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Summer October 20, 2011

# PUBLIC PERCEPTION STUDY 2011: MENTAL ILLNESS, DRUG AND ALCOHOL ABUSE

Oscar T McKnight, *Ashland University*

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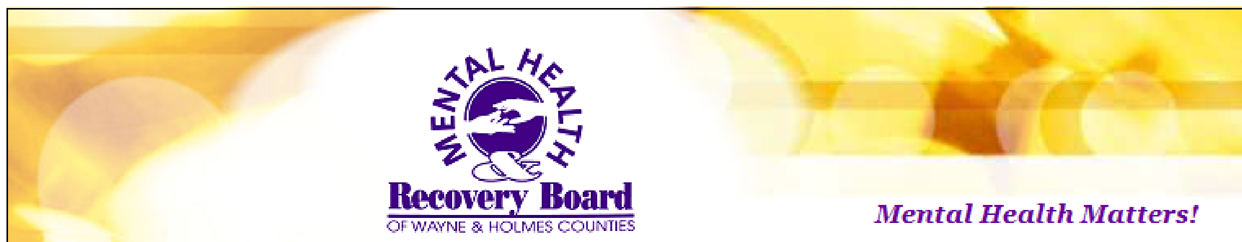
# PUBLIC PERCEPTION STUDY: MENTAL ILLNESS, DRUG AND ALCOHOL ABUSE

# Year: 2011

*Presented to*

## Wayne-Holmes Mental Health and Recovery Board




1985 Eagle Pass Drive Wooster, Ohio 44691

Judy Wortham Wood, Executive Director

Robert Smedley, Associate Director of Alcohol/Drug Services

Real People, Real Hope

Submitted by

Oscar McKnight Ph.D.
Research Consultant

## PUBLIC PERCEPTION STUDY

Five Major Tasks:

1. Attend pre-meetings to determine scope of research, design and appropriate questions.
2. Initiate field-interviews with representatives from Wayne and Holmes Counties.
3. Facilitate focus groups of professional stakeholders as warranted.
4. Complete Reporting to Board and participate collaboratively with the Minnesota Institute for Public Health and Dr. Mike Vimont of Norton, OH.
5. Maintain on-going contact with the Associate Director of the Wayne-Holmes Mental Health and Recovery Board to assess data; and, reposition assessment strategy as warranted.

Specific Assessments:

A. Services as offered by the Wayne-Holmes Mental Health and Recovery Board?
B. Public's perception as to the perceived value of substance abuse and mental health services?
C. How much substance abuse is occurring within Wayne and Holmes Counties?
D. The most common drugs abused?
E. Public's perception of the scope of mental illness (quantitative) within Wayne and Holmes Counties?
F. Groups most seriously affected by drug use?
G. What needs to happen to prevent drug abuse/addiction?

Survey Development/Questions:

a) Developed in collaboration with the Associate Director of the Wayne-Holmes Mental Health and Recovery Board.

## METHODOLOGY

In the summer of 2011, over 600 residents from Wayne and Holmes counties participated in field interviews. For clarification, since many of the participants were with friends, when a group of participants answered – statistically, the n-size was one.

The specific concerns addressed in the interview were issues related to both substance abuse and mental health services. All participation was voluntary.

Participants openly engaged in a conversation with the field interviewer and were free to discuss or clarify any posed question. Participants had no survey to fill out, rather the field researcher filled in critical responses following the interview.

The subject breakdown was 297 participants from Wayne; and, 317 from Holmes County. The male/female ratio was 47% male and 53% female – with 54% over the age of 45. The field researcher "guessed" the participant's age and gender. There was no requirement for the participant to give personal demographic information. However, the field researchers did ask participants if they lived in Wayne or Holmes County.

The goal of the field interview was to allow the participant time to clarify any thought or feeling; hence, the process for some participants took 2 minutes – others, took 20 minutes or more.

In the end, this research design allowed for the use of both qualitative and quantitative methods to address the questions of concern. Overall, the sample size used to represent both counties held a confidence level of 95% with a margin of error of 5%.

## Survey: Field Interviews

1. The Mental Health & Recovery Board pays for the following services in Wayne and Holmes Counties. Please indicate the ones that people you know have used.

Q1A. Substance Abuse Prevention Services _____ Q1B. Substance Abuse Treatment Services _____
Q1C. Mental Illness Prevention Services _____ Q1D. Mental Health Treatment Services _____

2. On a scale from 0 (little value) to 4 (great value) - what has the value of these services has been?

Q2A. Substance Abuse Prevention Services _____ Q2B. Substance Abuse Treatment Services _____
Q2C. Mental Illness Prevention services _____ Q2D. Mental Health Treatment Services _____

3. Is there a significant difference in substance abuse between Wayne and Holmes counties? Y/N

4. Is there a significant difference between substance abuse in Wayne/Holmes counties and Wooster? Y/N

5. How would you describe substance abuse in Wayne County?

Not serious at all Mild Somewhat Severe Severe Very Severe

6. How would you describe substance abuse in Holmes County?

Not serious at all Mild Somewhat Severe Severe Very Severe

7. How would you describe substance abuse in Wooster?

Not serious at all Mild Somewhat Severe Severe Very Severe

8. What drugs are most abused in YOUR County for the following:

Children 06 – 12 Teens 13 - 17
Young Adults 18 – 29 Adults 30 and above

C [Alcohol Heroin Cocaine Prescription Pain Medicines Marijuana Sedatives tranquilizers Tobacco Other]
T [Alcohol Heroin Cocaine Prescription Pain Medicines Marijuana Sedatives tranquilizers Tobacco Other]
YA [Alcohol Heroin Cocaine Prescription Pain Medicines Marijuana Sedatives tranquilizers Tobacco Other]
A [Alcohol Heroin Cocaine Prescription Pain Medicines Marijuana Sedatives tranquilizers Tobacco Other]

9. How would you describe the amount of mental Illness in YOUR County?

Well above Average Above Average Average Lower than Average Well below Average

10. In comparison to the “non-mentally ill,” do people with a mental illness abuse drugs?

Well above Average Above Average Average Lower than Average Well below Average

## Survey: Add-On Questions

### Cluster One

a. What needs to happen to prevent drug abuse/addiction in this community?
b. How should we address mental illness in this community?
c. What else should we know about mental illness/drug abuse in your County that we did not ask?
d. Please list the drugs that are the most harmful for an individual or society.
e. Where do you get your information on drug abuse or mental illness?
f. Who Should Pay For Mental Health or Drug Abuse Services?
g. Do you believe there is a connection between drug abuse and suicide?

### Cluster Two

h. Do you believe anything can be done to prevent drug abuse?
i. Can drug abuse be cured?
j. Do you believe anything can be done to prevent mental illness?
k. Can mental illness be cured?
l. Mental health professionals use the word "recovery" - What does "recovery" mean for those with a mental illness?
m. Have you ever referred or helped someone with their mental illness or drug abuse?

## OVERVIEW OF FINDINGS

Although participants had no difficulty discussing drug abuse or mental illness, they openly acknowledged that they do not know the answer or solution. Most participants when discussing what to do about drug abuse immediately said either “lock them up” or “legalize drugs” – participants initially fluctuated between extremes. When discussing who should pay for services, the most common response was “we” already do.

Participants were not aware of prevention services for either drug abuse or mental illness; that is, if you take away information related to identification or diagnosis. Many participants also had difficulty understanding the difference between mental illness and intellectual or developmental disabilities. Also, participants discussed those with mental problems and mental illness – the common distinction was that mental problems could be resolved; whereas, mental illness has no cure. For example, schizophrenia is real mental illness; however, depression is not. Likewise, participants offered that many people fake mental illness or professionals tell people they are mentally ill when not.

When discussing drug abuse, participants often were perplexed as to drug use and abuse; for example, if a doctor prescribes medication – is it abuse? Also, participants were unsure if tobacco, marijuana or alcohol were “real” drugs. Likewise, other participants discussed how children and adults use Adderall or Ritalin to “perform better.” Participants discussed how kids use the medication for study and adults use the medication to stay awake. Many compared Adderall to a very strong caffeine pill. However, Adderall and Ritalin can make you “high” too.

Overall, participants had a significant focus on the professional responsibilities of physicians, pharmacists, counselors and teachers to prevent drug abuse. Community reputation and appropriate professional intervention viewed as important.

## PARTICIPANNTS OFFERED TEN GENERAL RECOMMENDATIONS

1. Inform physicians, counselors and teachers of what is really happening in the community.
2. More professionals with specialized knowledge needed.
3. Pain-Clinics should revise their current guidelines.
4. Educate professionals not to assume medication is the first line of treatment.
5. Coordinate a professional database between physicians, police and counselors.
6. Put DARE back into the schools.
7. Create a regional enforcement or treatment approach.
8. Advertise and educate the public directly – similar to the drug companies.
9. Take away stigma of mental illness.
10. Give counseling services to the average person with life problems.

## GENERAL COMMENTS

1. Not sure of the real drug problem in the counties – community standards are high.
2. People need help, but sometimes mental illness or drug problems is an excuse.
3. Managing and coordinating services is important.
4. In the long-run prevention is more important than treatment.
5. Mental Health and Drug intervention helps the community.

## SUMMARY

Participants discussed the mixed messages received by the public concerning drug use. On one hand, we have a drug for everything; and on the other hand, we have drug abuse centers for those who cannot stop themselves from using. Participants described how Wayne and Holmes counties are on a "drug highway" and location is the major contributor to this problem.

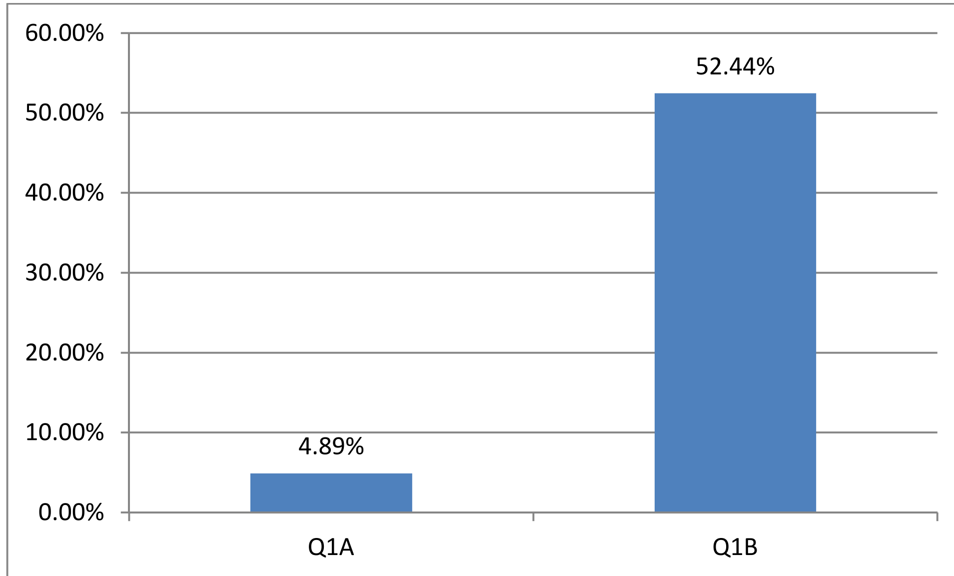
In addition, participants described Pain-Centers as places to find both the drug user and abuser. Likewise, comments highlighted that most doctors and police departments are in a no-win situation. Also, participants introduced the concept of stigma related to mental health services.

In the end, most participants believed in the community – and, wanted the community to be better. Likewise, though most participants never personally helped or made a referral for mental illness/drug abuse help – many said that they should have done so in the past, especially as it related to alcohol and drug abuse.

1. **The Mental Health & Recovery Board pays for the following services in Wayne and Holmes Counties. Please indicate the ones that people you know have used.**

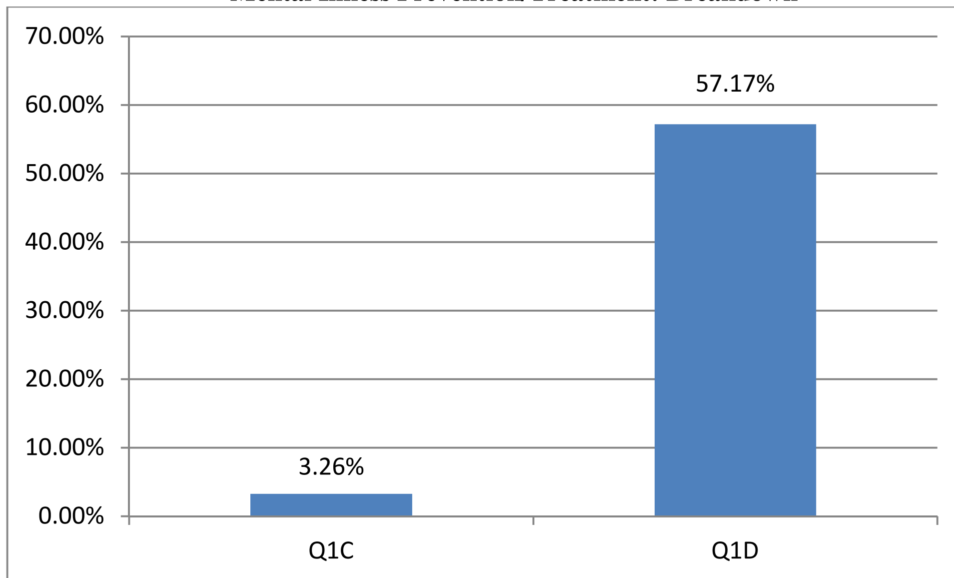
Q1A. Substance Abuse Prevention Services ______
Q1B. Substance Abuse Treatment Services ______
Q1C. Mental Illness Prevention services ______
Q1D. Mental Health Treatment Services ______

**Substance Abuse Prevention/Treatment: Breakdown**




Note. Q1A = Substance Abuse Prevention; Q1B = Services Substance Abuse Treatment Services. Results indicate that 52.44% of participants know someone who has used service; however, only 4.89% of participants knew someone who participated in Prevention Service.

**Mental Illness Prevention/Treatment: Breakdown**

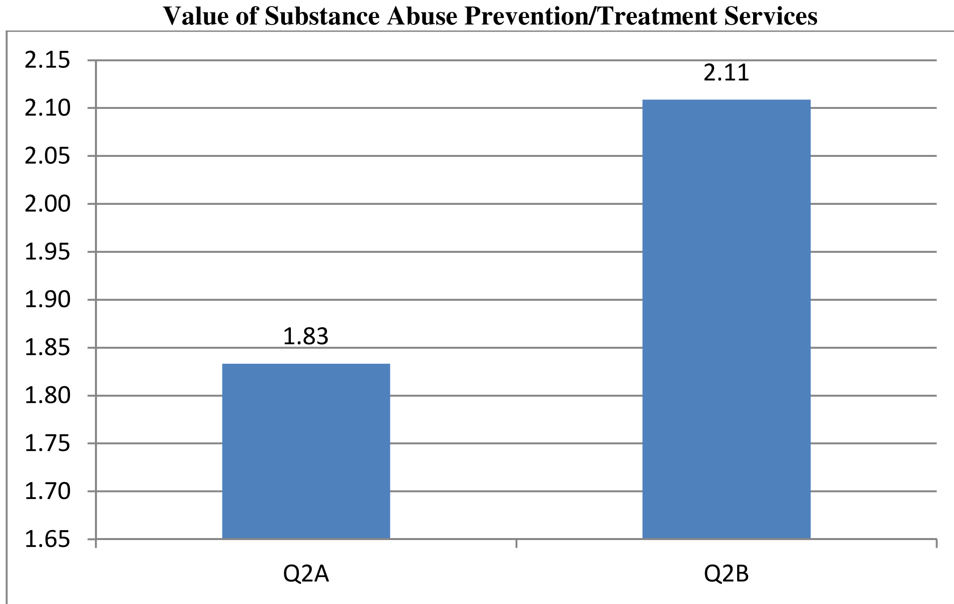



Note. Q1C = Mental Illness Prevention services; Q1D = Mental Health Treatment Services. Results indicate that 57.17% of participants know someone who has used service; however, only 3.26 of the participants knew someone who participated in Prevention Service.

**2. On a scale from 0 (little value) to 4 (great value) - what has the value of these services has been?**

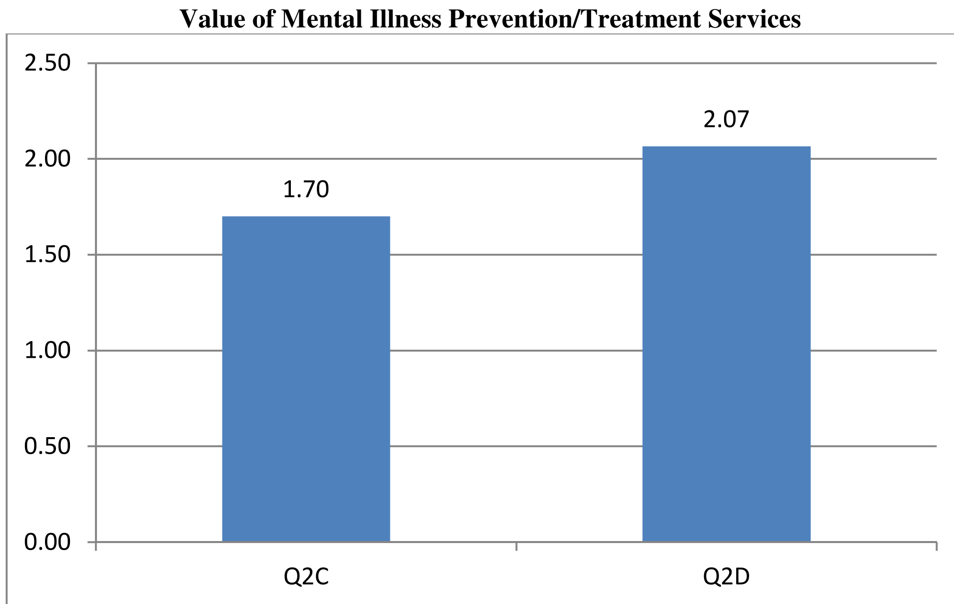
Q2A. Substance Abuse Prevention Services ______
Q2B. Substance Abuse Treatment Services ______
Q2C. Mental Illness Prevention services ______
Q2D. Mental Health Treatment Services ______

**Value of Substance Abuse Prevention/Treatment Services**




Note. Likert scale is conceptually a GPA; hence, 4 = A; 3 = B; 2 = C; 1 = D; and 0 = F. Earlier findings suggest that not many people are aware of services in general – which could artificially reduce scoring. Likewise, many participants evaluated value with respect to outcomes ("recovery – cure").

**Value of Mental Illness Prevention/Treatment Services**




Note. Likert scale is conceptually a GPA; hence, 4 = A; 3 = B; 2 = C; 1 = D; and 0 = F. Earlier findings suggest that not many people are aware of services in general – which could artificially reduce scoring. Likewise, many participants evaluated value with respect to outcomes ("recovery – cure").

## Correlation Matrix:
## Substance Abuse Prevention/Treatment - Mental Illness Prevention/Treatment And County Relationships

**Correlations**

| | | Q1A | Q1B | Q1C | Q1D | Wayne |
|---|---|---|---|---|---|---|
| Q1A | Pearson Correlation | 1 | .065 | .767** | .059 | .038 |
| | Sig. (2-tailed) | | .110 | .000 | .146 | .352 |
| | N | 614 | 614 | 614 | 614 | 614 |
| Q1B | Pearson Correlation | .065 | 1 | .046 | .909** | .041 |
| | Sig. (2-tailed) | .110 | | .254 | .000 | .313 |
| | N | 614 | 614 | 614 | 614 | 614 |
| Q1C | Pearson Correlation | .767** | .046 | 1 | .048 | .079* |
| | Sig. (2-tailed) | .000 | .254 | | .239 | .049 |
| | N | 614 | 614 | 614 | 614 | 614 |
| Q1D | Pearson Correlation | .059 | .909** | .048 | 1 | .028 |
| | Sig. (2-tailed) | .146 | .000 | .239 | | .492 |
| | N | 614 | 614 | 614 | 614 | 614 |
| Wayne | Pearson Correlation | .038 | .041 | .079* | .028 | 1 |
| | Sig. (2-tailed) | .352 | .313 | .049 | .492 | |
| | N | 614 | 614 | 614 | 614 | 614 |

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Note. Where: Q1A = Substance Abuse Prevention Services; Q1B = Substance Abuse Treatment Services; Q1C = Mental Illness Prevention services; Q1D = Mental Health Treatment Services; Wayne = positive value; Holmes = Negative Value. Findings suggest that there is a significant relationship between residing in Wayne County and knowing someone who has received Mental Illness Prevention services. Likewise, people who knew someone receiving substance abuse treatment also knew someone receiving mental health treatment. Similarly, knowing that someone received mental illness prevention service indicates that they probably know someone receiving drug abuse prevention services.

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**Correlation Matrix:**
**Value of Substance Abuse Prevention/Treatment - Mental Illness Prevention/Treatment And County Relationships**

**Correlations**

| | | Q2A | Q2B | Q2C | Q2D | Wayne |
|---|---|---|---|---|---|---|
| Q2A | Pearson Correlation | 1 | .101 | -.409 | -.216 | -.220 |
| | Sig. (2-tailed) | | .672 | .082 | .348 | .243 |
| | N | 30 | 20 | 19 | 21 | 30 |
| Q2B | Pearson Correlation | .101 | 1 | .064 | -.083 | .032 |
| | Sig. (2-tailed) | .672 | | .837 | .136 | .569 |
| | N | 20 | 322 | 13 | 322 | 322 |
| Q2C | Pearson Correlation | -.409 | .064 | 1 | .290 | .023 |
| | Sig. (2-tailed) | .082 | .837 | | .315 | .924 |
| | N | 19 | 13 | 20 | 14 | 20 |
| Q2D | Pearson Correlation | -.216 | -.083 | .290 | 1 | .052 |
| | Sig. (2-tailed) | .348 | .136 | .315 | | .327 |
| | N | 21 | 322 | 14 | 351 | 351 |
| Wayne | Pearson Correlation | -.220 | .032 | .023 | .052 | 1 |
| | Sig. (2-tailed) | .243 | .569 | .924 | .327 | |
| | N | 30 | 322 | 20 | 351 | 614 |

Note. No statistical significance found.

**3. Is there a significant difference in substance abuse between Wayne and Holmes counties?**

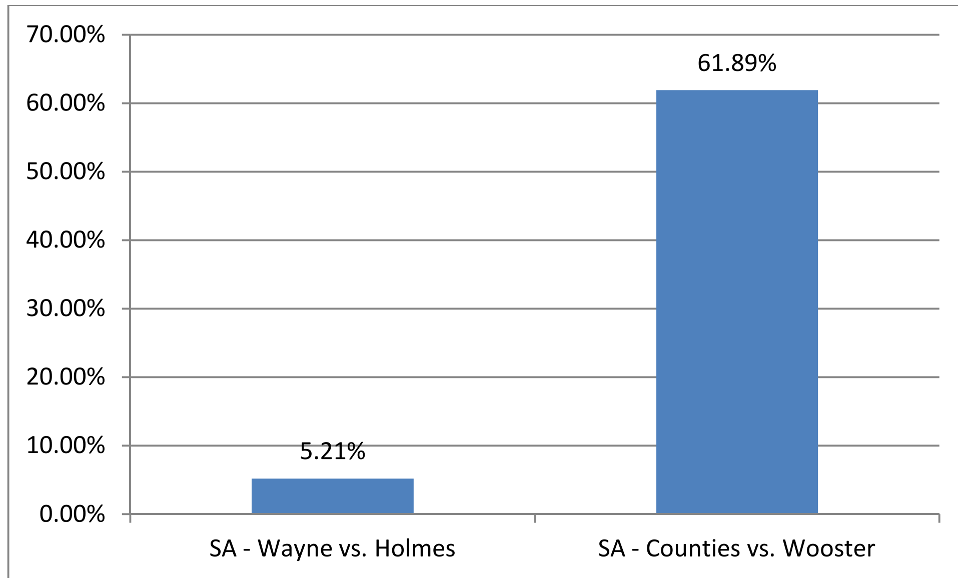
Yes No

**4. Is there a significant difference between substance abuse in Wayne/Holmes counties and Wooster?**

Yes No

## Finding for Questions 3 & 4

**Differences In Substance Abuse Between Counties or Counties Compared With Wooster**




Note. Percentage represents "Yes" comment. There are qualitative and quantitative differences between how participants view substance abuse in the counties vs. Wooster.

**5. How would you describe substance abuse in Wayne County?**

Not serious at all  Mild  Somewhat Severe  Severe  Very Severe

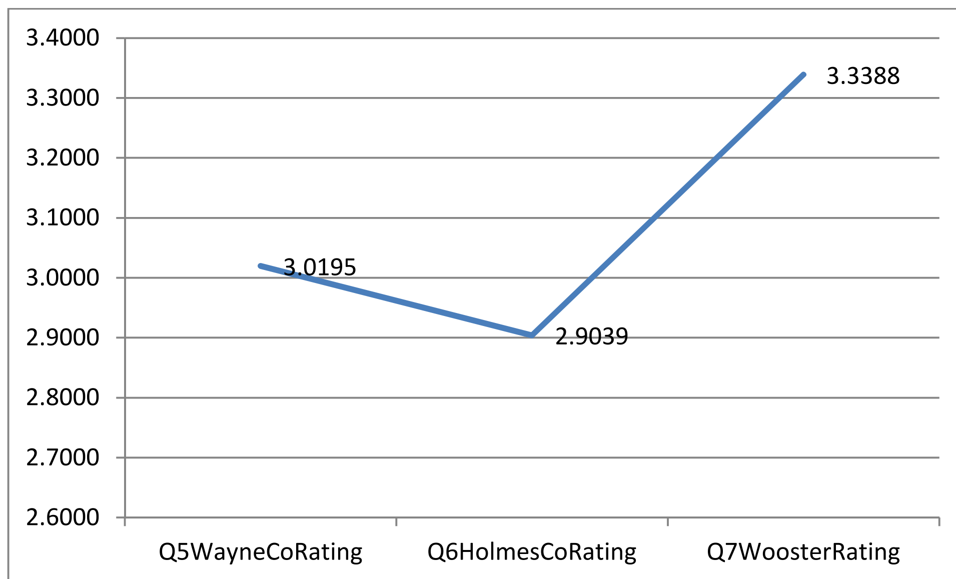
**6. How would you describe substance abuse in Holmes County?**

Not serious at all  Mild  Somewhat Severe  Severe  Very Severe

**7. How would you describe substance abuse in Wooster?**

Not serious at all  Mild  Somewhat Severe  Severe  Very Severe

**Wayne vs. Holmes vs. Wooster: Substance Abuse Ratings**




Note. Where: Not serious at all = 0; Mild = 1; Somewhat Severe = 2; Severe = 3; and Very Severe = 4. Data supports earlier qualitative and quantitative differences between how participants view substance abuse in the counties vs. Wooster.

**8. What drugs are most abused in YOUR County for the following:**

| | |
|---|---|
| Children | 06 - 12 |
| Teens | 13 - 17 |
| Young Adults | 18 - 29 |
| Adults | 30 and above |

Alcohol
Heroin
Cocaine
Prescription Pain Medicines
Marijuana
Sedatives tranquilizers
Tobacco
Other ___________________

## Finding for Question 8

| Children | Teen | Young Adult | Adult |
|---|---|---|---|
| Ritalin* | Sedatives Tranquilizers* | Methamphetamine* | Sedatives* |
| Adderall* | Alcohol* | | Tranquilizers* |
| Alcohol* | Adderall* | Prescription Pain | Alcohol* |
| Inhalants | Marijuana* | Medication* | Adderall* |
| Sedatives Tranquilizers | Ritalin* | | Marijuana* |
| | K2orSpice | Hashish* | Ritalin* |
| Prescription Pain | Heroin | Heroin* | K2orSpice |
| Medication | Bath Salts | Cocaine* | Heroin |
| | | Marijuana | Bath Salts |
| Bath Salts | Prescription Pain | Sedatives Tranquilizers | |
| Marijuana | Medication | Ritalin | Prescription Pain |
| Tobacco | | Inhalants | Medication |
| Hashish | Cocaine | Adderall | |
| Methamphetamine | Hashish | K2orSpice | Cocaine |
| K2orSpice | Tobacco | Alcohol | Hashish |
| Heroin | Methamphetamine | Tobacco | Tobacco |
| Cocaine | Inhalants | Bath Salts | Methamphetamine |
| | | | Inhalants |

Note. Factor Analysis employed (Extraction: Principal Component Analysis; Rotation: Varimax with Kaiser Normalization). * = significant loadings. For children, participants openly expressed confusion over abuse and use of Ritalin and Adderall.

## Question 8: Continued

## Gender and Age: What Participants Talked About

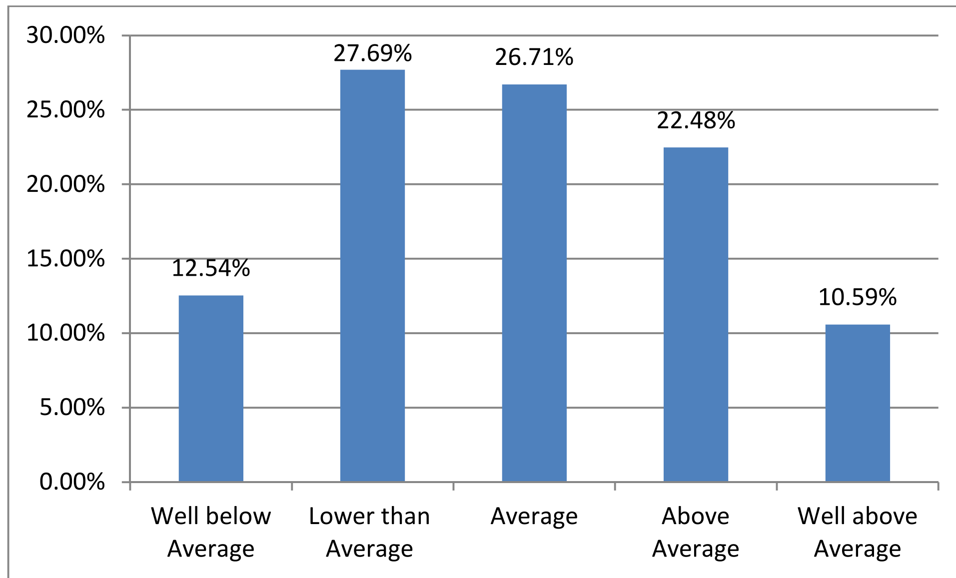
| Males | Females | Over 45 | Under 45 |
|---|---|---|---|
| Marijuana*<br>Tobacco*<br>Alcohol<br>K2orSpice<br>Adderall<br>Sedatives Tranquilizers<br><br>Prescription Pain<br>Medication<br><br>Heroin<br>Methamphetamine<br>Ritalin<br>Hashish<br>Cocaine<br>Inhalants<br>Bath Salts | Methamphetamine*<br><br>Prescription Pain<br>Medication*<br><br>Hashish*<br>Heroin*<br>Cocaine*<br>Marijuana*<br>Ritalin<br>Sedatives Tranquilizers<br>Adderall<br>Inhalants<br>Alcohol<br>Tobacco<br>K2orSpice<br>Bath Salts | Tobacco*<br>Marijuana<br><br>Prescription Pain<br>Medication<br><br>Methamphetamine<br>Alcohol<br>K2orSpice<br>Adderall<br>Bath Salts<br>Heroin<br>Inhalants<br>Cocaine<br>Ritalin<br>Sedatives<br>Tranquilizers<br>Hashish | Marijuana*<br>Tobacco<br>Alcohol<br>K2orSpice<br>Adderall<br>Sedatives Tranquilizers<br><br>Prescription Pain<br>Medication<br><br>Heroin<br>Methamphetamine<br>Ritalin<br>Hashish<br>Cocaine<br>Inhalants<br>Bath Salts |

Note. Factor Analysis employed (Extraction: Principal Component Analysis; Rotation: Varimax with Kaiser Normalization). * = significant loadings.

**9. How would you describe the amount of mental Illness in YOUR County?**

Well above Average    Above Average    Average    Lower than Average    Well below Average

## Amount of Mental Illness In Your County




Note. Finding approximate and suggest a normal curve. Participants had difficulty assessing. Mean Scores: Wayne = 1.98; Holmes = 1.83

## Mental Illness Amount In Relationship To Gender, Age and County

**Correlations**

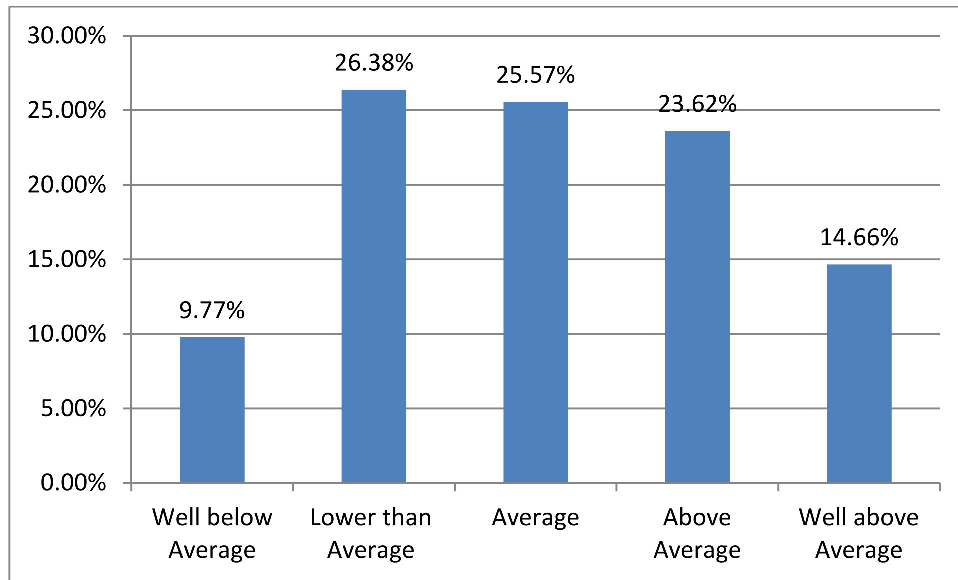
| | | Mental Illness Amount | Gender | Over45 | Wayne |
|---|---|---|---|---|---|
| Mental Illness Amount | Pearson Correlation | 1 | -.007 | .021 | .060 |
| | Sig. (2-tailed) | | .868 | .599 | .135 |
| | N | 614 | 614 | 614 | 614 |
| Gender | Pearson Correlation | -.007 | 1 | -.018 | .002 |
| | Sig. (2-tailed) | .868 | | .659 | .969 |
| | N | 614 | 614 | 614 | 614 |
| Over45 | Pearson Correlation | .021 | -.018 | 1 | -.020 |
| | Sig. (2-tailed) | .599 | .659 | | .626 |
| | N | 614 | 614 | 614 | 614 |
| Wayne | Pearson Correlation | .060 | .002 | -.020 | 1 |
| | Sig. (2-tailed) | .135 | .969 | .626 | |
| | N | 614 | 614 | 614 | 614 |

Note. No significant relationships. Hence, there is no relationship between the amount of mental illness and the participant gender, age or county of residence.

**10. In comparison to the non-mentally ill, do people with a mental illness abuse drugs?**

Well above Average  Above Average  Average  Lower than Average  Well below Average

## Do People With Mental Illness Abuse Drugs




Note. Finding approximate and suggest a normal curve. Participants had difficulty assessing. Mean scores: Wayne = 2.084; Holmes = 2.057.

## Mental Illness and Drug Abuse In Relationship To Gender, Age and County

**Correlations**

| | | Mental Illness Abuse Drugs | Gender | Over45 | Wayne |
|---|---|---|---|---|---|
| Mental Illness Abuse Drugs | Pearson Correlation | 1 | .004 | -.047 | .011 |
| | Sig. (2-tailed) | | .914 | .240 | .780 |
| | N | 614 | 614 | 614 | 614 |
| Gender | Pearson Correlation | .004 | 1 | -.018 | .002 |
| | Sig. (2-tailed) | .914 | | .659 | .969 |
| | N | 614 | 614 | 614 | 614 |
| Over45 | Pearson Correlation | -.047 | -.018 | 1 | -.020 |
| | Sig. (2-tailed) | .240 | .659 | | .626 |
| | N | 614 | 614 | 614 | 614 |
| Wayne | Pearson Correlation | .011 | .002 | -.020 | 1 |
| | Sig. (2-tailed) | .780 | .969 | .626 | |
| | N | 614 | 614 | 614 | 614 |

Note. No significant relationships found. Hence, no relationship between mental illness and abusing drugs given participant gender, age or county of residence.

## Relationship Between Mental Illness Amount and Abuse

**Correlations**

| | | Mental Illness Abuse Drugs | Mental Illness Amount |
|---|---|---|---|
| Mental Illness Abuse Drugs | Pearson Correlation | 1 | .102* |
| | Sig. (2-tailed) | | .011 |
| | N | 614 | 614 |
| Mental Illness Amount | Pearson Correlation | .102* | 1 |
| | Sig. (2-tailed) | .011 | |
| | N | 614 | 614 |

*. Correlation is significant at the 0.05 level (2-tailed).

Note. There is a significant relationship between the perceived amount of mental illness and drug abuse. Hence, as the amount of mental illness increases – so, does the probability of drug abuse.

## Qualitative Findings

What needs to happen to prevent drug abuse/addiction in this community?

Many commented on introducing community education, but most of the participants were unsure if this works or if it has worked in the past. Many participants discussed how DARE was removed from the schools and that they were not sure of any new or existing program addressing drug abuse or addition. Most of the participants believed that there must be some kind of education in place because they have heard about alcohol and drug treatment programs.

The most frequent suggestion to prevent drug abuse was early identification; that is, before they start abusing. Participants believed that teachers, counselors, principals, ministers and parents know which kids are at high risk. However, the solution is often a medication intervention or labeling to justifying their behavior. School professionals tend to put these kids together in some kind of classroom, school counseling or summer camps where they actually learn or rewarded for their drug abuse. Participants believed that schools should identify at-risk students but intervention should come from outside by trained professionals and kids kept in normal classrooms – individual counseling daily stressed.

Participants discussed how doctors prescribe medication because people can tell you all the symptoms: they see them on TV, hear them on the radio or can look them up on the internet. Doctors should receive more education as to the extent of abuse and that people are using them. Doctors are trying to help, but they cannot win. Most participants believed doctors who are suspicious of patient's complaints cannot call the police because of patient confidentiality.

Many participants commented how everything must be quick in today's society. We give medication and diagnosis so fast that nobody can go through pain or stages in life naturally. Professional education is very important.

Many participants discussed how most of drug abuse is related to real simple things: job loss, career, life or family frustration; and, that general counseling would help, but most believed that counseling is too expensive, not covered or available at the local mental health centers because "they deal with only the really sick people."

Police departments are the only professionals identifying drug abusers – everybody else is justifying their behavior. However, the police are frustrated and as a result they punish abusers instead of treating; for example, jail or prison time, legal record and probation requirements that prevent people from working. Diversion programs are good in theory, but probation officers should spend more time consulting with an assigned mental health counselor and not with the abuser. However, participants were not forgiving of drug abusers who commit a violent crime; such as, robbery or assault. Treatment here should come while in prison or a lock-up facility.

## RECOMMENDATIONS

1. Professional education is probably more important than community education.
2. Police need to have the ability to intervene faster – they spend too much time building a case.
3. Tell truth to people – do not exaggerate abuse numbers.
4. Diversion programs are good, but they prevented people from being productive citizens (modify them). However, Judges should have mandatory sentencing for drug abusers who commit violent crimes – "just like using a gun."
5. Create more things to do in the county.
6. We create too many artificial cut-offs for penalties instead of a simple criteria for early treatment.
7. Reduce strict legal enforcement with incarceration; however, mandate treatment.

8. Make pills inactive if crushed.
9. The police cannot solve this problem; however, they can be part of the solution.
10. We create abusers early – we teach people that medication is the answer.
11. Probation officers are not counselors; don't allow them to make "treatment" plans.
12. You made heroin a mental illness and gave abusers a new drug – quit treating drug abuse with drugs.

How should we address mental illness in this community?

Most participants could not voice one prevention program for mental illness. Participants rationalized this situation by stating that most of mental illness is biological, genetic or injury based, so how do you prevent it? Participants did comment how things in life can make you "crazy" and you can: "lose your mind" after so many bad things or situations. Most participants recommended having a "community center approach" and offer "general counseling" to the public as a service. Participants stated that mental illness and having mental problems are two different things: you can get over a mental problem – that is, if a person has a chance to resolve the issues early. However, most participants believed that people either wait too long to get services or never get services because of the stigma.

## RECOMMENDATIONS

1. People should not have to fill-out stacks of paperwork.
2. Need better counseling services by professional counselors.
3. Make free walk-in services available.
4. Take away stigma of mental illness.
5. Give services to the average person with life problems.
6. Have evening or weekend counseling services available.
7. Create self-help information for people.
8. Stop giving everybody a diagnosis.
9. Offer counseling options: for example, meditation or personal development.
10. Have your counselors be "normal" – some should not be in the profession.

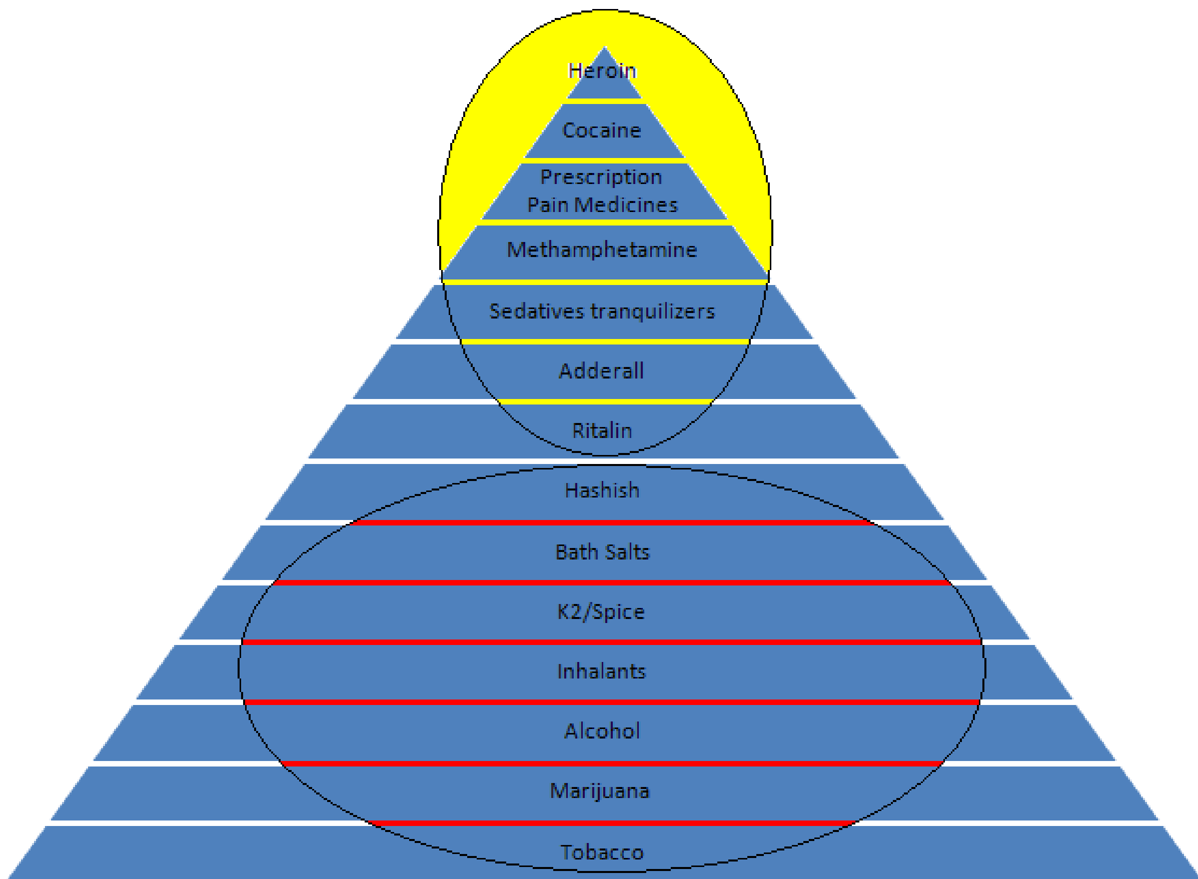
What else should we know about mental illness/drug abuse in your County that we did not ask?

Most participants believed that mental illness and drug abuse treatment is better in Wooster; as you get further out – you either have limited services or poor counselors. Drug abuse was vague for many participants. Participants openly discussed how if doctors are giving you medication then it is not really drug abuse. Many participants relayed stories of how people get drugs; for example, emergency rooms faking symptoms (no prescriptions – get medication immediately), dentist office (self-injure gums or bring others in with bad teeth to secure pain medication), nursing/assisted living homes (nursing home staff will sell pills) or over the internet. Participants introduced four medications the most in discussion; they were: Tramadol, Vicodin, Adderall and Ritalin. Also, many participants discussed how children and the elderly have no control over their prescribed drugs – participants did not view them as abusers, but participants believed that they were abusing drugs.

## RECOMMENDATIONS

1. Professional community can sometimes foster the drug problem; they need appropriate training.
2. The drug culture has its roots in Wooster and spreads out to the county areas.
3. These are personal problems but if you go to one of the treatment centers everybody knows why.
4. Professionals and communities should discuss the root cause of drug abuse.
5. Professionals never give us information as to outcomes – only need.

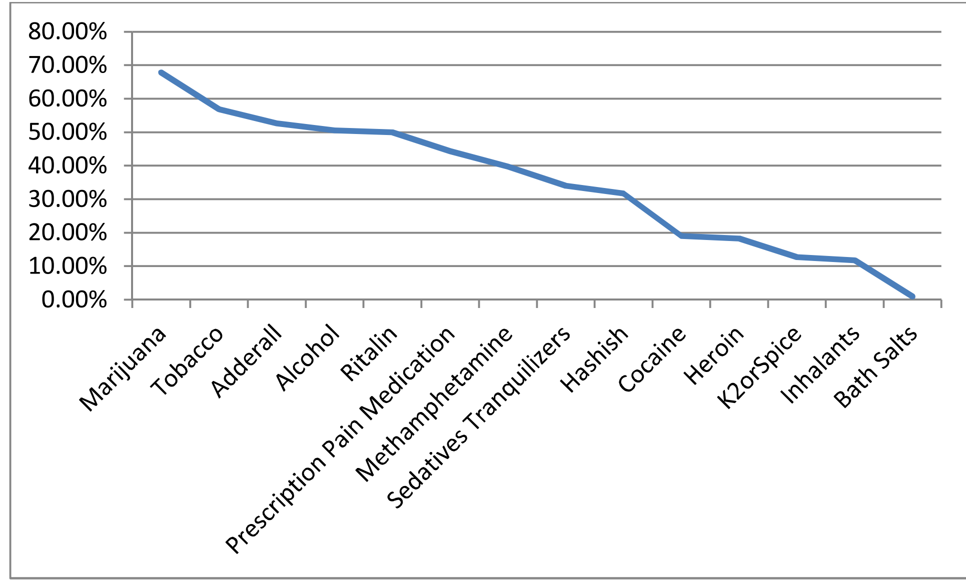
<u>Please list the drugs that are the most harmful for an individual or society.</u>




<u>Note</u>. List is in rank-order. Top of the pyramid is the most harmful for an individual or society and the base of the pyramid represents a lower negative impact on the individual or society. Participants universally commented that all these drugs are bad; however, many discussed how it is difficult to assess the prescription use (widely believed that people make-up symptoms to get medication). Participants focused more on Adderall and Ritalin as used in schools with children – participants did not express a major concern with people using these drugs to stay awake to work or study ("though it is wrong").

Drugs Most Mentioned By Participants – *A Top of Mind Study*: Listed in Rank-Order

**Top of Mind Study**




Drugs Most Mentioned By Participants – *A Top of Mind Study*: Listed By Percentage-Rank

| DRUG | MENTIONED |
|---|---|
| Marijuana | 67.86% |
| Tobacco | 56.84% |
| Adderall | 52.61% |
| Alcohol | 50.49% |
| Ritalin | 50.00% |
| Prescription Pain Medication | 44.30% |
| Methamphetamine | 39.74% |
| Sedatives Tranquilizers | 34.04% |
| Hashish | 31.76% |
| Cocaine | 19.06% |
| Heroin | 18.24% |
| K2orSpice | 12.70% |
| Inhalants | 11.73% |
| Bath Salts | 0.98% |

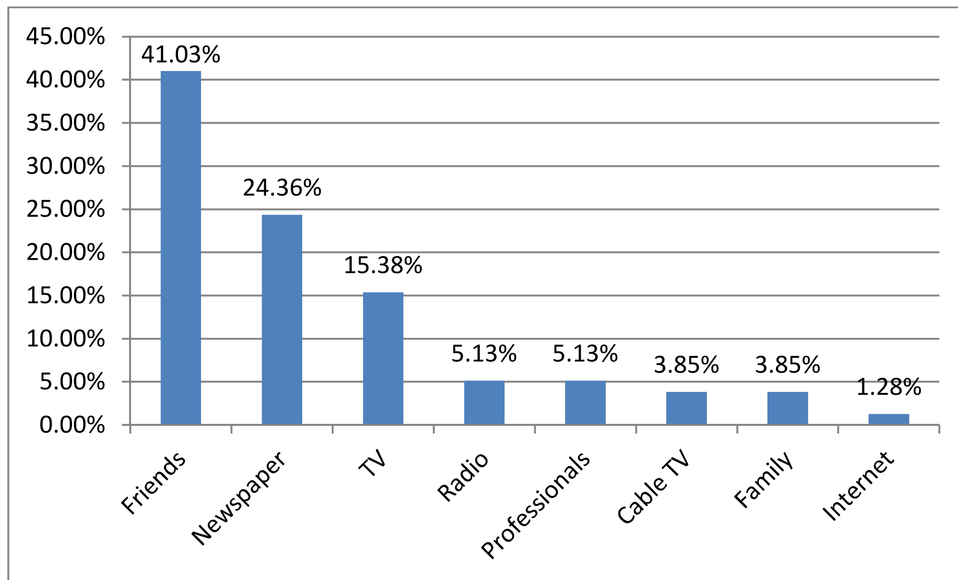
**Relationship Between The Most Harmful Drugs and Participant "Most Mentioned" Abused Drugs: A Validity Measure**

**Correlations**

| | | | Most Harmful Drug List rank | County Drug Use Most Mentioned rank |
|---|---|---|---|---|
| Spearman's rho | Most Harmful Drug List rank | Correlation Coefficient | 1.000 | -.297 |
| | | Sig. (2-tailed) | . | .303 |
| | | N | 14 | 14 |
| | County Drug Use Most Mentioned rank | Correlation Coefficient | -.297 | 1.000 |
| | | Sig. (2-tailed) | .303 | . |
| | | N | 14 | 14 |

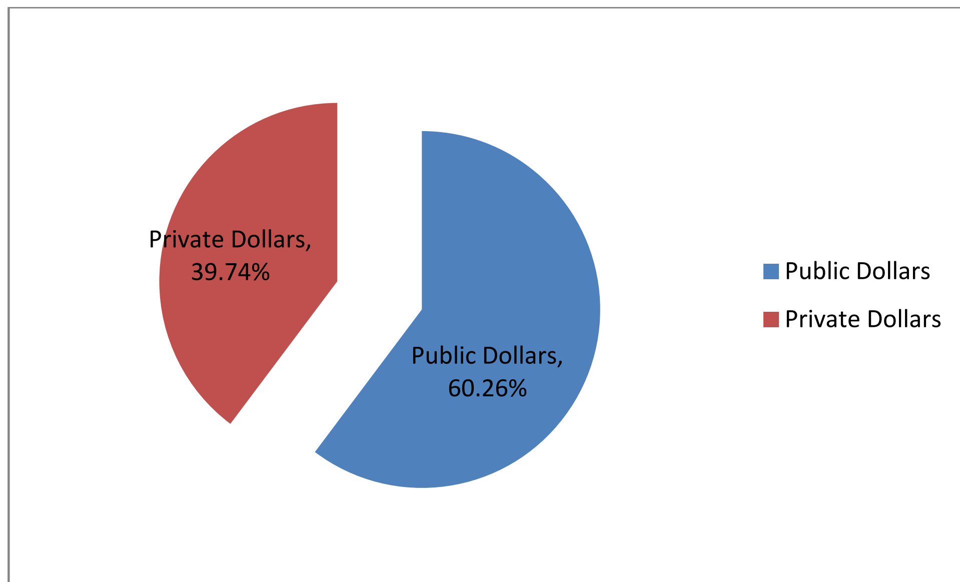
Note. When testing the rank-order relationship between the participant lists of worst drugs for an individual or society with the drugs most frequently discussed by participants – there was no significant relationship. N size represents drug list; participant N size was 102.

Where do you get your information on drug abuse or mental illness?



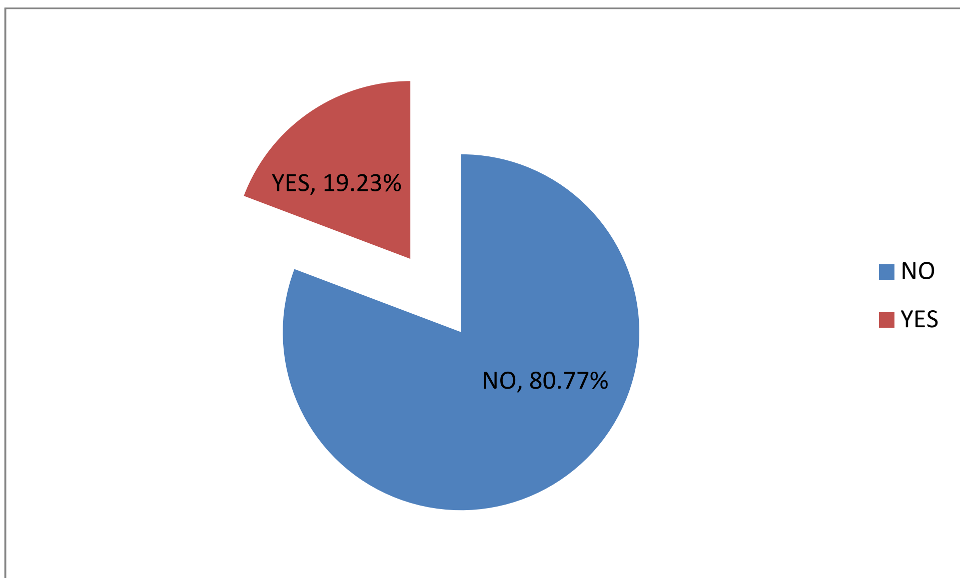

Note. N = 78

Who Should Pay For Mental Health or Drug Abuse Services?




Note. N = 78 Most participants commented that "we" already pay for this. United Way is a funding source and considered by most participants as private dollars. Most participants stated how it is unlikely that people in-need pay for these services "out of their own pocket" because they don't work.

Do you believe there is a connection between drug abuse and suicide?




Note. Participants discussed how this group of people is too needy and dependent to commit suicide; they also enjoy their life of highs and lows. In addition, if this were true they would have heard about it. However, if the person is severely depressed ("this is not a drug abuser") – this person can become addicted and use suicide for the same reason they used drugs.

# GENERAL COMMENTS: QUALITATIVE FINDINGS

**General Comments: Five Areas**

| Counselors | Doctors | Drug Abusers | Police | Schools |
|---|---|---|---|---|
| Do a great job | Know people lie | Are all around us | Lock up offenders | Too much to do |
| We need more | Give too much Rx | Sell drugs for habit | Legalize drugs | No DARE program |
| Cost is prohibitive | Must be confidential | Are really depressed | Can't win | Teach subjects first |
| Can't schedule easily | Are not counselors | Gave up long ago | Need help | Know future abusers |
| Not for everybody | Too many patients | Hurt families/self | Have hardest job | Identify kids for Rx |
| Need more options | Dentist Easy Rx | County image hurt | Stop locking-up | No miracle worker |
| Some are ridiculous | Trained to stop pain | Don't want help | Treatment mandate | Push Rx to control |
| All of us need them | Think like doctors | Few successes | Investigations cost | Special education |
| Kids need them most | No ER prescriptions | Start young | Newspaper reports | Low achievers Rx |
| Need walk-in services | Pain clinics are bad | Teachers could tell | Area too large | No counseling there |

Note. Listed in rank-order; however, these represent conceptual areas. Read qualitative sections for understanding.

## Participants Discussed: Pain Medication

### Pain Medication

In was common to hear stories concerning pain medication; for example, how people doctor shop. Other participants talked about knowing where and when to go to the ER so you can get RX without a prescription. Likewise, participants commented on hearing that there are certain doctors or centers that are easier than others to get pain medication.

Stories revealed how doctors bill Medicare for services and patients get pain medication – it is a win-win situation.

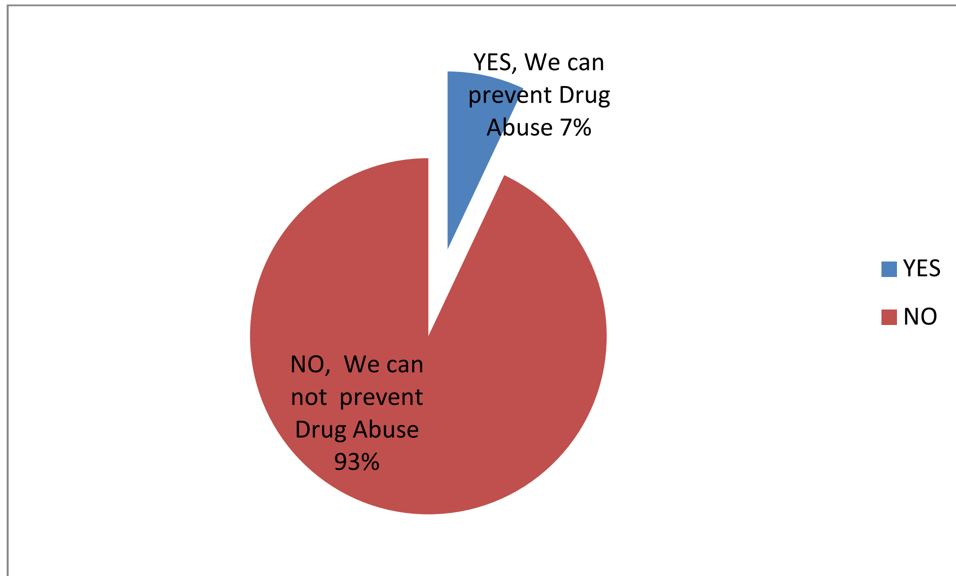
Participants commented on how children (young adults) will get pain medication from their parents or even take their elderly parents to the doctor to get medication. The children usually do all the talking to the doctors.

Participants discussed hearing of self-injurious behavior and even having contacts within nursing homes to get pain medication.

Participants discussed buying medication over the internet.

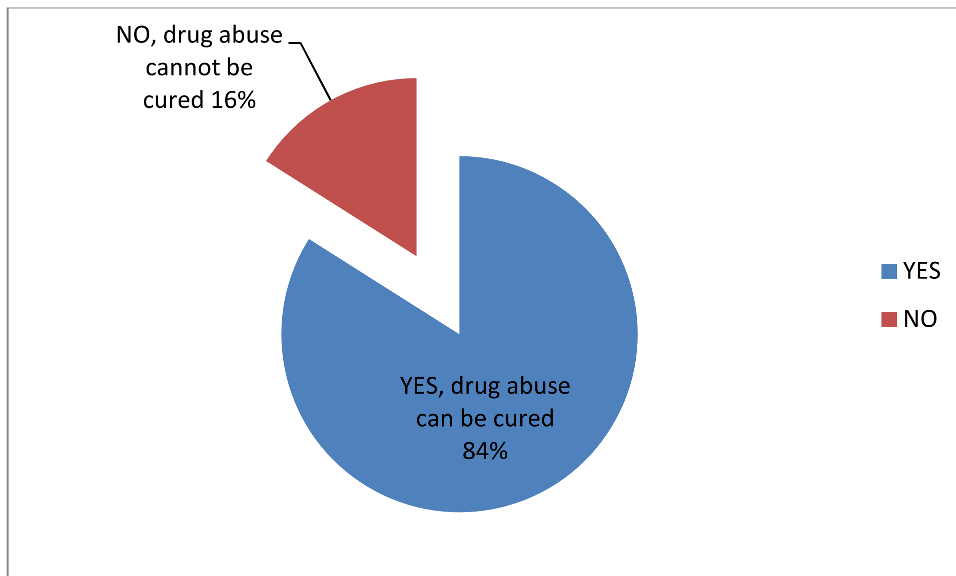
Participants associated the abuse of pain medication with violent crime; specifically, robbery.

Do you believe anything can be done to prevent drug abuse?



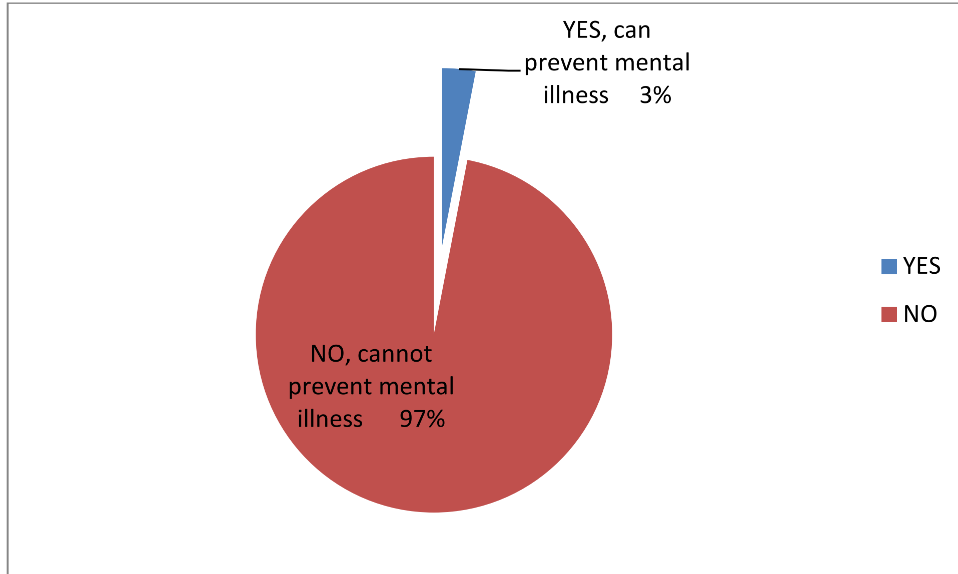

Note. N = 81. Most of the participants (NO = 93%) commented "people will always find a way" and "there will always be people who will abuse." However, participants stated that we should continue to help because it is in the best interest of the community. Participants who stated YES (7%) gave family involvement, jobs and education as the answer to stopping drug abuse.

Can drug abuse be cured?



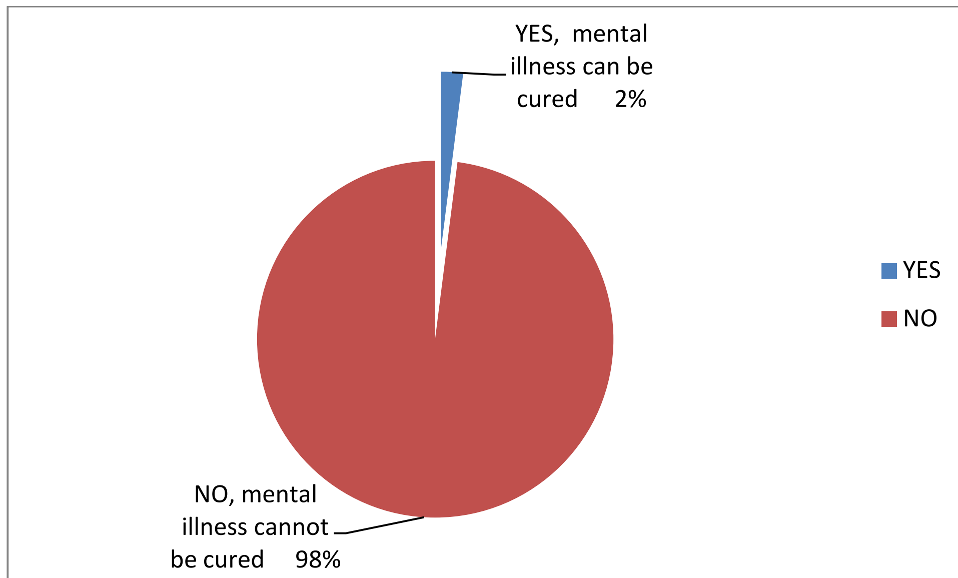

Note. N = 81. Most of the participants commented that it was possible to cure drug abuse. Participants commented on knowing people who stopped on their own but this is very difficult. It is better if people get help from a professional; that is, if the professional does not make him/her dependent on something else (i.e., more drugs or counseling).

Do you believe anything can be done to prevent mental illness?




Note. Participants distinguished between real mental illness (schizophrenia, autism and bi-polar used the most as examples by participants) and mental problems (depression, grief and anxiety used the most as examples by participants). However, only 3% of the participants believed mental illness is preventable. Most common responses are "they were born with it" or "got it" from an injury.

Can mental illness be cured?




Note. Participants who believed mental illness can be cured commented on genetic testing and injury prevention education (i.e. helmets and safety belts)

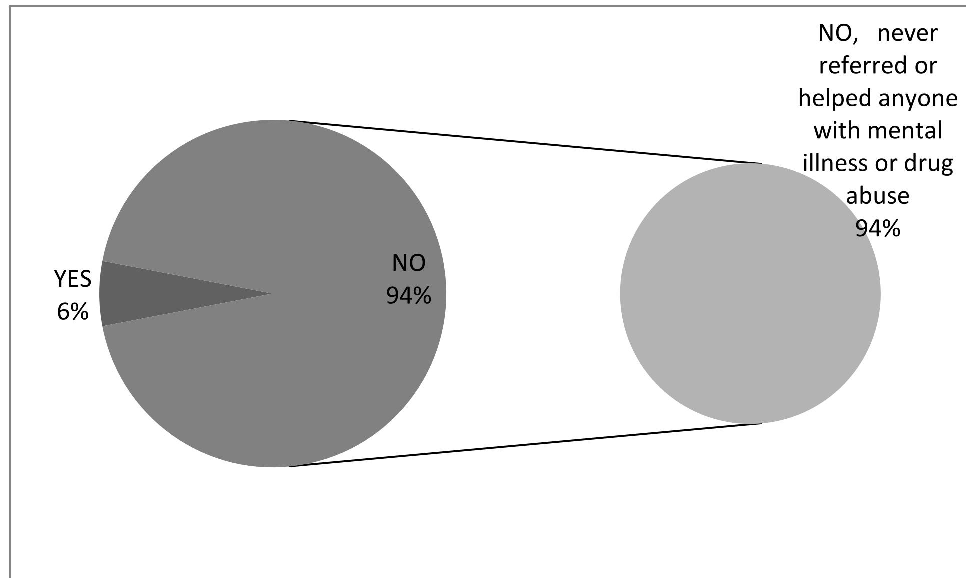
Mental health professionals use the word "recovery" - What does "recovery" mean for those with a mental illness?

**Responses**

| | |
|---|---|
| Hold a job | Can self monitor disorder |
| Live independently (not hospitalized) | Maintain personal hygiene |
| Are not hurting themselves or others | Have friends and a social group |

Note. N = 81. Responses represent common clustered themes.

Have you ever referred or helped someone with their mental illness or drug abuse?




Note. N = 81. Most of the participants discussed helping their friends and family with serious personal problems, but they would not describe them as mentally ill. Likewise, many of the participants discussed how there were times when they should have recommended alcohol or drug abuse counseling to peers, family or friends, but did not.