

Mental Health and Substance Use Issues in Washington County: A Qualitative Study

A report for Healthy Bodies, Healthy Minds Washington County



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Introduction

Similar to many communities across Rhode Island, Washington County is working to improve behavioral health outcomes among its residents, with special attention to mental health and substance use concerns. Previous efforts to address these issues focused on gathering information from key providers and stakeholders across Washington County region. In 2004, the Washington County CATCH Initiative conducted interviews about mental health issues with 36 key informants including medical providers, school personnel, and residential treatment program staff. Periodic needs assessments of specific communities with high health disparities (Bradford, Davisville, Peacedale) and available state data on mental health and substance use in Washington County also have informed these efforts and led to the implementation of evidence-based health strategies. However, recent and comprehensive data that reflect all of Washington County, especially those personally impacted by mental health and substance use issues, are needed to expand and improve upon these evidence-based strategies.

To address these concerns, focus groups and interviews were held with three key constituencies who had not participated in earlier studies: 1) those with lived experience, including Veterans, parents of children with behavioral issues, members of families impacted by the opioid epidemic, people with persistent mental health issues, people with substance use disorders, and parents/guardians of a substance-exposed child; 2) youth from Washington County; and 3) business employers and managers from Washington County. Overall, 45 individuals participated across nine focus groups and one interview. While some questions were tailored to the specific group, all respondents were asked to describe how mental health issues have impacted their community, what barriers exist to seeking treatment for behavioral health issues, and what can be done to prevent or alleviate these issues.

In presenting the findings, this report builds upon the earlier report completed by the Washington County CATCH Initiative (2004) which identified eight overarching categories that captured primary themes identified by the key informants: Capacity, Community Systems, Family Support, Communication, Child care/School Issues, Cultural/Social Issues, Insurance/Costs, and Transportation. New themes also emerged from current data and are incorporated into two new categories: Legal and Regulatory Concerns, Business community. The first section of this report provides a summary of these categories and themes. The second section presents more detailed results from the focus groups, including specific quotes from the focus group participants.

Section 1: Categories and Primary Themes

As many identified themes could be classified with the framework used in the 2004 CATCH report, we have adapted that framework for this study. In this section, we present themes focused on common issues or solutions that emerged across groups, as well as themes that arose in specific focus groups.

Capacity Issues

The overall message about capacity is similar to the 2004 CATCH report – that Washington County lacks sufficient resources to address the mental health and substance misuse needs of its residents. Participants noted insufficient resources in terms of prevention of behavioral health issues and treatment for those who seek help. Across most groups, lack of accessible mental health services was a key issue. Participants described a lack of providers, especially doctors, and the inability to access care right when needed or at a time that fits with the participant's schedule. Under the current system, parents often must choose between the child attending school or receiving treatment, while adults often must decide between going to treatment versus work/parenting responsibilities. Access to behavioral health services at Hasbro, especially for young (under 9) children, is limited. Lengthy waitlists (4 months or more) and the inability to access and/or stay for sufficient periods of time in residential treatment also were identified as shortcomings. Finally, participants noted the need to increase non-clinical services and positive activities for both children and adults.

Overall recommendations included:

- Eliminate waitlists, as it can take up to 4 months to get help.
- Add more navigators to assist people in seeking help.
- Provide more home visiting services.
- Increase mental health services for younger children, from assessment to treatment.
- Increase stable residential housing options in the county.
- Increase staffing and support structures at schools with an emphasis on expanded counseling.
- Increase the availability of clinical services for children at Hasbro.
- Increase the availability of clinical services in Washington County.

Recommendations reflecting specific group needs also emerged.

- **Parents of children with mental health issues** voiced a strong need for counseling services for children and adolescents OUTSIDE of the school system to address the problem of limited and inconsistent access to trained staff in schools.
- **Veterans** described a lack of access to VA services in Washington County as a major issue. They also identified two key changes to better meet their unique needs: 1) follow the lead of Massachusetts by mandating a Veteran's Service Office (VSO) in every community, and 2) create more non-clinical groups where veterans can gather.

- **Recovering individuals** articulated the need for more sober houses and more residential treatment options that provide Methadone treatment.

Community Systems

Participants across different groups highlighted how the dysfunctional behavior of some of those struggling with mental health and substance use issues had detrimental impacts across the community. Discussed negative effects included the link between lack of treatment and anger that can lead to violence, criminal acts to support addictions such as breaking into cars and stealing, the need for neighbors/family to take over the childrearing responsibilities of parents who are overcome by substance use or opioids, and increased homelessness, suicide, and incarceration rates. The inability to access appropriate prevention or intervention services in the community exacerbates these issues.

Early detection and identification of mental health concerns. Across a variety of settings (school, businesses, family, doctor's offices), failure to detect or appropriately identify mental or behavioral health concerns emerged as a critical issue. Many recommendations to address these issues are listed under Education and Training below; however, two recommendations were made that focused on early identification:

- Provide early behavioral and mental health screenings for children at all school levels.
- Require mandatory training in mental health first aid for all school personnel, regardless of role, so that school personnel can recognize and respond appropriately to emerging mental health issues in children.

Coordination and Integration of services. Gaps in service coordination, including limited information about other available services in the community, were viewed as a driving force behind perceptions that mental and behavioral health services are difficult to access. Focus group suggestions to alleviate this problem included:

- Increase integration in two ways: 1) among different health providers (e.g., doctors and therapists) and 2) between health providers and non-health professionals (e.g., school personnel, community food resources, housing agencies, businesses, community assistance programs) as many people seeking behavioral health support have needs in other areas.
- Provide help to individuals who are trying to apply for assistance as the inability to successfully navigate the application process often leads to failure or delay in seeking treatment.
- Require caseworkers to initiate calls to those in recovery or using mental health services to provide quick health "check-up."
- **Veterans** would like to see increased integration across all veterans' organizations, especially between those serving clinical and non-clinical populations and also have services/outreach be offered at nontraditional venues.

Education and training. Across all groups, a major perceived breakdown of the behavioral health system in Washington County is insufficient training provided to those outside of the mental health system but who play important prevention and intervention roles in the community. Primary care doctors, school personnel, paramedics, first responders, and the business community all were identified as groups in need of education and training to recognize the signs of substance use and mental health issues. Focus group participants felt that this lack of awareness and training leads to mislabeling serious health problems as behavioral issues, failure to adequately intervene in a timely fashion (or at all), and the over-prescribing of opioids. Specific training suggestions included:

- Medical and health personnel need to receive training that includes extended exposure to those with disabilities (substance misuse disorder) and behavioral health issues.
- Specific training of medical staff on how to better communicate with children about their behavioral/mental health, instead of relying on parents as informants.
- **Individuals with substance use disorders and families impacted by the opioid epidemic** highlighted the need for training to all doctors and health professionals on how to access and use NARCAN.
- **Parents of children with behavioral health issues** advocated for enhanced training and appropriate tools that would enable school staff to adequately and fully evaluate the behavioral and mental health needs of students.
- **People with lived experience** specified the need for the entire Washington County community to be educated on the signs of addiction, the effects of substance use, and the effects of lack of treatment on individuals. Also, they recommended that opioid prescribers (doctors) receive more education on the addictive effects of opioids; the link between prescriptions and addiction; the use of alternative, less addictive pain killers; and best practices in determining safe, initial dosages.
- **Business employers and managers** articulated two educational needs: 1) a Road Map to guide them and others on ways to help someone with mental health or substance use issues, and 2) access to online training options to better identify and respond to mental health issues among their staff.

Family Support

The CATCH report emphasized the need to provide support services for parents in Washington County, a concern that was voiced by families impacted by the opioid epidemic. Echoing the CATCH report, focus group participants also identified the need to improve parenting practices and enhance knowledge of mental health and substance use signs. Suggestions around the need to educate family members about risk factors related to substance use included:

- Raising awareness of how parental behaviors around alcohol and substance use influence child behaviors.
- Highlighting to family members the need to safeguard ANY prescriptions in the house, as middle school and high school students may have easy access to these pills.

- Educating parents and caregivers on the types of drugs that are available, the signs that their children are using these substances, and that children of all ages can readily access drugs.

In terms of mental health, several participants noted how specific parenting practices and behaviors contributed to issues. In particular, distant or “tough it out” parenting practices, along with parental beliefs that males should not show emotions were seen as major contributors to poor mental health. Parents of children with behavioral health issues noted that they lacked support in navigating school structures, and often had to fight to get the services that the child needed. This also occurred when trying to find an appropriate diagnosis or treatment option for the child. While parents advised other parents to be as proactive as possible, this reflects a key finding from the CATCH report: parents need coaching or direct support around navigating the system and obtaining needed services. Two new recommendations also were raised:

- Reduce screen time by all members of the family as a way for families to reconnect with each other.
- Educate parents about warning signs of mental health issues and ways to respond to children that reduce stigma and encourage emotion regulation.

Communication

In line with key informant interviews from the CATCH survey, multiple participants noted the need for outreach and advertising to raise awareness of available mental health and substance use disorder services in Washington County and provide guidance on how to obtain needed services. Also, participants urged the promotion of non-clinical resources and activities that could reduce some of the risk factors associated with these issues (e.g., loneliness, stress, and stigma). The need for communication also extended to raising awareness about ancillary services, such as available transportation to get to needed services, and public awareness efforts to promote substance-free behaviors. Notable suggestions include the following:

- Create a community bulletin board with a list of services and availability.
- Increase local outreach and public awareness campaigns about services that are available and about the signs of unhealthy mental health.
- Hold fundraisers to increase mental health resources in the community and promote more conversations about mental health.
- Provide incentives to attend mental health fairs.
- Promote alcohol-free events.
- Provide incentives to encourage non-drinking behavior (mocktails, free coffee or soft drinks to designated-drivers, reduced admission for non-drinkers).
- **Veterans** emphasized the need for military officers/leaders in recovery or have personally addressed mental health issues to provide leadership to other veterans by openly speaking on these issues and normalizing the use of treatment/mental health services.

School/Educational system

In contrast to the CATCH report's focus on childcare and school issues related to young children, issues and solutions discussed by the current focus group participants primarily centered on middle school and high school educational systems. Parents reported have to balance whether to attend to their children's mental health needs versus have their child go to school as limited school-based services are available. The distance needed to travel to appointments due to a paucity of health care professionals focusing on youth mental health issues exacerbates this dilemma. Additionally, parents spoke of the difficulty of having their children evaluated and obtaining needed services. Across all groups, changes to the school/education system were suggested to promote positive mental health and reduce substance misuse and abuse. Suggested changes included:

- Have people with lived experiences to whom youth can relate deliver realistic and compelling messages as current substance prevention strategies, including presentations by school personnel do not resonate with young adults.
- Provide consistent access to trained staff in schools for children with drug/mental health issues (also capacity issues).
- Offer non-athletic extracurricular activities for children and young adults through high school age.
- **Parents of children with behavioral issues** emphasized the need to create and define a clear reporting process for handling children with behavioral issues in school.
- **Parents of substance-exposed children and families impacted** by the opioid epidemic emphasized the need for training on how to identify and address students, including young children, with anxiety, attention deficit disorder, and other mental health issues that are often labeled as "behavioral" problems.

Cultural/Social Issues

Across the focus groups, people spoke of the rural location of Washington County combined with being both a vacation destination and the location of the University of Rhode Island, creating an environment that may contribute to substance misuse and impact mental health. The discussed cultural/social issues included:

- Boredom due to living in the area.
- Isolation/lack of connection to others due to distance.
- Normalization of substance use due to the beach/vacation lifestyle and college community.
- Drug and alcohol issues in the community, including alcohol and opioids.
- The pressure put on children due to social media, with one parent reporting that if a child deletes their social media presence they are shamed.
- Pressure on young adults contributes to poor mental health status.

- **People with substance use disorders** felt that the “small town” makes privacy difficult (e.g., people will know who is in treatment, etc.).
- **Veterans** spoke of help being for others (e.g., those lacking resources).

Insurance/Cost Issues

Across the lived experience focus groups, participants spoke of the costs associated with mental health care and insurance coverage being barriers to seeking help. Noted barriers included:

- Cost of services for businesses to provide a program.
- Cost of services for parents and individuals (copays, can't afford to get a diagnosis; \$80/week for methadone).
- Lack of adequate coverage offered by insurances.
- **People with lived experience** articulated the need for providers to accept more types of insurance and for insurance to cover more services (i.e., provide longer residential treatment hospitalizations)
- **Business owners** would like to be able to offer health insurance coverage and other health-related resources.

Transportation and Distance

Several focus groups participants articulated that because Washington County is isolated from most mental health centers and that there are limited health care professionals in the area, transportation may be a barrier to receiving mental or substance abuse help. Participants spoke of the possibility that there are likely people in Washington County who cannot afford or do not have access to a car. Furthermore, some participants spoke of the distance needed to travel for appointments as a time-consuming burden that may also necessitate taking time off from work.

- **People with lived experience** stated that there is a need for more accessible mental health and substance abuse services within Washington County.
- **People with substance use disorder and parents of substance-exposed newborns** felt that lack of transportation can be a barrier to services, although services are available if criteria are met. More outreach is needed to inform people about available transportation.

Business Community

In contrast to the 2004 CATCH report, the current focus groups included representatives from area businesses, both small and large. Additionally, most focus groups were specifically asked what businesses could do to promote good mental health in the community. Business representatives identified a range of challenges in identifying and/or addressing employee mental health and substance use issues. In particular, employers often avoided direct action on

the presenting issue (e.g., repeated lateness) for fear of legal repercussions and associated costs, and because of discomfort/lack of knowledge about how to help the employee. This was especially true in smaller businesses without a human resource office. Several employers spoke of terminating an employee's job after these issues arose. Several recommendations were made as to ways the business community could better support employee mental health and help improve resources in the community.

- Offer help in the workplace to employees with behavioral health concerns including occupational therapy or counseling services as this would reduce stigma.
- Provide safe places for employees to talk to someone about health issues during the workday.
- Encourage employers to check in with employees who are exhibiting signs of distress (e.g., repeated lateness, missing work, taking days off, anger, agitation).
- **People with lived experience** advocated for the hiring of those in recovery in jobs across the community, with special attention to the Veterans Association, health care providers, insurance companies, school counselors, and small businesses.
- **People with lived experience** would like to see businesses sponsor recovery rallies and public awareness tents at local events and have members of the business community with lived experience speak or present at these events.
- **Business employers and managers** articulated the need for information and training on the potential legal ramifications of assisting/keeping employees with mental health or substance use issues.

Legal and Regulatory Concerns

A second new category emerging from these focus groups centered on laws and regulations. Several groups noted that state laws, health insurance regulations, and lack of parity between mental and physical health resources often contribute to gaps in coverage and failure to access timely and appropriate services to address mental health and substance use issues. While these issues extend beyond the purview of Washington County, a systems perspective acknowledges the need to incorporate factors at the macro-system level that may impede or promote mental health across the communities that comprise Washington County.

- Improve mental health insurance coverage so that resources and services are equal to physical health insurance coverage.
- **Veterans and parents of substance-exposed children** spoke of the fear of possible consequences (loss of custody, security clearances, jobs) of seeking help for substance abuse disorders and mental health issues, thus preventing them from doing so.
- **Families impacted by the opioid epidemic** voiced concerns about the negative effect of HIPPA laws that prevent parents from conveying important information about their adult child to medical providers, especially around issues of prescription drug use and abuse.

- **People with substance use disorder** strongly endorsed extending the 30-day limit on residential treatment as this is not enough time to address presenting issues and put someone on the road to full recovery.
- **Veterans** voiced two changes: 1) remove the tax on military pensions and 2) pass a law mandating a VSO officer in every community, as done in Massachusetts (also noted under Capacity).
- **Business employers and managers** in smaller companies would like to be able to offer more resources including health insurance and access to counseling.

Conclusion

Overall, several common themes emerged from the concerns and solutions discussed in the focus groups. Many of these themes echoed issues raised by the CATCH key informant interviews, especially around the lack of mental health assessment and intervention services for children, the urgent need for training/education across the county on recognition of mental health signs and symptoms and appropriate responses to those with symptoms, and the ongoing challenges of insufficient transportation options and unaffordable health care. New themes that reflected the lived experience of our respondents also came through, including the need to involve the business community in solutions; the importance of utilizing those with lived experience as trainers/educators, employees across the community, and role models for those seeking help; and the need for Washington County to better address the isolation, boredom, and normalization of alcohol and drug use that contribute to mental health and substance use issues.

It is important to note that while this report includes a broad array of perspectives that have not been solicited in the past (e.g., business owners, veterans, individuals with substance use disorders, families impacted by the opioid epidemic, youth groups), participation in some groups was lower than expected and we were not able to obtain representation from all communities in Washington County. Despite these shortcomings, the findings provide valuable perspectives and ideas that will help ensure the development of a strategic plan that can truly meet the behavioral health needs of the communities and residents of Washington County.

Section 2: Specific Focus Group Methods and Results

The focus group reports in this section detail the methods used and the responses from the three broad categories of groups: Business owners and managers, Young adults, and Individuals with lived experience.

Overall Methods

Focus group participants were recruited by community partners, by project staff and local meetings (e.g., BNI monthly meetings), and via posted flyers that outlined time commitment, focus group eligibility, and included a study telephone number. Community Partners included Mr. Dan Fitzgerald from the Chariho Youth Task Force who facilitated the recruitment of participants for the focus group with young adults and Ms. Liz Gledhill from Thundermist Health Center who facilitated recruitment for all other focus groups.

Focus groups were held at the University of Rhode Island and in community locations including a public library, YMCA, and Thundermist Health Center. Refreshments were served at all focus groups and participants received a \$25 gift card to Amazon or Stop & Shop, with participants picking their preferred gift card. The study was approved by the University of Rhode Island's Institutional Review Board, and all participants were provided a signed informed consent before the start of each focus group.

All focus groups were conducted by a trained moderator using a discussion guide with probes and recorded. While some questions were tailored to the specific group, the focus group guide was designed to explore participant's perceptions of mental health issues that have impacted their community, what barriers exist to seeking treatment for behavioral health issues, and what can be done to prevent or alleviate these issues. The audio recordings were transcribed by a professional transcription service. A codebook was developed by reviewing the initial transcripts with new codes being added as needed. The de-identified transcripts were then coded with the research team meeting regularly to discuss coding and emerging themes. Identified themes were classified into domains and are presented in the results section by type of focus group (e.g., business, young adults, and lived experience).

In total, 45 people from Washington County participated in the focus groups/interviews. Two groups consisted of business owners and managers, two groups of young adults, groups, and five groups of people with lived experiences. The lived experiences group consisted of parents of children under the age of 21 with behavioral issues, families impacted by the opioid epidemic, people with persistent mental health issues, people with substance use disorder, and parents/guardians of substance-exposed children under the age of 5.

Table 1: Participant's demographics (n = 45).

Gender	<u>% (n)</u>
Male	40 (18)
Female	60.0 (27)
Age	
14-19	20.0 (9)
20-39	22.2 (10)
40+	55.7 (25)
Race/ethnicity	
American Indian/Alaskan Native	88.6 (1)
Black/African American	2.3 (1)
White	2.3 (1)
Multiracial	4.5 (2)
Education	
In high school	15.6 (7)
Some high school	2.2 (1)
High school diploma/GED	20.0 (9)
Some college	15.6 (7)
College degree	44.4 (20)

Business Focus Group Results

Two focus groups with business owners and managers were scheduled: however, only one person attended the second scheduled session, therefore, this was conducted as an individual interview. Half of the participants (n = 4) were women. Most (n = 6, 75%) of participants owned their own business and had earned a college degree or more (n = 6, 75%).

Identified themes were classified into four domains: 1) Impact of employee's possible mental health and substance use issues, 2) Addressing possible issues, 3) Barriers to offering services, and 4) What business would like to have/offer to address mental health and substance use. All themes are presented below with illustrative quotes.

Impact of employee's possible mental health and substance use issues

Two themes were classified in this domain related to the employee's focus at work and professionalism. Each theme is discussed below.

Impacts employee's focus at work. Participants spoke of employees and co-workers bringing personal issues, such as financial concerns and family/relationship issues to work, and that these concerns resulted in the employee being less focused while at work. For example, one participant reported that a lack of focus can result in injury, as the employee is "focused on something else and not paying attention to what they do in a garage." Participants also spoke of mental health issues contributing to some people being "moody" while at work and/or having a less positive attitude, which also interfered with a focus on work.

"Sometimes the focus [on work] would change."

"It tends to be a distraction [mental health issues] from customers at the counter holding them away from their focus at the job."

Employee professionalism. Participants noted that mental health issues could and at times did contribute to employees arriving late and/or missing work, and/or being let go. A few people also noted that substance use impacted work attendance and that missing work could result in an employee being fired.

"Potentially it's an attendance issue, absenteeism. I would just get one former employee would just come up with some lame excuses on why they were two hours late and walk in with his coffee."

"I've had to deal with issues of people with drug abuse, opioids. I've had to let them go."

Ways employers address possible issues

Two themes emerged when participants were asked to discuss how they addressed possible mental health or substance use issues. Both themes are discussed below.

Avoidance of direct action due to legal issues/repercussions. Several individuals who owned their business stated that possible legal issues and repercussions make it difficult to address mental health issues with their employees. Specifically, several participants discussed that employment laws required treating people as a “protected class” and that this made them hesitant to or prevented them from approaching employees.

“If you come to me and say I have a drug use problem and I say, ‘Okay, I’m going to fire you because of it.’ There could be a legality issue if they came to me and said, ‘I have an issue.’ As an employer, you’re supposed to help with that issue. Or if they’re going through a mental health issue and they are saying, ‘I missed work a turn because of my depression,’ and we say, ‘We can’t have you here. We got to let you go.’ They’re a protected class so then you could technically- it could become a lawsuit.”

Direct action with the employee. Despite possible repercussions (see above), participants reported that they spoke with people with whom they had concerns and provided advice or suggested taking time off. One participant did note that their business did not have the resources to address mental health or substance use issues directly, but that he/she tried to facilitate connections to address the issue(s).

“usually pull the person aside and I tell them ‘You get a time of leave, leave it at the door when you get here, get to work. We all have problems, but it can’t affect your day’.”
“Personally, I think we try to make contacts. I brought people to CODAC. I’ve done things like that, but we don’t really have [the resources].”

Barriers to offering services

Barriers to offering services to promote good mental health and to address substance use included costs of services, not knowing what services are available, and the need for appropriate training to address mental health and substance misuse concerns.

Not knowing what services are available. Several participants reported that they did not know what services or assistance was available to their employees in the community. This lack of knowledge was seen as a major barrier to addressing these concerns. Several participants stated that having a directory or resource list of existing services would be useful as they could share this information with employees in need.

“I think it would be good to have a direct resource to say, “Hey, let me call someone and say, ‘Hey this is what I’m going through, point me in the right direction.’”

Costs of services. Several participants reported that the costs associated with needed services, including health insurance, were a barrier, especially for small businesses. As one person explained, “It costs something, right? Everybody would like to be able to offer a program to employees, but there's always a cost to something.”

What business would like to have/offer

Focus group participants were asked what they would like their business to be able to offer to address substance abuse and mental health concerns. Participants were receptive to receiving training on mental health and also thought a resource list and map would be useful.

Receptive to training on mental health. When asked about receiving training on mental health, most participants were receptive to this idea. Participants were interested in in-person and online training. Several respondents also felt that training on legal issues would be beneficial, as people were not certain as to what issues could be addressed and what the ramifications of addressing issues with employees could be. Additionally, when asked what the greatest needs for their employees/co-workers were, most participants reported that this was counseling services for mental health and substance use concerns as mental health issues often manifested in substance use.

“I never thought about it, but then there's the whole legality linked to that. What can we talk to them about? When are we stepping into an area we shouldn't be stepping into without signatures or authorization and that type of thing because I'm not aware, you are. You become aware.”

Resource list and map. Several participants felt that having in addition to a resource list, a “road map” that they could share with people that listed the steps one could take to find services/address mental health and substance use issues was needed. Additionally, participants stated that he/she would like to offer health insurance, gym memberships, and other resources to their employees.

“[like to offer] anything positive like offering memberships to them or something like that. Sometimes it's just a place to go more than the actual work out of it. It's a safe, clean environment that they need.”

“smaller companies had a resource to just have it available to people who might need it and not even say anything to anybody, it would be nice to have. Just like a pamphlet to give out to an employee. It would be like, “Hey, listen. It looks like you're going through some stuff. You might want to meet some of these numbers, it would be helpful.”

Conclusion

Overall, participants expressed that employee mental health and substance misuse issues did impact the work environment in negative ways, sometimes leading to the dismissal of the employee. Participants were conflicted about helping the employee due to fears of legal ramifications and cost concerns; however, most expressed a desire for training and access to resources to better support the mental health of their employees.

Two possible next steps came from this focus group:

- 1) Providing training to area business, especially small business, on the legal responsibilities of the employer and the rights of the employee regarding mental health and substance use issues that interfere with or arise in the work environment, along with a list of resources on these topics.

- 2) Providing training and/or resource guides that are:

- a) targeted to employers that explain how to respond to prevent or mitigate problems from developing, and how to refer an employee with potential mental health issues for appropriate assistance; and

- b) targeted to employees that provide information about where to go for assistance in Washington County, what to expect when seeking assistance for mental health, and information about their rights as an employee.

Young Adults Focus Groups Results

Two young adult focus groups were conducted: one with young adults affiliated with the Chariho Youth Task Force, and one with young adults not affiliated with the Task Force who were high school students or recent high school graduates from Washington County. In total, six people participated in the affiliated task force group, most (n = 5, 83%) were female. The nonaffiliated task force focus group had three people participate, one male and two females. Participants were from Charlestown, Richmond, Hopkinton, and South Kingstown.

Factors negatively impacting mental health

When asked about the factors that lead to poor mental health among young adults, stress emerged as the primary factor for both groups.

Stress. Participants discussed school and academic stress as factors contributing to mental health concerns among the young adult population. Participants spoke of students often feeling overwhelmed due to their classes and responsibilities, and that they often do not have time to relax and regenerate.

“When I was in high school, stress was probably the biggest thing that affected every student's mental health and everyone's mental health for that matter. If you're too stressed out or too overwhelmed with what's going on in your life, let alone school, it's hard to even manage anything else on top of that and students are expected to do that every day, so it's very tough and very draining for students.”

“I feel like there's not a student that doesn't experience stress and it does take a toll on your mental health and all during school, it's very difficult to find the time to regenerate your mental health back to where it's supposed to be. Which is a struggle that I've seen a lot of students facing, that they are so stressed that they don't know how to fix what they're going through.”

Strategies to promote positive mental health among young adults

Three strategies were identified to promote positive mental health. Discussed strategies included: 1) teachers and guidance counselors need to speak about mental health; 2) offer after school programs, and 3) community-based organizations can increase awareness of mental health.

Teachers and guidance counselors need to speak about mental health. Across both focus groups, participants believed that guidance counselors and teachers should initiate conversations about mental health with young adults to help young adults get help. Participants also expressed that they think teachers and faculty members may need further training on mental health and how they can help young adults.

“I would say try to push for more-- I feel like the counselors should step up and be like, ‘We're here for you.’ More than they are because I feel a lot of students can't relate to

adults in this generation. So, if the counselors or even teachers say that they're here for us, then I feel the students will feel a lot more comfortable.”

“I think teachers and faculty members can be trained about-- it should start from the faculty members and those that are leading the classrooms - how to talk openly about mental health, mental illnesses and continue to remove that stigma and just hold more conversations about what's important with mental health.

Offer after school programs. Across the two focus groups, participants believed that schools needed to implement more after school programs aimed at addressing mental health problems among young adults. They articulated that such programs should try and appeal to the vast interests of young adults, but also allow for conversation about mental health concerns that the young adult population may be facing.

“Probably it would be one of those after school things that would be like a group session and they talk about our emotions or whatever. They can report how kids are feeling or something like that. Not exactly what it is, but a certain amount of kids feels this, and they could probably try to prevent that.”

“At our school, I know we have a lot of laptops, students could choose from that they could help other students on how to promote their mental wellbeing, like yoga or meditation or any sort of book club or something like little things that students can choose what they do to take care of themselves and then they can help others.”

Community--based organizations can increase awareness of mental health. In both focus groups, participants agreed that community-based organizations could promote positive mental health and raise awareness about mental health issues among people of all ages, but especially young adults. They articulated that these organizations would help not only raise mental health awareness but also help reduce the stigmas associated with mental health.

“Have community-based organizations that can help raise awareness on the cause. Put mental health abuse in the spotlight and show how it is affecting a lot more people than people might realize and how it could affect anybody really, how you could conquer it, know when it's happening and know how to deal with it.”

Risk factors contributing to substance misuse and abuse

Participants noted that vaping and driving while impaired continues to be common behaviors by youth and young adults. Additionally, a lack of knowledge about the impact of opioids on the younger populations were identified as making youth more vulnerable to trying and misusing substances.

Vaping is the most common substance misuse among young adults. Members of both focus groups articulated how “juuling” and vaping were the most common substance misuse issues occurring among the young population, both in school and outside of school.

"I agree with that because people at my school, even those younger teens, I've seen a bunch of people that get addicted to juuling."

"There's definitely a lot of kids that are getting addicted to the juuls and all these things which is probably causing problems for them which whether they know it or not can lead to health problems down the road because they're not FDA approved and you don't really know what's going to happen since they're so new."

Impaired driving. Participants across both focus groups spoke of young adults driving under the influence of alcohol and drugs, sometimes resulting in car crashes. Impaired driving was attributed to both alcohol and marijuana use.

"I've heard people think if they use marijuana, they think it's okay to drive or they're better drivers but that's definitely not true."

"Car accidents from students and people I've known. They'll go out and they'll drink and drive, and that'll affect them and then when that's displayed over the school and the community, it'll really just push everyone to take a step back and look at it, and they'll realize the cons about it, but definitely that for sure, I've seen a lot of this."

Lack of opioid knowledge. Across both focus groups, participants spoke about not being familiar with opioids or the dangerous effects that opioids can have on the body, although they acknowledged they were aware of people who had overdosed on opioids. As one young adult explained, "I didn't hear about opioids until someone actually died from an overdose."

Younger teenagers most at risk. Participants in both focus groups believed that younger teenagers, typically incoming freshmen, were the most at risk for using and abusing substances. Participants explained that because the younger teenagers are more naïve and may feel more pressured or eager to fit in at the high school level, they may use substances with which they are not familiar.

"I feel like maybe the upcoming classes because I feel like they'll feel peer pressured into doing that thing, that stuff and it's just been around, it's new. They're like, 'Let's try that.'"

"I agree that it would be probably the youngest or the younger kids coming up because they might not really know because I don't know if they talk about it in middle school. When they get to the high school, they don't really know what they're getting themselves into and might just be susceptible to peer pressure from the other older high schoolers that might be selling it or something and wanting to make a quick buck off them."

Strategies to reduce substance use

When discussing what could be done to reduce substance use in young adults, two themes emerged: lived experience presentations at schools and increase education and awareness.

Lived experience presentations in school. Across both focus groups, participants strongly advocated for having individuals with lived experience with substance use and misuse give presentations at schools, as they do not believe current presentations and messages are working. They felt that the lived experience presentations would resonate much more with students than presentations done by faculty as is done currently.

“I feel like if they have for the presentation that they give each year about how it affects people, if they brought in people who've actually suffered and had to go through treatments and stuff like that, so they could see the impact. Let's say, someone who smokes or something like that, maybe it would have a stronger impact on them, I guess. But when your guidance counselor comes in and just says, 'Don't do this, this, and this, or this will happen,' it's really just in one ear, out the other side.”

“Bring in experienced people maybe from the younger generation, so as the younger generation we can see that it actually affects people our age and not older people.”

Increase education and awareness. Participants felt that young adults need more education and increased awareness to understand the risk of controlled substances and to prevent use. Participants expressed that many young adults do not understand how addictive substances or the damage they can cause to your brain or body if you use them.

“Probably just knowing the information, you know how it impacts you, would definitely help people try to stay away from it if they know what damage it can do to your body.”

Conclusion

Overall, the young adults who participated in the focus groups spoke of mental health concerns exacerbated by stress being an issue for young adults. They also spoke of substance use being an issue and believed that many teens vaped. They articulated the need for increased education that would resonate with them and for the need for extracurricular activities to appeal to a range of youth.

Possible next steps could include:

- 1) Increasing education efforts about opioids (what are opioids, risks associated with abuse) directed toward young adults. These efforts could take place in schools, but also the community. As younger teens were seen as being at greatest risk special efforts should be directed toward 13-15-year-old.
- 2) Implementing presentation from people with lived experiences (young adults and family members impacted by substance use) in the schools;
- 3) Increasing school-wide efforts designed for students to develop healthful mechanisms to cope with stress.

Lived Experience Focus Groups Results

Five focus groups were conducted with individuals: 1) parents of children under the age of 21 with behavioral issues (n = 7), 2) families impacted by the opioid epidemic (n = 5), 3) people with persistent mental health issues defined as lasting for 6+ months (n = 2), 4) people with substance use disorder (n = 7), and 5) parents/guardians (from this point on referred to parents) of substance-exposed child under the age of 5 (n = 3).

Factors that may contribute to substance misuse and abuse

Participants identified some key factors they believed raised the risk for both adolescents and adults to use and/or misuse alcohol and substances, some of which may be unique to Washington County such as boredom and isolation associated with rural living and the dual impact of being a vacation destination and the home of the largest public university in the state.

Boredom due to living in the area. Across four of the lived experience focus groups (all except focus groups with parents of children with behavioral health issues), participants spoke of possible isolation due to living in Washington County contributing to substance use and abuse/. People noted that the area had limited opportunities for engagement and that this boredom may contribute to substance use.

“They have to get more things for the children in this area because all I hear especially the young people are, “I’m bored. I’m bored.” So, they end up doing drugs to be able to function in a boring situation, a place where I find that there’s a lot of things to do. To them, what I do is not something they want to do. They want to get high and then deal with certain situations because there’s nothing for them to do.”

“I just remember it like growing up, I wasn’t really around drugs in North Kingstown, but I moved to Narragansett when I was a teenager and a lot of the kids, they didn’t have supervision, their families were always working. There wasn’t a whole lot to do. We didn’t have cars, so you’d walk everywhere. They just want to drink or do drugs or smoke pot.”

Easy access to drugs and alcohol. Across the focus groups, participants spoke of the accessibility of alcohol and drugs (prescription) promoting use, especially among young adults.

“They [kids] see their parents doing it and their parents almost condone it saying that, ‘At least it’s my [alcohol].’ A lot of times they were saying that they were getting it from their parents because at least they know where it’s coming from. It’s not from some stranger.”

“He was a freshman over at the high school and the kids were getting into the good habit, I say that tongue in cheek, of raiding their parents’ medicine cabinets and coming up. Apparently, there was a top floor in the high school, they meet on this one corner, and then they just start taking pills.”

Normalization of substance misuse related to the beach/vacation lifestyle and college community. As also noted by the young adult focus groups, people with lived experience spoke of the fact that Washington County was both a beach/vacation community as well as a college community and both were seen as influencing and normalizing substance misuse. Additionally, it was noted that the beach/vacation designation meant that many people were employed in the hospitality industry, which was perceived to have a culture of substance use. A few people also mentioned the fishing industry as having a similar culture.

“Maybe because it is a beach community and just from my experience growing up - alcoholism is normalized here, and I think it is part of that year-round.”

“In Narragansett, oh my God, it’s all URI college kids. Both areas, the south end and the north end that I’ve lived in. There’s definitely a culture where people just like to get shit faced.”

Lack of awareness of risks (parents of substance-exposed children, families impacted by the opioid epidemic only). In two focus groups (Parents of substance-exposed children, Families impacted by the opioid epidemic), participants felt that a lack of awareness of the risks associated with substances contributed to substance misuse and abuse.

“There needs to be education for it for the college kids. The older generation that was using all these things. They say, “We had so much fun in school,” this and that. But they had boundaries because [of these boundaries] they became successful. This is not what’s happening now.”

Impacts of substance use and abuse

Participants spoke of a range the impact of substance use has on the community, including substance use being associated with risky behaviors, drug and alcohol issues in the community, criminal activity to support substance use, and inadequate supervision of children.

Risky behaviors. Across the lived experience focus groups, participants spoke of the individual-level impacts of substance use including binge drinking, alcohol-related problems, and impaired driving. Also, it was noted that substance use resulted in an increase in opioid misuse, addiction, and overdoses. It was also noted that substance use was more hidden in Washington County and that this resulted in people in need being less likely to seek help.

“I think what I hear or just because I have teenagers is that it’s the binge drinking on the weekends. It’s like not so much going to school drunk. It is going to parties and binge drinking.”

They also spoke of drug and alcohol use having negative impacts on the community, with discussed impacts ranging from impaired driving, alcoholism, opioid abuse, and use of injection drugs with used needles being found in the community.

“There is a crisis here. There is an opioid crisis, unfortunately. It’s crazy. Even at the high school.”

"I don't think anybody in this community doesn't know someone who's overdosed. We are not even talking about alcohol use. I think there's quite a lot of alcoholism here."

"You go up on the bike path up by Quonset and you're finding, the police are finding, needles from people who are using Fentanyl and stuff."

Additionally, participants spoke of addiction contributing to crime in Washington County, specifically theft, including breaking into cars. This was discussed in the focus groups with people with substance use disorders and with parents of substance-exposed children.

"I think it's probably a financial issue. In order to obtain drugs, you need money. You need something to barter. The money would be the easiest thing to have. Stealing something and getting money for it is, unfortunately, is often the first thought, and I see it every day."

"With mental health comes addiction, and with addiction comes money issues because you're dumping all your money into your addiction. Then, with that comes crime. People steal things when they have no money to support their drug addiction."

Causes and consequences of poor mental health

Several themes emerged in the context of mental health, including the use of substances to cope with mental health problems, negative impacts of social media on children, and parenting practices that failed to support children, and the stigma around mental health and/or substance use prevents people from seeking help. All themes are presented below.

Use of substances to cope with mental health problems. Across the focus groups, participants spoke of people with anxiety, stress, depression and other mental health concerns using substances to cope with their mental health concerns.

"They go straight to whatever they can get their hands on that's going to help them reduce that anxiety. That is the path towards addiction."

"I think coping with marijuana is a big thing. Everybody thinks you can smoke it, or have some CBD oil, or smoke some marijuana and get rid of your anxiety. I think that's kind of putting a Band-Aid on an arterial bleed. We need to teach real truth coping mechanisms that aren't harmful, and the legalization of marijuana is not helping because the kids think it's no big deal."

The stigma around mental health prevents people from seeking help. Across the focus groups, people spoke of the stigma associated with mental health as serving as a barrier to treatment. People also discussed the stigma associated with drug abuse and addiction. Furthermore, in the focus group with families impacted by the opioid epidemic, participants spoke of their family members being treated differently when seeking care for mental health issues (vs. physical health issues) and that they also felt stigma that family members of people

with addiction feel may make it difficult for family members to seek out support. It was also noted that family members can become isolated due to their focus on their child and the stigma of the disease.

"I recently had a friend that just committed suicide. She dealt with mental health issues for a long time but there was such a stigma revolving around that mental health. She was good looking, so I think that people correlate beauty with mental stability."

"My father thinks that I'm a weak human being because I have mental health issues like generational stigmas. [He thinks I can] just get over it; he's like, 'Stop taking your meds, just get over.' And I'm like I want to make him proud as a child."

"It's just that there's still a lot of generalized stigmas too, that's challenging across the community. That's again not necessarily unique here but I think the fact that people are hesitant to acknowledge their challenges or challenges in their family sometimes."

Mental health issues lead to or exacerbate substance use. The connection between mental health issues and substance misuse was a common theme across the lived experience groups. Mental health issues were identified as contributing to substance misuse and, in turn, substance misuse was described as heightening existing mental health concerns.

"I have seen a lot of addiction. Almost all of my friends from Narragansett, North Kingstown, and South Kingstown, everybody growing up were addicted to-- Thank God I never had an issue, but I watched it happen all around me with pain killers, benzos. Every single one of them deep down had an underlying issue, and they didn't want to go to therapy or get help for it, they just wanted to use-- Literally, I had friends that would take anything as long as they weren't sober because they couldn't handle reality. They were so depressed."

Engagement in externalizing behaviors. Participants spoke of mental health issues and substance misuse manifesting in externalized behaviors among friends and family members through self-medicating, self-harm, anger, and/or suicide. People with persistent mental health issues and substance use disorder also spoke of self-medicating and participating in other externalizing behaviors.

"[Mental health issues led my friend to] start self-medicating instead of seeking doctors... I think it's self-medicating, and it leads to more addiction, it leads to more crime rates, incarceration, etc."

Negative impacts of social media (families impacted by the opioid epidemic only). The negative impacts of social media on children, especially around issues of popularity and peer pressure, were identified as contributors to mental health issues. Although participants mostly discussed social media's negative impact on their children, they also noted it could negatively affect the parent.

"My son has Snapchat issues, he hates it, but when he deleted his Snapchat App, he was socially castrated because of it, because he broke all these strings. This is the

second time he deleted Snapchat and people were lashing out at him because they have a streak of 500 and then he deleted his app so their streak ended. It's like little things like that... we as adults don't understand the pressures that they're under and sometimes minimize them to a point that's damaging to the children."

"The addiction [social media] is in their face and they'll never get away from it. When we went to school, we had maybe an issue going on during the day, but you'd go back home, you wouldn't talk about it, or you may talk to your parents about it. The next day, it might have blown over or you would resolve it."

Engagement in internalizing behaviors (families impacted by the opioid epidemic, parents of substance-exposed children, and people with substance use disorders only).

In the focus groups with families impacted by the opioid epidemic, parents of substance-exposed children, and people with substance use disorders, respondents explained how mental health and substance use issues led to them becoming isolated. Furthermore, families impacted by the opioid epidemic, noted that their family member's addiction also resulted in their isolation due to stigma and the time required to focus on their children's health.

"Kind of pushed us apart, I think, because saying with the isolation and all that. I know I isolate myself, I'm dually diagnosed, and I've seen what I like to do when I get depressed or anxious, I spend time with myself and not with anybody else. I've seen that a lot of my friends do the same, so it pushes us all apart."

Parenting practices (people with persistent mental health issues only). People with persistent mental health issues felt that parents did not help their children develop skills to work through emotions and/or develop coping skills and that this contributed to later substance misuse. They also spoke of the need for parents to receive training (e.g., parenting classes) to help their own children develop these skills.

"I don't really remember them [my parents] embracing or helping me work through big emotions. Kids have big emotions. My parents were always-- They just taught, 'Be strong. Be strong.' Not, 'You're allowed to feel your emotions, you're allowed to feel sad.' When I tell my son, it's like, 'It's okay to be mad. It's okay to be sad. Let's talk about it, let's work it through together.' None of that was talked about when we were young. I definitely think all of that. Also, with active addiction in my own house, you're walking on eggshells 90% of the time. There are so many factors, but who's going to teach?"

"We have got to teach the parents how to honor their children and treat them with respect. How do you expect to raise kids that are going to respect themselves and other people if you're not treating them that way?"

Inadequate supervision of children (parents of substance-exposed child only). Parents of substance-exposed children spoke of substance use issues leading to child neglect, thereby forcing members of the community to take care of other children in the community.

"In my complex alone, I know that there are situations where children are being neglected, just straight up neglected. The parents will just leave in the middle of the day, three o'clock in the afternoon, just leave a five-year-old child to his own

devices, to take care of himself on a hot July day. Social services have been called numerous times over and over again, and I don't know how nothing is ever done, but nothing is ever done. I'm feeding her kid and one night he is outside of the parking lot. It's 10:30 at night. He had school the following day."

"I've lived in one too [housing complex], for 14 years and it's definitely, I would say, there are people in the community that will take up for whatever parents' lack. Do you know what I mean? 'We'll just take care of you.' It's not right."

Barriers to treatment

Participants were asked to discuss possible barriers to receiving treatment and noted barriers that occurred at the individual, interpersonal, and community level. All barriers are presented below.

Lack of available services. Across the focus groups, people spoke of limited mental health services being available and long waits being associated with the services that are available. Participants spoke of people needing to go to Providence for needed services. In the focus group with families impacted by the opioid epidemic, the limited number of psychiatrists seeing children was discussed, although it was noted that counselors were available.

"I know there's Shore Mental Health, but they wouldn't give me enough available times. There's never enough doctors."

"She's looked for psychiatrists they were all six, eight, ten weeks before they can see your child. She didn't have a choice but to drive to Bradley every day."

Not knowing how or where to get help. Participants discussed that people may not be aware of what services are available and/or how to access available services. To this end, participants thought that it would be important to increase awareness of available services and that this could be done through events like community-wide campaigns.

"Where to get help. That sort of stops a lot of people from getting help. Not knowing where to go, what steps they have to take to get an appointment or where to go to see a doctor. What type of doctor to go to?"

"Navigating is one of the hardest things. I think if it was my own close friend, and I'm a social service person by background, I think I would still have a really difficult time trying to navigate like, "Which part of the system would be best for my friend to use. Can they just do something outpatient in once in a while and be okay?"

Transportation and distance. Participants in several groups discussed that the distance needed to travel for needed services, as well as a lack of transportation, could serve as barriers to treatment. Additionally, parents of substance-exposed children noted that using public transportation can be time-consuming as it is dependent on bus schedules. In this focus group, there was also a discussion of MTM (Medical Transportation Management) providing

transportation to medical appointments when public transportation was not a viable option and criteria were met. Not all participants were familiar with this service and there was discussion of the need to inform people about it.

"Wherever I chose to go in the state it takes me at least a half-hour to go. You have access to transportation and stuff. What about the families that have no access? Lots of families have no access. I think that's a huge barrier, both parents work. How do you get your kid to counseling at three o'clock in the afternoon when you both have full-time jobs you have to be at?"

"...transportation, definitely, is an issue for people. That's why I'm thinking, if you brought more groups, they have at Butler down here. I feel people would be more apt to do them."

Costs of services and insurance coverage. Participants spoke of the financial costs of services and also about whether services were covered by insurance. Additionally, people discussed that it can be time-consuming to address issues and it also may require people to take time off from work to bring their children to appointments. It was noted that Medicaid did provide coverage for treatment.

"The second challenge [to getting treatment] is if the services are provided at a cost to the individual seeking treatment that can be prohibitive based on their economic circumstances."

"If they have to pay for a place [for treatment] they're going to be, "I could use that \$50 on something else."

Mental health status impacts ability to pursue treatment (parents of substance-exposed children only). Parents of substance-exposed children discussed that their mental health issues impacted their ability to complete the paperwork needed to receive care. They also spoke of their mental health issues as negatively affecting their motivation.

"And that's the thing with mental health is when you stumble upon a booklet that you need to fill out, the mental health is just going to prevent you from doing it, so it does get pushed to the side."

Fear of consequences (parents of substance-exposed children and veterans only). In the focus groups with veterans, parents of substance-exposed children and people with substance use disorders, participants spoke of the fear of consequences of substance use serving as a barrier to treatment. Discussed possible consequences included negative impacts at work and the possibility of losing custody of children due to substance use.

"I know with me, a big fear of mine was custody with my son that it being, "Well she's bipolar so she can't raise her son," or "well she has an addiction problem. She may be in recovery, but hey, she gave birth to a drug-addicted baby, so guess what? Now she's incapable or she's not trustworthy to have custody,"

"If you work in certain industries, they're concerned about their security clearances and being able to work in those kinds of jobs so they're less apt to take advantage of those [available services] because they feel there are negative consequences."

Schools not recognizing and/or addressing issues (parents of children with behavioral health issues and parents of substance-exposed children only). Parents of children with behavioral health issues and parents of substance-exposed children spoke of schools (e.g. administrators, teachers) not recognizing or addressing issues. This was seen as contributing to delays in evaluations and services. Additionally, it was noted that teachers may not know how best to interact with children with mental health issues.

"They're saying we need to get an OT in here to look at this kid. We need to get a speech therapist in here to look at this kid. We need this help. The school department would come and do evaluations, and they'd sit up on the deck and watch him, and they'd be like, 'I don't see any reason.' Time after time, it took us three years to get them to even say, 'Well, maybe we'll provide once--.' Once we had gone through the process of getting into somebody and getting the diagnosis, then they were like, 'Okay. Yes, he does have autism, and, yes, he does have behavioral issues. Okay. Now, I guess we'll look at him in the classroom again. Look, the teacher thinks he has behavioral issues.'" Well, I was telling you, the director of the program at the University of Rhode Island was behind me at the IEP meeting saying, 'He's got issues. You need to help them.' Nobody cares."

"My daughter had specific behavioral issues and speech issues and we had to advocate to get-- I think I talked to you about getting her evaluated. We had people from NAPTA coming in, social workers saying, and 'She clearly got a speech impediment that needs to be taken care.' The school's like, 'Oh no.' So, they're like, 'Well, no, go ask them to have this test and that test done.' My wife is very well-read; she's been doing a lot of things. If I was a single parent, I would never. I'd be like, 'Okay, I guess we can't have that.'"

The child may need to miss school to receive treatment (parents of children with behavioral health issues only). Parents of children with behavioral health issues stated that taking their children to appointments often necessitated their children missing school, which was seen as having negative academic and social effects. They also spoke of the appointments occurring during the school day and also the distance to appointments as being issues to treatment.

"if your child is having some issues that have kept them out of school [due to health status or to receive care] too, there's like this whole other dance of like not having too many unexcused absences and then you don't want to [crosstalk] day they can get into trouble, they've been out of school so much. It almost feels like there's almost like a social barrier for the kids because you-- May be the only time that makes sense or that you can get providers during the day and then you're going to get dinged at school."

"If I'm taking my kids out of their academic classes to get their mental health taken care of then it's like you're choosing one over the other."

Help is for other people (veterans only). Veterans spoke of holding the idea that help was for others (e.g., those with financial need) with one participant explaining that she had not used VA services earlier due to this mindset. Additionally, the Veterans spoke of their military training/service emphasizing putting the group before the individual and that this may prevent people from focusing on their own health and wellbeing.

"Because my whole downward spiral was triggered by a flashback 18, 20 months ago. To that, I hadn't been with the VA. I think, you know what, I was always of [the] mindset that I would leave that to the folks who don't have enough money, don't have Blue Cross Blue Shield, or don't have this."

Need for leadership (veterans only and people with substance use disorder only). Veterans felt that leadership needed to be supportive of people seeking treatment; otherwise people will not pursue needed care even though services may be available to military personnel. Additionally, people with substance use disorders thought having business leaders who were in recovery speak at recovery rallies and other community-based events would be beneficial.

"So, if these programs in place to try and help the sailors, service members, soldiers, whatever, if the leadership doesn't support it, then the individuals are not going to take it. It's the same thing out there in the public sector."

HIPPA laws serve as a barrier (families impacted by the opioid epidemic only). In the focus group with families impacted by the opioid epidemic, people spoke of negative impacts associated with HIPPA. Specifically, they spoke of healthcare professionals not being able to discuss their adult child's health situation with them.

"Days later he was prescribed the Adderall again.... they said, 'Well, we can't talk to you.' I said, 'I know you can't talk to me, but I can talk to you. My son is abusing his Adderall prescription. That's how he's getting his heroin.' They gave it to him again anyway. He bought stuff that killed him."

Not understanding they have mental health issues (people with substance use disorders only). Several people with substance use disorders spoke of their own lack of recognition of their mental health issues. This lack of recognition was seen as delaying treatment.

"Sometimes people just live with a mental health disability and without proper guidance, they don't go and get the help needed. They don't go and seek out the doctor."

"It took a while for me, probably-- I'm 50. I would say over 40 years for me to really know that I had an issue because you get isolated and it takes other people to come to you and say, 'You know brother, maybe there's something wrong.'"

Strategies to promote positive mental health and prevent substance misuse and abuse.

Participants discussed possible strategies to prevent substance abuse and to promote good mental health in Washington County. Identified strategies are discussed below.

Provide education to students and the community. The participants across the lived experience focus groups felt that it would be beneficial to provide students with more education about mental health issues and how to develop coping skills to handle adverse situations and conflicts.

“If they could maybe focus a little bit more on the curriculum or-- They have health classes. I know they probably touch a little bit on it. If they really made a point to focus on it for only a certain period of time that would definitely help.”

“I would like to see here in Rhode Island that mental health awareness training is mandatory in all the schools and that programs like ...advocating for [program to be] brought into the schools for peer to peer counseling so that maybe student dealing with another student can recognize and help them before they decide to get so mad that they go home and borrow their parents gun or something and come in and shoot the person they don't like in school.”

Participants also spoke of the need to educate the community on mental health issues and substance use, and the community education campaign could include information about mental health issues not being a weakness. One person also suggested, “just educating more adults that empower teachers or coaches, anyone, to know how to maybe look for the signs or intervene.” Additionally, participants spoke of implementing public awareness campaigns about services that are available and about the signs of unhealthy mental health.

“It's not a weakness or something wrong with you if you're getting help for it. I don't know how to describe it. It just wasn't talked about at all...They [churches] just need to really talk about it because it just wasn't talked about at all. Just being more open talking about, just starting a conversation. I feel it's very important.”

Additionally, people discussed strategies that may be used to change social norms about alcohol use. These included promoting alcohol-free events that include offering non-alcoholic beverages to designated drivers and reduced admission for non-drinkers.

Provide training on mental health and substance use to healthcare providers. Across the lived experience focus groups, participants spoke of the need for medical personnel, including EMTs and doctors, to have more training on mental health issues, prescribing opioids, and substance use.

“Another part of the time we had EMTs from Westerly who came in and would say to my son, ‘When are you going to stop this, so we don't have to come here every day?’ It's like, he already knows that there's a problem and that he can't stop it, why talk to him like that? Anyway, that was an issue.”

“I think that doctors should be more educated as well. As long as doctors have both been trained, they know what's going on like when someone comes. They know when someone is drug-seeking against all of that. But to be more compassionate about education. Try and relate to them more try and like be aware and not so judgmental.”

Offer better access, more resources, and additional services. Participants in all focus groups spoke of the need for better access to services, more resources, and additional and/or better services to address mental health issues and/or substance use.

“If there are more providers in this area that did counseling, that did medications for children, focused on adolescents and children. If there were more occupational therapists private, either covered by insurance or covered on the sliding scale. If those services were available to us down here, we wouldn't have to rely on the schools, but we pretty much have to rely on the schools because of, number one, the cost, number two, because there are not enough private providers in this area, it's covered.”

“Well, because there are not services and then, even if you need a higher level of care, day treatment or inpatient for children and adolescents, there are always waiting lists. I think that there's not enough. I mean I think if we did more primary prevention and intervention, we would have, maybe a lesser burden of the need.”

Additionally, several people felt that having the opportunity to work with patient navigators would be beneficial and that navigators or social workers could help people identify and apply for services needed for themselves or family members. Furthermore, in the focus groups with parents of children with behavioral issues and in the focus groups with families impacted by the opioid epidemic, participants spoke of the need for services for parents, including provision or needed resources.

Change school-level processes. Across the lived experience focus groups, participants spoke of the need to change the school-level process to promote positive mental health. Suggested changes included making it easier to get services; hiring more staff to address mental health concerns; teaching coping skills and offering additional supports.

“They [school staff] have so much pressure on them with the student's scores, missing work and why isn't this done, and what you are doing. I'm going to say again, more staffing, more support for these students. Because when people aren't there...”

“It's about reducing the stigma of mental illness, which I think is the important thing. If you have kids who are depressed or if you have kids who are anxious or if you have kids who are having eating disorders or whatever their particular thing may be, it's at that age those things are common. If like a kid struggling with their gender identity or that thing, there has to be support structures in place in those school environments because that's where kids spend most of their time.”

Offer services/resources during work (people with substance use disorders and with parents of substance-exposed children only). In the focus groups with people with substance use disorders and with parents of substance-exposed children, several participants thought that businesses could help promote good mental health and/or address possible substance use among participants by providing information about available resources, hosting recovery rallies, reaching out to people in need, and offering onsite therapy.

“Putting therapy inside of the workplace in order to allow people, because no one thinks I have an opportunity. Like if you deal with trauma in the workplace, you have to go to a specific doctor for that, but if you just have a doctor readily available on hand, I feel like people would just correlate it with their work and be more open to this because I was never open to psychological treatment.”

“Putting up a flyer in your business to say, ‘Hey, please call this service if you need help’ or something.”

Employ people with substance or mental health issues (people with substance use disorders only). People with substance use disorders felt that businesses employing people with substance use and/or mental health concerns could reduce the stigma associated with these conditions. It was also suggested that business owners in recovery could serve as positive role models.

“Try to find business owners that have recovered and see if they’ll be somebody that can set an example. Say I was in your situation but those were the cons of using but here are the pros of cleaning your act up. Like you could be a business owner or how do you think? Have people that can share their experiences that have been there.”

Sober housing (people with substance use disorders only). Participants in the focus group with substance use disorders felt that increasing access to sober housing would be very beneficial as a strategy to promote positive mental health and reduce substance use.

“A lot more people need residential treatment with methadone. The methadone, I suppose, does get a lot of funding. Some of that funding should be put into residential treatments and stuff, sober housing and stuff.”

“There’s nothing like sober houses.”

Outreach to all veterans (veterans only). Participants thought it would be advantageous if the Veteran’s Administration (VA) and other veteran-specific organizations conducted outreach to veterans at a variety of events and venues. They felt that this would ensure that a range of Veterans, especially young veterans, would be reached.

“I’ve seen the Vet Center truck show up at different locations and I think that’s positive. To have that vehicle or-- show up at non-veteran related events and I’m concerned a lot for the younger kids that are coming out and they’re doing their four and get done with it. They’re coming back with a lot of invisible wounds. I’d like to see those at food truck

places where they have kids congregating and I think it raises awareness for veterans' network that's out there.”

Utilize non-clinical groups (veterans only). Participants felt that veterans, especially younger Veterans, would be more likely to access services if they were offered through other organizations besides the VA. It was thought that this would reduce the stigma associated with needing help. All noted groups had a military focus.

“Because that means I have a weakness, and I need to go get medical help and we're proud soldiers, sailors, airmen, and marines, it doesn't matter. We don't want to seek help. If I can associate [getting help] with something else that is not stigma related, a Veteran's Organization, Team Red, White & Blue, some Veterans Association, something else, then there's less stigma.”

Have a VSO in every community (veterans only). Participants thought it would be advantageous if there was a Veteran Service Office (VSO) in every community. Participants felt that this would increase Veteran's understanding of available services and the use of services. Traveling to Providence to see VSO was seen as a barrier by Veterans.

“In Massachusetts, by law, every town has to have a veterans' service or veteran service officer... There's a lot of people out there, seniors in our community, young people in our community who can tie into veteran benefits and they aren't aware of them, and it's not easily accessible.”

Conclusion

Across the lived experience focus groups, participants articulated several factors that may be associated with mental health issues as well as substance use and abuse. They described a connection between mental health issues and substance use in Washington County and articulated that drug and alcohol abuse, specifically alcohol use and opioid abuse, is commonly occurring throughout Washington County. Additionally, all participants, except, parents of children with behavioral health issues, articulated that boredom and isolation associated with living in Washington County contributed to substance use. Further, participants articulated the need for better, more accessible mental health and substance use services throughout Washington County.

Possible strategies or activities that can be considered in the future could include:

- 1) Implementing community- and school-based strategies that could be implemented and sustained to educate the members of the community, such as family members and friends, about mental health, and to reduce the stigma associated with mental health (i.e., poster campaigns, community events, after-school programs).
- 2) Implementing additional training for medical doctors on prescribing opioid and discussing the possible risks with patients.

3) Providing training and education to health care professionals (e.g., nurses, administrative staff), mental health workers, and first responders about mental health issues and substance abuse.

4) Increasing access to more adequate mental health and substance use services in Washington County.

5) Informing eligible people about transportation services to medical appointments.

6) Working with veteran-related organizations to conduct outreach at a range of venues where younger veterans may be.

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