of and/or support one or more of the following communities:

- Indigenous people
- People of color
- People with disabilities
- People who are unhoused
- People who identify as LGBTQ+
- Older Vermonters

The information presented here are the expressed opinions of Vermonters based on their lived and professional experiences. They are not the opinions of the Vermont Department of Health, but rather the people who make up the communities for whom we work.

# How can I use this data?

Please use this data freely! We hope that it is useful for our partners in your efforts to improve health and well-being.

You can use this data to:

- Elevate the voices of people with lived experience to provide context to quantitative data.
- Understand the factors that impact health and well-being.
- Identify solutions to address some of the most important health needs facing people in Vermont.
- Inform planning and decision-making for your organization or community.
- Identify opportunities for collaboration with other organizations or sectors.

Visit [How Healthy Are We? Data Resources | Vermont Department of Health](#) to access other Health Department data. Access local data, trends over time, visualizations and maps, equity and disparities information, topic-specific data and more.

# Who does this data reflect?

## Geographic representation of focus group participants

County	Focus group involvement	% of State population
Addison	7%	6%
Bennington	<b>13%</b>	6%
Caledonia	7%	5%
Chittenden	25%	26%
Grand Isle	<1%	1%
Lamoille	4%	4%
Missing	6%	
Orange	<b>1%</b>	5%
Orleans	6%	4%
Rutland	6%	9%
Washington	8%	9%
Essex	1%	1%
Franklin	6%	8%
Windham	<b>4%</b>	7%
Windsor	<b>5%</b>	9%

## Community representation of focus group participants

Community	Focus group involvement
Older Vermonters	19%
Vermonters with a disability	19%
LGBTQ+ Vermonters	15%
Vermonters of color	14%
Missing data	11%
Unhoused Vermonters	10%
None of the above	8%
Indigenous Peoples	4%

## Community representation of interviewees

Community	Key informants
No specific community	23%
Vermonters of color	18%
Older Vermonters	15%
Vermonters with a disability	14%
Unhoused Vermonters	13%
LGBTQ+ Vermonters	11%
Indigenous Peoples	5%

# Mental Health: Key Drivers & Health Impacts

(slide 1 of 3)

Key drivers are important factors that contribute to a health need. These were identified by the community.

Key Drivers	Health Impacts
<p><b>1. Increase in prevalence of mental health issues.</b> Providers see many more people suffering from incapacitating anxiety and depression.</p>	<p>Mental health needs impact every aspect of a person’s life. “People are deeply unwell right now...There is a remarkable amount of grief, there is a tremendous amount of stress that's being experienced on figuring out how to live a relatively stable life.”</p>
<p><b>2. Isolation and Loneliness:</b> increased social media exposure, video gaming culture, lack of connection, working from home, being stay at home parents, emphasis on individualistic society were mentioned as associated with isolation.</p>	<p>Depression, anxiety, and high levels of stress. Lack of engagement with prevention or treatment activities.</p>
<p><b>3. Insufficient crisis response:</b> not enough beds for people in full crisis.</p>	<p>People seen in ER for mental health crisis, ER staff are not trained to handle it, so give meds and send them on their way. Police may be called and are not trained to help.</p>

# Mental Health: Key Drivers & Health Impacts

## (slide 2 of 3)

Key Drivers	Health Impacts
<p><b>4. Lack of providers:</b> burnout, workforce shortages, high turnover, providers moving out of VT, primary care providers being unable to refer to mental health services because of lack of providers. Mental health providers not paid an adequate salary and struggle to afford housing and high cost of living in VT. “There is an overwhelming need for services and not enough providers to be able to meet the need of those services in this area.”</p>	<p>Significant lack in mental health treatment at all levels of care in Vermont. Even when patients can locate a service provider, trust and relationship are rarely formed. Many disruptions in care and in medications resulting in worsening conditions. “I can't get into a counselor, there is no one is going to help me, so I am going to take a pill. I'm going to shoot up, I'm going to do whatever I got to do to get these bad thoughts out of my head. The help is just not there.”</p>
<p><b>5. Unqualified professionals</b> are handling mental health issues regularly due to the increasing demand and lack of mental health services. Among them are primary care providers, shelter staff, school personnel, police officers, EMTs. They do not have the necessary training, expertise and often time to properly intervene.</p>	<p>Criminalization of mental illness, trauma, lack of response to crisis resulting in loss of home, self harm or violence, disruptions in education and community activities, burnt out professionals.</p>
<p><b>6. High Cost to Services:</b> copays with each mental health service makes it unaffordable. Hard to find providers accepted by insurance or insurance that covers mental health. Providers not accepting Medicaid because the reimbursement rates are too low. “There are local, small organizations that can't hire massive administrative teams to manage Medicaid and Medicare.”</p>	<p>Many do not get the mental health treatment they need because they cannot afford it. Some do not take needed medications or take medications occasionally.</p>

# Mental Health: Key Drivers & Health Impacts

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Key Drivers	Health Impacts
<p><b>7. Mental health difficulties lead to housing problems:</b> When someone is depressed or struggling with mental health illness, paying rent or behaving appropriately to be able to stay in a rental can be hard. Mental health illness may cause someone to lose their housing or becoming homeless can cause mental health issues.</p>	<p>Lack of permanent housing solutions causes toxic levels of stress to permeate all aspects of health. “We couldn’t get him to help, even though he was a danger to himself and to others, so he ended up getting evicted and now is homeless. There’s a real connection between the lack of assistance available and housing because the housing market is so tight right now.”</p>
<p><b>8. High Cost of Living</b> causes lots of stress and anxiety as people try to meet their basic needs and hope nothing goes wrong.</p>	<p>Living with chronic stress contributes to developing other health concerns. Having to give up taking psychiatric meds or going to therapy to be able to afford food.</p>
<p><b>9. Quality of care concerns:</b> Lack in provider lived experience, diversity, trust, ability to form a therapeutic relationship with so much turnover, and confidentiality in rural locations.</p>	<p>Resistance for some people seeking care or staying in services.</p>

# Mental Health: Summary of Key Drivers

“We have a lot of Vermonters...who might not be deemed able to receive Medicaid who aren't maybe on food stamps, but who are barely making ends meet. If they have a high insurance payment to access mental services it may be a challenge for them to be able to get the support that they need in terms of mental health.”

#	Key drivers (not in order of importance)
1	Increase in prevalence of mental health issues.
2	Feelings of isolation and loneliness are very common.
3	Insufficient crisis response services creates a hole in the mental health system.
4	Lack of providers makes it very difficult to get mental health services.
5	Unqualified professionals expected to address mental health needs.
6	High cost of services decreases access.
7	Mental health difficulties lead to housing problems.
8	Mental health is impacted by chronic stress due to the high costs of living.
9	Concerns around quality of care: diversity of the provider workforce, lived experience, building trust, and turnover.



# Substance Use: Key Drivers & Health Impacts

(slide 1 of 3)

Key drivers are important factors that contribute to a health need. These were identified by the community.

Key Drivers	Health Impacts
<p><b>1. Substance use service needs are a pervasive crisis</b> that is worsening in frequency and severity.</p>	<p>Overdoses, death, xylazine wounds, inability to maintain housing, education, jobs, care of health conditions. It is related to all other health needs, impacting individuals, families, and the community.</p>
<p><b>2. Mental health and substance use are closely related</b>, but with their own unique needs and service system challenges.</p>	<p>New mental health issues developing because of substance use. Using substances to medicate mental health conditions.</p>
<p><b>3. The substance use crisis is impacting everyone in the community.</b>            "It is unrecognizable. There are actual crimes, shootings, murders, stabbings, and needles are everywhere"</p>	<p>Public safety concerns, impacts on children in the community are more evident, businesses are closing in high-use areas.</p>
<p><b>4. Multiple, major workforce issues:</b> Workforce shortages, compassion fatigue, high level of burnout, providers and emergency personnel having to deal with violent patients. Compounded with housing difficulties and high cost of living.</p>	<p>Providers are not as caring or distracted. Quality of care diminishes. Providers turning to substances due to stress. Providers moving out of Vermont. Those who continue to work carry an increasing load.</p>

# Substance Use: Key Drivers & Health Impacts

## (slide 2 of 3)

“When someone is stabilized in the ER, but they can't go to a treatment center because there's not a bed available, the hospital turns them out on the street, and we chase them around town.”

Key Drivers	Health Impacts
<p><b>5. Treatment complications due to the nature of the drug supply:</b> The safety of the drug supply is a concern due to the increase presence of fentanyl and xylazine. Treatment of multi-drug use is more complicated.</p>	<p>People report a connection between the overdose death rate and the contamination of the drug supply.</p>
<p><b>6. MAT ambivalence:</b> Positive and negative feedback shared about Suboxone and other medicated-assisted treatments (MAT). Some felt that people were addicted or abusing Suboxone in a similar way to opiates. Others said that it is a safe alternative without the threat of overdosing or being contaminated. Importance of getting counseling and eventually tapering off MAT is often forgotten.</p>	<p>People who come out of jail are addicted to Suboxone, who were not prior opiate users. It is used as a sedative for people who are incarcerated. Without continued recovery supports, addiction is maintained with “a different dealer.” Some who benefit continue to live with stigma.</p>
<p><b>7. Timing of treatment is critical:</b> Once someone is ready to engage in treatment services, removing barriers to getting them to treatment quickly is of the essence. Availability of beds, transportation, insurance are a few barriers.</p>	<p>Relapse, change mind about going to treatment.</p>
<p><b>8. Inadequate treatment options:</b> both outpatient and inpatient, There are not many opportunities for people to go to safely detox from opioids. Hard for pregnant people to be honest with providers due to risk of baby being taken away.</p>	<p>“What we're experiencing right in the city is people injecting substances in the middle of the street. Needles everywhere, human feces, gauze, paraphernalia...It's harmful to not only the individuals that are experiencing that, but also just the community at large.”</p>

# Substance Use: Key Drivers & Health Impacts

## (slide 3 of 3)

“If kids have learning disabilities and they're not getting adequate supports or medication around those learning disabilities. It creates problems within the family that then puts the family and the individuals in the family at elevated risk for all sorts of negative mental health and substance abuse outcomes.”

Key Drivers	Health Impacts
<p><b>9. Insurance coverage is a huge barrier</b> to engaging in treatment: there are only two facilities in the state that accept Medicaid. Medicaid provides payment for only 14 days of treatment..</p>	<p>“We are endlessly cycling people through because 14 days is just enough to lift some of the fog, but not to get to the next chapter.”</p>
<p><b>10. No recovery housing</b> available for those exiting treatment. This is key to allow people to transition into daily living and reintegrating them without the influence of where they were living before.</p>	<p>Recovery is a long process, with follow up care and long-term support needed. Short of that, people are not getting a chance to succeed.</p>
<p><b>11. Healthcare discrimination based on substance use is pervasive.</b> Providers often are unable to tease out the medical concern and focus only on the substance use.</p>	<p>Medical conditions are not addressed. Stigma and discrimination makes people feel unsupported and devalued, therefore making it harder for them to seek help.</p>
<p><b>12. Multigenerational drug use,</b> poverty, and trauma impact entire families. Parents turning to substance to cope.</p>	<p>“...oftentimes substance use means that you are not exactly behaving your best towards your kids.”</p>
<p><b>13. Youth turn to readily accessible substances to treat stress and mental health concerns:</b> Drugs are readily available, particularly cannabis. They are cheaper and more accessible than psychiatric medications.</p>	<p>Using to self-medicate conditions such as anxiety, to fit in, to numb trauma.</p>

# Substance Use: Summary of Key Drivers

“Lot people don't know the way the drugs affect their body. If you're sick, you're colder, you get very cold...you're going to die if you don't get your drugs to regulate your temperature or keep warm somehow. And if you're sick off of drugs, you can't mentally do anything until you get your drugs. And then maybe you can focus on getting to the doctor...”

#	Key drivers (not in order of importance)
1	Substance use in Vermont is an increasing, pervasive crisis.
2	Mental health and substance needs are closely related.
3	The substance use crisis is impacting everyone in the community.
4	There are multiple, major substance use workforce issues.
5	Treatment complications due to the nature of the drug supply.
6	Medication Assisted Treatment ambivalence leads to decreased use.
7	Timing of treatment is critical and it's difficult to match needs to services.
8	Inadequate treatment options in volume and type.
9	Insurance coverage and Medicaid barriers make it difficult to get services.
10	Lack of recovery housing is a gap in the service continuum.
11	Healthcare discrimination based on substance use is very common.
12	Multigenerational substance use is increasing.
13	Youth turn to readily accessible substances to treat stress and mental health concerns.

# Mental Health & Substance Use: Possible Solutions

These solutions were identified by participants of the focus groups and interviews.

## Possible solutions

Offer a variety of community programming such as yoga classes, hikes, ice skating, ice fishing, community dinners, and play groups.

Invest in programs that teach people coping skills and connect them to others.

Create community events for people to socialize that do not involve alcohol.

Train teachers, human service agency employees, providers, and community health workers in trauma responsive care.

Train first responders on how to handle mental health and substance use issues, including how to administer Narcan.

Train primary care providers in screening for and addressing suicidal ideation in patients.

Increase the number of programs and resources for schools to address mental health and substance use issues.

Offer sustained funding for early education centers to offer mental health support for children and families.

Build relationships between community and public service organizations, such as the police and DCF, to help alleviate fear and mistrust. Train staff in anti-racism and trauma-responsive care.

Collaborate across state agencies to integrate mental health, substance use, and medical services into shelters and housing.

Insurance coverage of art therapy, acupuncture, reiki, and group therapy as mental health treatment/services.

More providers, especially those who speak and understand different languages and cultures.

More social workers and care coordinators who support the whole family.

Increase suicide prevention efforts for older Vermonters.

Address need for wound care due to Xylazine (e.g., add wound care supplies to Narcan kits).