2022

An Overview of the DMF Wellness Survey

Mental, Physical, and Social Health in North Dakota and Northwest Minnesota

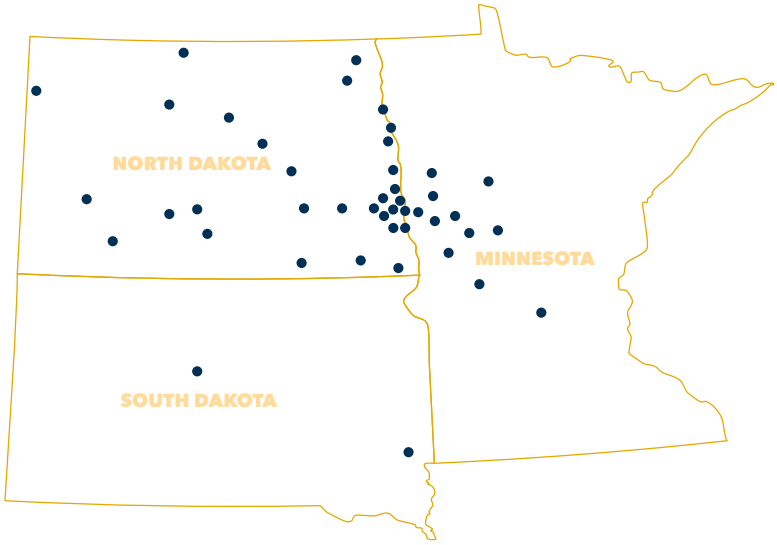
About the Survey

Guided by a group of providers, Dakota Medical Foundation distributes a survey to parents and service providers across North Dakota and Northwest Minnesota to help gauge the mental, physical, and social health of both children and adults in the region. It is distributed via legacy and social media, email, and personal asks and is completed by caring adults and professionals ranging from psychiatrists to licensed social workers to school principals, among many others.

This overview highlights some of the most noteworthy findings from the 2022 survey and provides some insights from survey-takers into the root causes of and potential solutions to the mental health epidemic affecting our region. This report is not designed to be scientific in nature, nor is its intent to replace or diminish the work of any other regional organizations doing research, data collection, or public health messaging. We view our role as a convener of those closest to these challenges, an aggregator of potential solutions, and an igniter of action.

Who Took the Survey

121 service providers and 195 parents



MENTAL HEALTH

83.4% of service providers surveyed felt the mental health of **YOUTH** in their community has **DECLINED** in the past 12 months.

76.1% of service providers surveyed felt the mental health of **ADULTS** in their community has **DECLINED** in the past 12 months.

STRESS

76.9% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in their ability to cope with stress in the past 12 months.

67.7% of service providers surveyed felt **ADULTS** in their community have **DECLINED** in their ability to cope with stress in the past 12 months.

SUICIDE

70.2% of service providers surveyed felt the number of **YOUTH** in their community experiencing thoughts of self-harm or suicide has **INCREASED** in the past 12 months.

60.3% of service providers surveyed felt the number of **ADULTS** in their community experiencing thoughts of self-harm or suicide has I**NCREASED** in the past 12 months.

Presented by DMF Dakota Medical Foundation

Sponsored by MATTO

DEVICE AND SOCIAL MEDIA USE

80.2% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in the healthy use of electronic devices and/or social media.

68.6% of service providers surveyed felt **ADULTS** in their community have **DECLINED** in the healthy use of electronic devices and/or social media.

SOCIAL INTERACTION

57.3% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in getting enough face-to-face social interaction with peers in the past 12 months.

51.3% of service providers surveyed felt **ADULTS** in their community have **DECLINED** in getting enough face-to-face social interaction with peers in the past 12 months.

53.7% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in getting enough face-to-face social interaction with caring adults in the past 12 months.

PARENT SURVEY*

Of parents surveyed, about **70%** felt there are **INADEQUATE SERVICES AND SUPPORT** in their community for **YOUTH AND ADULTS** experiencing mental and behavioral health challenges.

**Parent responses showed similar results as provider survey*

SUBSTANCE ABUSE

76.1% of service providers surveyed felt the number of **YOUTH** in their community using substances (nicotine, alcohol, cannabis, and other drugs not prescribed to them) has **INCREASED** in the past 12 months.

64.5% of service providers surveyed felt the number of **ADULTS** in their community using substances (nicotine, alcohol, cannabis, and other drugs not prescribed to them) has **INCREASED** in the past 12 months.

ACCESS TO CARE AND WORKFORCE

86.8% of service providers surveyed said **DEMAND** for mental and behavioral health services from their organization has **INCREASED** in the past 12 months.

75.2% of service providers surveyed said **WAIT TIMES** to receive mental and behavioral health services from their organization have **INCREASED** in the past 12 months.

90.1% of service providers surveyed felt there are **INADEQUATE SERVICES AND SUPPORT** in their community for **YOUTH** experiencing mental and behavioral health challenges.

80.2% of service providers surveyed felt there are **INADEQUATE SERVICES AND SUPPORT** in their community for **ADULTS** experiencing mental and behavioral health challenges.

PANEL DISCUSSION

On November 2, 2022, Dakota Medical Foundation held a mental health event and panel discussion, sponsored by Matto Foundation, centered around the findings of this survey. It served as a forum for panelists and community members to discuss the significant challenges identified among kids and families in our region and to identify promising solutions going forward.

PANEL TAKEAWAYS

- *More community-wide parent education*
- *More events to meaningfully connect people*
- *Consider retention strategies for providers, not just recruitment*
- *Develop education on healthy technology use*
- *Educators are not trained to be mental health providers*
- *Re-activate churches and community groups*

Panelists included (L to R): Dan Borsheim (Valley Christian Counseling Center), Kathy Hogan (ND Senate), Dr. Andrew McLean (UND School of Medicine & Health Sciences), Patti Senn (Soul Solutions Recovery Center), Judy Lee (ND Senate), and Pat Traynor (DMF).

Service Providers Survey

WHICH POSITIONS HAS YOUR ORGANIZATION HAD DIFFICULTY SECURING?*

**In no particular order*

1. Counselor
2. Para-educator
3. Support staff
4. Teacher
5. Special ed. counselor
6. Therapist (licensed and those working toward licensure)
7. Social worker
8. Volunteer
9. Substitute teacher
10. Childcare worker
11. Troop engagement specialist
12. Membership specialist
13. Mental health tech
14. Nurse
15. Licensed Clinical Social Worker (LCSW)
16. Medication management provider
17. Psychologist
18. Counselor
19. Case aide for drug court
20. Behavior interventionist
21. Case manager
22. Front desk/receptionist
23. Office coordinator
24. Intensive behavioral intervention provider
25. Early intensive developmental and behavioral interventionist
26. Children's therapeutic service support
27. School psychologist
28. Speech language pathologist
29. Behavioral health technician
30. Advanced clinical specialist

What are the **TOP CHALLENGES** currently facing your organization as it relates to providing mental and behavioral health services, including any barriers to accessing care?*

**This question was asked to ONLY service providers.*

Access to Care and Workforce

- Patient volume substantially increased
- Lack of providers/services available
- Administrative staff shortages
- All staff retention
- Recruitment barriers: Complexity of credentialing, licensing, reciprocity
- Provider burnout
- Excessive wait times
- Lack of telehealth options and deficiencies in delivery
- Lack of coordination of care
- Lack of mental health screenings
- Transportation/rural access to care
- Access to ER but very little follow up care available
- Stigma of seeking out services
- Cultural barriers (language)
- Restricted service hours
- Lack of substance use disorder (SUD) services
- Providers want flexible schedules

Funding and Reimbursement

- Insufficient reimbursement rates – private insurers
- Insufficient reimbursement rates – Medicaid
- Private practices not accepting Medicaid
- Unaffordability/lack of insurance coverage/high deductibles
- Insurance regulations
- Schools unable to bill Medicaid
- Mental health services reimbursement rates differ between insurance companies and states

Collaboration and Coordination of Care

- Schools aren't designed to be "therapy centers" & care coordinators
- Lack of information/awareness about where to refer people in need of help

In your opinion, what are the **ROOT CAUSES** of the declining mental health status of adults and kids?*

**This question was asked to both service providers and parents.*

Parents, Guardians, and Family Structure

- Unhealthy home environment
- Lack of parental involvement and engagement
- Parents' mental health struggles spill over to kids
- Parents not in a 'healthy state' to help their children get services needed
- Breakdown of the nuclear family - parents, guardians, family unit
- Busy parents not being able to give kids the time and energy they need
- Family systems are dissolving, natural support systems are no longer in place, whether it is at the family level, neighborhood level, or community level
- Cultural shift toward godlessness, lack of spirituality and faith in the home
- Untreated childhood trauma
- Not having a deep connection with community
- Decline in parental responsibility for their own kids
- Lack of learned coping mechanisms
- Attempting to fix adults instead of raise children up the adequate way

Device and Social Media Use

- Social media/device over-use
- Too much screen time = poor interpersonal communication & conflict resolution skills
- Bullying and the inability to escape it
- Lack of youth self-confidence
- Effect of pop culture and mass media (culture of disrespect)
- Overstimulation – too much to do and not enough hours in the day
- Isolating behaviors – lack of face-to-face interaction and connection, loneliness

Diet, Exercise, and Sleep

- Lack of proper nutrition, sleep, and exercise
- Not enough time spent in nature

Economy and State of the World

- Access to too much information they can't process appropriately
- Little agreement on reality/facts within mass media and about politics and culture
- Financial hardship, inflation, war
- Residual effects of COVID
- Free-floating anxiety caused by general state of the world
- Fear-based media coverage 24/7
- Significant increase in hard drug use

Community

- Reduced opportunities to participate in meaningful community activities
- Lack of discipline in school, courts, & home
- Lack of love for people
- Systems that enable instead of empowering adults to improve themselves and the lives of their families

Please identify some **POTENTIAL SOLUTIONS** to the challenges.*

**This question was asked to both service providers and parents.*

Device and Social Media Use

- Prioritize protecting kids on social media
- Limit screen time
- Remove phones from the schools and workplace meetings
- Reduce device use at home and school
- Create and distribute educational curriculum on the dangers of excessive social media and screen time to parents, churches, schools, businesses, etc.

Access to Care and Workforce

- Improve and redesign reimbursement system for mental healthcare
- Reimbursement for mental health care coordination and licensed behavior analysts
- Revamp ND mental health billing system to include children & adult case managers
- Consider reimbursement for in-school therapy services through Medicaid and private payers
- Build fundraising systems and capabilities for mental health providers
- Recruitment and retention grants for government & nonprofit providers
- Build long-term workforce pipeline strategy
- Training to help employees with early identification and resource availability for co-workers
- Scholarships/loan forgiveness for behavioral healthcare workforce
- Develop intermediary care between ER and out-of-home placement
- Transportation options for kids to attend therapy after school
- Consider innovative approaches and models to the delivery of mental health services
- Decreased COVID restriction requirements in healthcare field
- Train pastors and clergy to better handle front-end problems

Parents, Guardians, and Family Structure

- Earlier intervention at home by the parents
- Re-introduce concept of responsibility & duty to the family and one another via parenting classes
- Education on the dangers of social media and benefits of in-person social interactions
- More quality, present family time
- Adults setting healthy example of device use
- Making time for gratitude and reflection

Community

- Mentorship programs for youth and adults
- Work to connect people to purpose and meaning via volunteer and service opportunities
- Bring people together more regularly face-to-face
- Enlist churches and civic organizations to foster togetherness
- Normalize preventive mental health services

Diet, Exercise, and Sleep

- Create an environment to encourage increased physical activity and better diet
- Prioritize rest as being a necessity to a healthy life
- Consider less extracurricular involvement for overscheduled individuals

Schools

- Communities determining whether schools should be “therapy centers”
- More community partnerships with schools and mental healthcare providers
- Streamlined referral system within the schools
- Fund transportation for students in need to get to mental health services

2022 Mental Health Working Group

We would like to extend a special note of gratitude to the following service providers for their help throughout the year. They have guided our efforts every step of the way, from serving on our work group to crafting survey questions to helping distribute the survey across their networks. We are grateful for their service to our region.

Anne Carlsen Center
Catholic Charities North Dakota
Dakota Boys and Girls Ranch
Dakota Family Services
Essentia Health
Fraser Ltd.
Nexus-PATH
Prairie St. John's
Rape & Abuse Crisis Center
Red River Children's Advocacy Center
Sanford Ambulance
Sanford Health
Solutions Behavioral Healthcare Professionals
Soul Solutions Recovery Center
Southeast Human Service Center
St. Sophie's Psychiatric Center
The Village Family Service Center
UND School of Medicine and Health Sciences
Valley Christian Counseling Center