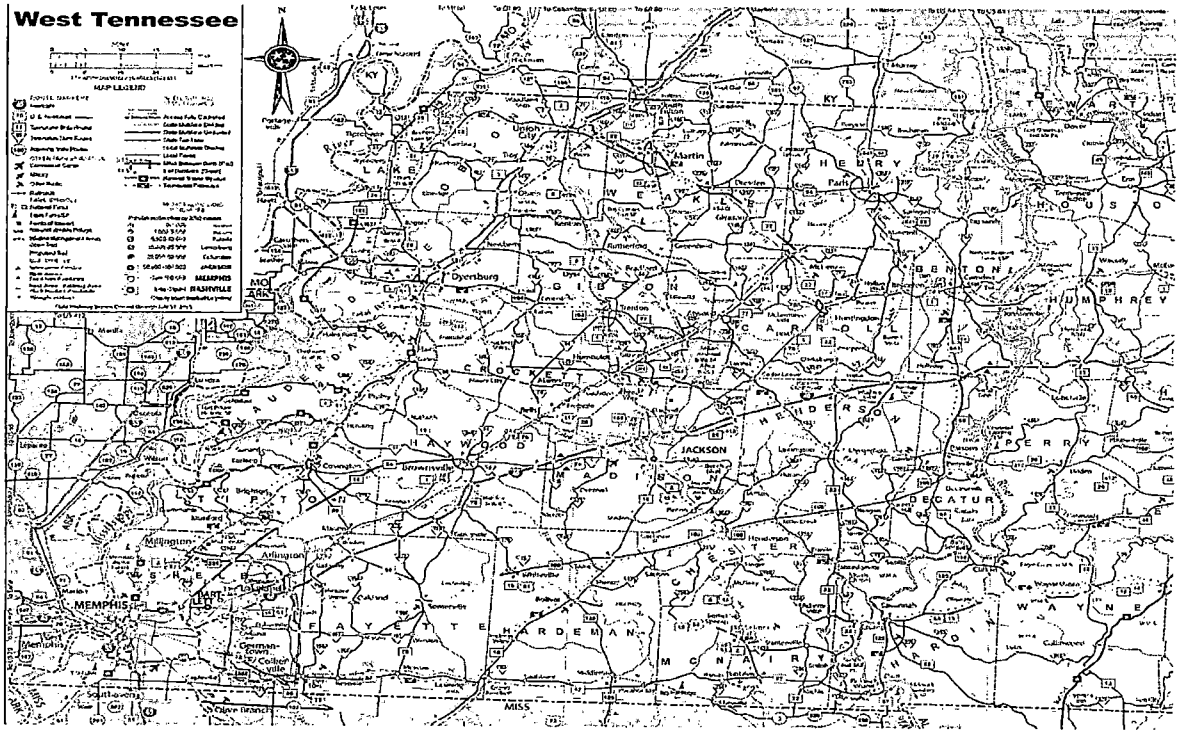
Community Health Needs Assessment

Pathways Behavioral Health Services



Conducted by:

Community Health Institute

Victoria S. Lake

Update December 2024

In fulfillment of requirements of the Patient Protection and Affordable Care Act Pub.L.No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for filing the Return.

West Tennessee Healthcare Community Health Needs Assessment Summary 2024

Needs assessments were completed in fulfillment of requirements of the Patient Protection and Affordable Care Act Pub.L.No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 *Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for filing the Return.*

Assessments were conducted for Madison, Benton, Chester, Crockett, Dyer, Gibson, Haywood, Hardeman, Weakley, Henry and for Pathways as a mental health hospital. This document reflects work done for the Pathways Behavioral Health Services Community Health Needs Assessment. The 2024 needs assessments were update of those conducted in 2012, 2015, 2018, and 2021.

The first stage of the Update process involved gathering secondary data from multiple sources for each county. The second step in the Community Health Needs Assessment Update process consisted of creating a survey to collect data from residents on local health issues. The survey consisted of 39 questions that asked basic demographics of age, race, education level, insurance, county of residence, presence or absence of specific health issues, access to care, physical activity, and health information. Respondents were requested to answer a simple "yes" or "no" to specific health issues. Surveys were distributed at several locations, and data were requested on basic respondent demographics. The age group 51 to 64 represented 38.5 percent of respondents, followed by age 36 to 50 (32.3 percent), and age 25 to 35 and older (17.4 percent). The predominant education level is respondents with a Bachelors degree (31.3 percent), followed by advanced degree (27.6 percent) and Associates degree (19.1 percent). Over 80 percent (87.6 percent) of respondents were working full time. A majority of individuals completing the survey were women (80.4 percent), had private health insurance (64.9 percent, and were Caucasian (81.1 percent).
The survey instrument was distributed in paper form through County Health Councils and local hospitals. An online survey was also and distributed to agencies and individuals in rural west Tennessee. Data from 777 completed surveys was collected. Priority issues by Tennessee Department of Health County Health Councils were also reviewed.

Fourteen WTH staff and seven members from Quality Council were asked to serve on an Internal Committee to review secondary, survey data, and state identified issues. Upon a review of state issues, survey responses and secondary data, social determinants of health especially the following:

transportation,
housing instability
access to foods that support healthy eating patterns, food insecurity
legal issues

were identified as impacting health behaviors, overall health and priority health issues for Weakley County.

Heart Disease
Chronic Obstructive Pulmonary Disease/Tobacco Use
Cerebrovascular Disease
Diabetes
Postpartum Depression

Pathways Issues

Depression
Domestic Violence/Anger Management
Co-Occurring Mental Health & Substance Abuse
Alcohol, Drug, and Prescription Drug Abuse (emphasis on Opioid Crisis)
Suicide

Introduction

Under the leadership of Pathways Behavioral Health Services, a community health needs assessment update of Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion Counties in, Tennessee was conducted in 2024. This was completed in fulfillment of the requirements of the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010; and Department of the Treasury Internal Revenue Service 26 CFR Parts 1, 53, and 62 *Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirements of a Section 4959 Excise Tax Return and Time for Filing the Return.*

This 2024 needs assessment is an update of those conducted in 2012, 2015, 2018 and 2021. The process used to conduct this limited assessment is described in the following pages.

Description of the Hospital and Community

Owned by the Jackson-Madison County General Hospital District (dba West Tennessee Healthcare), Pathways Behavioral Health Services is a community mental health center serving the needs of residents in seven counties. Pathways has a history of service to the Madison County area and is the product of one purchase and one merger. Pathways Behavioral Health Services has its origins with the Jackson Counseling Center and the Northwest Counseling Center, both of which opened in 1968. In 1990 the Jackson-Madison County General Hospital District purchased the Jackson Counseling

Center and the name was changed to the West Tennessee Behavioral Center. In 1995 the Northwest Counseling Center, whose corporate offices were located in Martin, Tennessee, merged with the West Tennessee Behavioral Center. The new behavioral health organization, owned by the Jackson-Madison County General Hospital District, was renamed to Pathways of Tennessee and finally Pathways Behavioral Health Services. The corporate offices of Pathways are located on 238 Summar Drive in Jackson.

Pathways Behavioral Health Services is a public, not-for-profit subsidiary of West Tennessee Healthcare and is accredited by The Joint Commission. Pathways provides a wide range of prevention and residential services for children and adults throughout the region including individual, group, and family outpatient counseling, alcohol and drug counseling, psychological examinations, early intervention programs and various educational programming.

Pathways Behavioral Health Services primarily serves a seven county area in rural West Tennessee. *Table 1* contains overview data for these counties (Source: Tennessee Department of Economic and Community Development, 2018).

Table 1: Service area data by county

County	Population (2023)	Poverty	Caucasian	African American	Other	Per Capita Income	Population > Age 65
Dyer	36,498	17.7%	80.8%	15.5%	3.7%	$37,628	17.9%

Gibson	51,045	14.7%	79.1%	17.7%	3.2%	$29,139	17.5%
Haywood	17,328	21.0%	46.3%	51.3%	2.4%	$25,554	21.6%
Henderson	28,070	14.0%	88.5%	7.8%	3.7%	$27,722	19.3%
Lake	6,347	34.0%	69.0%	27.3%	3.7%	$16,275	17.1%
Madison	99,193	18.6%	57.9%	38,2%	3.9%	$32,221	18.4%
Obion	30,411	19.3%	85.6%	10.9%	3.5%	$29,891	21.3%
Tennessee		14.0%	78.4%	16.5%	5.1%	$37,866	17.4%

Source: U.S. Bureau of the Census QuickFacts.

In addition, these counties have a wide range of industries such as advanced manufacturing, healthcare, social assistance, retail trade, transportation and warehousing, education services, wholesale, professional and technical services, real estate, rental, and leasing services.

The area has a number of post-secondary education opportunities: Jackson State Community College, Union University (a Southern Baptist Liberal Arts University), Lane College (a Historical Black College), and The University of Memphis Lambuth Campus, Tennessee College of Applied Technology, Bethel University, University of Tennessee at Martin.

Description of the Community Health Needs Assessment Update Process

The mission of the Community Health Needs Assessment is to evaluate and improve the health status and wellbeing of residents in rural West Tennessee with an emphasis on preventive measures. The community health needs assessment was a review of survey

results and secondary data identifying state and regional health data.

The Community Health Needs Assessment had ten (10) organizational goals.

1. To form alliances between Pathways Behavioral Health Services non-profit organizations, and the community at large to assess, improve, and promote the community health of rural West Tennessee.
2. To identify internal resources already available to assist in improving community health.
3. To assist in identifying available community resources.
4. To define "health" as it pertains to rural West Tennessee.
5. To identify collaborative partners.
6. To educate and gain formal support of West Tennessee Healthcare leadership team, Board of Trustees, community leaders, and others.
7. To assist in establishing baseline health status assessment of rural West Tennessee by collecting and reviewing available secondary data and statistics from resident surveys.
8. To assist in determining standards against which to measure current and future health status of the community.
9. To assist in communitywide establishment of health priorities and in facilitating collaborative planning, actions, and direction to improve community health status and quality of life.
10. To promote the need for ongoing evaluation of the community health assessment process to learn results, establish new goals and encourage further community action and involvement.

The first stage of the Update process involved gathering secondary data from multiple sources including the Tennessee Department of Health, County Health Rankings and Roadmaps, Tennessee Department of Mental Health and Substance Abuse Services, Tennessee Bureau of Investigation, Tennessee Behavioral Health County and Region Services Data Book, Nation al Institute on Alcohol, Abuse and Alcoholism, National Survey on Drug Abuse, Anxiety and Depression Association of America, National Alliance on Mental Illness, Depression and Bipolar Support Alliance. These data are presented in **Attachment A.**

The second step in the Community Health Needs Assessment Update process consisted of creating a survey to collect data from residents on local health issues. The survey consisted of 49 questions that asked basic demographics of age, race, education level, insurance, county of residence, presence or absence of specific health issues, access to care, physical activity, health information, and ten questions on adverse childhood experiences prior to 18th birthday. Respondents were requested to answer a simple "yes" or "no" to specific health issues and adverse childhood experiences. **Attachment B** contains a copy of the survey instrument, and **Attachment C** has a copy of the survey results.

The survey instrument was distributed in paper form through County Health Councils and local hospitals. An online survey was also and distributed to agencies and individuals in rural west Tennessee. Data from 777 completed surveys was collected.

An internal committee of West Tennessee Healthcare staff were identified to participate in the update process.

Vicki Lake	Community Health Institute
Rose Bailey	Department of Diversity, Health Equity, and Operational Excellence
Ruby Kirby	Administrator, WTH Bolivar Hospital and WTH Camden Hospital
Deena Kail	Vice President of Operations, Chief Nursing Officer
Melissa Walls	Virtual Care and Centralized Monitoring
Kim Parker	Pathways Behavioral Health Services
Tina Prescott	President and CEO
Debbie Ashworth	Case Management
Katie Chandler	Customer Support Services
James Franklin	Vice President of Operations
Teresa Freeman	Vice President, Chief Nursing Information Officer
Missy Ingle	WTH Bolivar Hospital, Patient Access Services
Tania Lambert	Customer Excellence
Donmeka Martin Mercer	Nursing
Shelley McArthur	Quality Outcomes

Tamara Moore	West Tennessee Medical Group, Quality
Clayton Phillips	Chief Information Officer
Julie Shoaf	Privacy Coordinator
Sara Skinner	WTH Bolivar Hospital, Central & Environmental Services
Jackie Taylor	Executive Vice President, Chief Physician Executive
Carie Ward	WTH Dyersburg Hospital, Quality Outcomes

Results of Survey (N=777)

Health prevalence was identified by the percentage of respondents indicating they had experienced a specific medical issue. Figure 1 contains the ranking according to prevalence among respondents.

Allergies	53.5%	Lack of financial resources: dental care	13.9%
High Blood Pressure	37.6%	Lack of financial resources: medical care	10.0%
Arthritis	28.8%	Lack of financial resources: medications	9.8%
Stress	45.2%	Lack of transportation: medications:	2.8%
Chronic Pain	19.0%	Lack of transportation: dental care	2.6%
Diabetes	14.9%	Lack of transportation: medical care	2.8%
Eye Conditions	10.2%		
Asthma	10.0%	No access to adult or child care	51.2%
Hearing Loss	8.1%	No access to physical activity facilities	23.7%
Heart Conditions	9.3%		
Bullying	12.1%		
Autoimmune Disease	12.6%	use tobacco products	20.5%
Fall Injuries	7.9%	use vaping products	8.8%
Osteoporosis	4.4%		
COPD	1.8%	access to health information	80.1%
Stroke	1.9%	travel beyond 5 miles for healthy foods	56.1%
Dementia/Alzheimers	0.5%		

Survey Respondent Demographics

Surveys were distributed at several locations, and data were requested on basic respondent demographics. The age group 51 to 64 represented 38.5 percent of respondents, followed by age 36 to 50 (32.3 percent), and age 25 to 35 (17.4 percent) (Figure 2). The predominant education level is respondents with a Bachelors degree (31.3 percent), followed by advanced degree (27.6 percent) and Associates degree (19.1 percent) (Figure 3). Over 80 percent (87.6 percent) of respondents were working full time and 4.8 percent were retired (Figure 4). A majority of individuals completing the survey were women (80.4 percent) (Figure 5), had private health insurance (64.9 percent) (Figure 6), and were Caucasian (81.1 percent) (Figure 7).

Priority Health Issues

Pathways Behavioral Health Services identified five priority issues.

1. Depression
2. Domestic Violence/Anger Management
3. Co-Occurring Mental Health & Substance Abuse
4. Alcohol, Drug, and Prescription Drug Abuse (emphasis on the Opioid Crisis)
5. Suicide

Pathways of Tennessee, Inc.
Service Description

Pathways staff includes psychiatrists, nurse practitioners, social workers, counselors, nurses, case managers and support staff. The overall goal of treatment is to help those receiving services identify and learn to cope more effectively with problems they are experiencing. A combination of individual therapy, medication management and/or community support services may be offered to accomplish treatment goals.

Outpatient Services

Therapy or Counseling – This service involves individual, couple, family and/or group counseling by one of our mental health professionals. These individuals use professional skills, knowledge, training and experience to assist clients in identifying problems and developing a plan to address / resolve these problems. The frequency and duration of sessions is individualized and will be a part of the treatment plan.

Medication Management – This service involves the use of medication(s) to treat symptoms of various mental health diagnoses and can be an important part of treatment. If medication(s) are recommended, the benefits and side effects of the medication(s) will be discussed. The medical practitioner will evaluate response to the medication(s). Adjustment or changes will be made as needed.

Psychiatric Intensive Outpatient Program – This service offers group counseling 3 hours per day for 3 to 4 days per week for 6 to 8 weeks. Services are provided for at the Jackson office on Summar Drive. Family therapy may also be recommended. Aftercare services are also available upon completion of this program.

Case Management – This is a comprehensive service that aims to enhance treatment effectiveness and outcomes with the goal of maximizing recovery and resilience options and natural supports. Case Managers help people access clinical and other services that prevent deterioration in their current mental status and promote their recovery toward independent living.

Health Link Program- Through better coordinated behavioral and physical health services, the Health Link program is meant to produce improved member outcomes and greater flexibility when it comes to the delivery of appropriate care for each individual. The program is built to encourage the integration of physical and behavioral health, as well as, mental health recovery, giving every person a chance to reach his or her full potential for living a rewarding and increasingly independent life in the community.

Peer Support Services – These services are available in Dyer, Henderson and Madison counties. Peer Support Specialists with lived experience are available to assist clients in

dealing with problems outside formal therapy services.

Substance Abuse Services:

Inpatient Detoxification Unit – Inpatient Detoxification is a twenty-four hour, seven days per week (24/7) concentrated and structured hospital-based program which may include individual, group and medical management. Services provided are based on the needs and responses of the individual with respect to the severity of their symptoms. Treatment is tailored to assist the individual in regaining a higher level of functioning. Services are directed at providing stabilization of symptoms, preventing deterioration, and facilitating reintegration into the community with an identified aftercare plan.

Intensive Outpatient Program – This service offers group counseling 3 hours per day for 3 to 4 days per week for 6 to 8 weeks. Services are provided for adults and children and adolescents at the Jackson office on Summar Drive. Family therapy may also be recommended. Aftercare services are also available upon completion of this program.

Co-Occurring Services – Pathways recognizes that many people suffer from a combination of substance abuse and mental health issues. All of our Substance Abuse Programs are prepared to offer services to address both issues.

Emergency Services

Mobile Crisis Services - These services are available twenty-four hours per day, seven days per week (24/7) through the Center's Crisis Line for persons who find themselves in psychiatric emergency situations. We have mental health professionals available to provide crisis intervention services. The 24 hour Crisis Line number is 1-800-372-0693.

24 Hour Walk-In Triage Center – Located at 238 Summar Drive the Triage Center is available for those experiencing a psychiatric emergency. Screening and assessment services are provided to formulate the best plan to manage a psychiatric crisis.

Crisis Stabilization Unit – This service offers twenty-four hour per day, seven days per week (24/7) intensive, short-term stabilization and behavioral health treatment for individuals who do not meet the criteria for psychiatric hospitalization. The CSU provides assessment, triage, medication management, and group and individual therapy as well as an opportunity for clients to work with a Peer Support specialist.

Inpatient Psychiatric Unit – This service offers a therapeutic environment for patients requiring short-term, acute care twenty-four hour per day, seven days per week (24/7). This service offers a specialized team of Nurses, Social Workers, and Psychiatric Technicians, directed by a Psychiatrist. The Inpatient Unit provides psychotherapeutic care for the patient and family to meet their psychological, medical and rehabilitative needs so their return to the community can be facilitated as rapidly as possible.

Conclusion

Under the leadership of Pathways Behavioral Health Services, a community health needs assessment update of Dyer, Gibson, Hardeman, Haywood, Henderson, Lake, Madison, and Obion Counties in, Tennessee was presented to the West Tennessee Healthcare Quality Council in January 2025. The document was approved for submission to the West Tennessee Healthcare Board of Trustees. A presentation was made to the Board of Trustees on January 27, 2025, and the Pathways Behavioral Health Services Community Health Needs Assessment was approved on this date. The Assessment will be updated in three years as stipulated in the Patient Protection and Affordable Care Act Pub.L. No.111-148, 124 Stat. 119, enacted March 23, 2010.

Summary of Secondary Data By County
Community Health Needs Assessments 2024
Issues Reviewed & Those Consistently Above State Average

Pathways Behavioral Health Services
Anger management
Anxiety
Serious or chronic Mental Health Disorder
Depression
Domestic Violence
Eating Disorders
Post-Traumatic Stress Disorder
Alcohol Abuse
Excessive Drinking and Alcohol-Impaired Deaths
Dual Diagnosed/Co-Occurring Disorders
Drug Abuse
Prescription Drug Abuse
Alternatives to Hospitalization
Crisis Services
Education Services
Employment Services
Outreach to Homeless Persons
Integrated Services for People with Mental Illness and Substance Abuse Services
Psychiatry
Safe, Affordable Housing
Self-Help Groups
Substance Abuse Treatment Services
Treatment for Military Personnel
Access to Medications
Cannot Afford Services
Family Support
Homelessness
Insurance Coverage
Lack of Child Care
Limited Wait for Services
Long Wait Times for Services
Transportation Services
Suicide
Dementia
Homeless Point in Time Count

Pathways Community Health Assessment
Update of Size of Health issues -Updated 12-2024
Prioritization of Health Issues

Anger Management

45% regularly lose their temper at work-computer problems and co-workers
80% been involved in road rage incidents
38-50% adults in jail or prison report anger issues
32% of people say they have close friend or family member who has trouble conrtolling anger
12% say they have trouble controlling their own anger
28% say they worry how anger makes them feel
20% say they have ended a relationship or friendship due to anger issues
64% believe people are gettign angrier
58% say they would seek help if they knew how to

Source: Mental Health foundation. Boiling Point-Problem Anger and What We Can do About It; 2012
National Survey on Drug Abuse: Mental Health Findings.

38% of men are unhappy at work.
27% of nurses have been attacked at work.
Up to 60% of all absences from work are caused by stress.
33% of Britons are not on speaking terms with their neighbors.
1 in 20 of us has had a fight with the person living next door.
UK airlines reported 1,486 significant or serious acts of air rage in a year, a 59% increase over the previous year.
The UK has the second-worst road rage in the world, after South Africa.
More than 80% of drivers say they have been involved in road rage incidents;
25% have committed an act of road rage themselves.
71% of internet users admit to having suffered net rage.
50% of us have reacted to computer problems by hitting our PC, hurling parts of it

Source: The British Association of Anger Management. Beatign Anger.

Anxiety

General anxiety disorder affects 6.8 million adults or 3.1% of the popualtion yet only 43.2% are receiving treatment
panic disorder affects 6 million adutls or 2.7% of the population
Anxiety disorders cost the U.S. more than $42 billon a year
More than $22.84 billion of the costs are associated with repeat use of healthcare services
People with anxiety disorer are three-to-five times more likely to go to the doctor and six times more likely to be hospitalized for psychotic disorders
41% of employed individuals have anxiety disorders
65% of Americans take prescriptions for anxiety disorders; 43% take mood altering prescriptions

Source: Anxiety and Depression Association of America; www.anxietycentre.com

Anxiety disorders are the most common mental illness in the United States, affecting 40 million adults ages 18 and odler
Anxiety disorders are highly treatable, yet only about one-third of those suffering receive treatment
Women are twice as liekly as men to be affected by general anxiety disorder
Women are twice as likely as men to be affected by panic disorder with has a high morbidity rate with major depression
About 6.8 percent of the adult population suffer from social anxiety disorder (equally common between men and women)
Obsessive-compulsive disorder (OCD) is equally common between men and women.
The median age of onset is 19 with 25 percent of cases occurring by age 14

Post-traumatic stress disorder affects 7.7 million adults-more women and rape was most likely trigger

Source: Anxiety and Depression Association of America.

Serious or Chronic Mental Health Disorder

One in five adults experience mental illness
nearly one in 25 live with serious mental illness
one-half of all chronic mental illness begins by age 14; three-quarters by the age of 24
Depression is the leading cause of disability worldwide
90% of those who die by suicide have an underlying mental illness
Among the 20.2 million adults in U.S. who experienced substance abuse disorder; 50.5% had co-occurring mental illness
26% of homeless adults staying in sheletrs live with serious mental illness; 46% live wirh severe mental illness and substance abuse disorders
One in four adults experience mental illness in a given year-61.5 millon adults
2.4 million adults live with schizophrenia
6.1 million adults live with bipolar disorder
14.8 million people live with major depression
9.2 million adults have co-occurring mental health and addiction disorders
20 percent of state prisoners and 21 percent of local jail prisoners have a recent mental health condition
60 percent of adults with a mental illness receive no mental health services
Serious mental illness costs America 193.2 billion in lost earnings s year
Individuals with mental illness face an increased risk of chronic health conditions

Source: National Alliance on Mental Illness. Mental Illness Facts and Numbers

Estimated Number and Percent of People Over Age 18 with Serious Mental Illness in Past year

Area	2008-2010	2010-2012
Madison	5.78%	5.78%
Henderson	5.78%	5.78%
Haywood	5.78%	5.78%
Crockett	5.78%	5.78%
Gibson	5.78%	5.78%
Lake	5.78%	5.78%
Dyer	5.78%	5.78%
Obion	5.78%	5.78%
Weakley	5.78%	5.78%
Hardeman	5.78%	5.78%
TN	5.18%	5.18%

Source: Tennessee Department of Mental Health and Substance Abuse Services.
Tennessee Behavioral Health County Data Book 2014.

Estimated Number of Percent of People Over Age 18 With Any Mental Illness in the Past Year

Area	2008-2010	2010-2012
Madison	22.59%	20.71%
Henderson	22.59%	20.71%
Haywood	22.59%	20.71%
Crockett	22.59%	20.71%
Gibson	22.59%	20.71%
Lake	22.59%	20.71%
Dyer	22.59%	20.71%

Obion	22.59%	20.71%
Weakley	22.59%	20.71%
Hardeman		
TN	22.15%	20.56%

Source: Tennessee Department of Mental Health and Substance Abuse Services.
Tennessee Behavioral Health County Data Book 2014.

Depression

300 million worldwide suffer from depression; number 1 cause of disability
One in 20 americans suffer from depression; most common mental disorder
Depression more common in women
Major depressive disorder affects 14.8 million Americana dults or 6.7 percent of the U.S. population age 18 and older
People with depression are four times more likely to develop a heart attack
Median age of onset is 32
Depression often co-occurs with other illnesses and medical conditions
About six million people are affected by late life depression, but only about 10 percent ever receive treatment
Women experience depression at twice the rate of men, regardless of racial, ethnic ' background or economic status
Major depressive disorder is the leading cause of disability in the U.S. for ages 15 to 44
Depression costs U.S. businesses $70 billion in medical expenses, loast productivity, and other expenses
Depression is the cause of 2/3 of suicides in the U.S.

Source: Depression and Bipolar Support Alliance. Depression Statistics.

Domestic Violence

1 in 4 women will expereince domestic violence durign her lifetime
Domestic violence is more likely to occur between 6pm and 6am
More than 60 percent of doemstic violence incidents happen at home
Domestic violence is the third leading cause of homelessness among families
Women ages 20 to 24 are at greatest risk of becoming victims of domestic violence
More than 4 million women experience physical assault and rape by their partners
1 in 3 female homicide victims are murdered by their current or former partner
domestic violence victims face many mental health and physical health issues-
depression, sleep deprivation, anxiety, heart disease, other chronic conditions
most domestic violence incidents are never reports
3.3 million children in U.S. witness violence against their mother or female caregiver by a family member
40-60% of men who abuse women also abuse children
1 in 5 teenage girls have experienced a domestic violent relationship with a boyfriend
175,000 workdays american employees miss annually because of doemstic violence
85% of doemstic violence victims are women

Source: SafeHorizon. Domestic Violence Statistics and Facts

Safe Hope Center 2017-18
256 victims served by Navigator
239 domestic violence
9 adult sexual assault
4 child sexual assault
4 stalking/intimidation

2017-18 Shelter/Outreach/Hotline/Advocacy Served by Wo/Men's Resource and Rape Assistance Program

	Outreach	Shelter	Hotline	Advocacy
Benton	54	5	41	35
Carroll	14	10	34	11
Chester	34	3	11	9
Crockett	19	4	15	6
Decatur	13	5	23	12
Gibson	48	31	82	20
Hardeman	8	3	10	2
Hardin	74	3	41	5
Haywood	40	11	60	11
Henderson	46	7	85	20
Henry	45	1	37	5
Madison	204	64	250	78
McNairy	24	4	34	5
Wayne				

Source: Wo/Men's Resource and Rape Assistance Program Data.

Eating Disorders

Eating disorders have the highest mortality of any mental illness
13% of women over age 50 engage in eating disorders
16% transgender college students have an eating disorder
5.5% of women and 4% of men on active military duty have an eating disorder
Eating disroders affect all races and ethnic groups
1 in 5 anorexia deaths is by suicide
nearly 1 in 10 bulimia patients have an alcohol abuse issue
Almost 50 percent of individuals with eating disorders meet the criteria for depression
Up to 30 million people of all ages and genders suffer from an eating disorder
The mortality rate associated with anorexia nervosa is 12 times higher than the death rate associated with all causes of death for females 15-24 years old
An estimated 10-15 percent of individuals with anorexia or bulimia are male
Women are much more likely than men to develop an eating disorder
About 50 percent of women who have had anorexia develop bulimia or bulimia patterns
About 20 percent of people suffering from anorexia will prematurely die from complications related to their eating disorder-heart conditions or suicide
Female athletes in aesthetic sports (gymnastics, ballet, figure skating) are at the highest risk for eating disorders

Source: National Association of Anorexia Nervosa and Associated Disorders. Eating Disorder Statistics.

Post Traumatic Stress Disorders (PTSD)

70% of adults in U.S. have experienced some type of traumatic event in their lives
20% of these people develop PTSD
1 out of 9 women develop PTSD
8% of americans have PTSD at a given time
Adults with PTSD are heavy users of healthcare servcies
almost 50% of all outpatient mental ehalth patients have PTSD
About 7-8 out of every 100 people will have PTSD at some point in their lives.
About 5.2 million adults have PTSD during a given year.
About 10 of every 100 of women develop PTSD sometime in their lives compared with about 4 of every 10 men.
About 11 to 20 veterans out of 100 who served in Iraqi Freedom or Enduring Freedom have PTSD in a given year
About 12 of 100 Gulf War veterans have PTSD in a given year

About 30 of every 100 Vietnam Vets have PTSD in their lifetime

Source: National Center for PTSD. How Common is PTSD?

Alcohol Abuse

86.4% of people age 18 and older report drinking alcohol at some time; 70.1% in the last year
26.9% engaged in binge drinking in the past month; 7% in heavy alcohol use in the past month
15.1 million aduts age 18+ have alochol use disorder-9.8 million men; 5.3 million women
88,000 adults die from alcohol-related causes each year
Alcohol-related impaired driving fatalities acount for 9,967 deaths or 31% of all fatalities
more than 10% of U.S. children live with a parent with a lochol problems
Approximately 5.8 million people (About 15 percent) ages 12-20 were binge drinkers
Approximately 1.7 million people (about 4.3 percent) ages 12-20 were heavy drinkers
40.1 percent of college students age 18-22 engage in binge drinking (5+ drinks)
14.4 percent of college stduents age 18-22 engage in ehavy drinking (5+ drinks 5 times)
College students die from alcohol-related unintentional injuries (1,825)
97,000 students report experiencing alcohol-related sexual assault or date rape
48.2 percent of cirrhosis deaths alcohol-related
1 in 3 liver transplants related to alcohol use
Source: National Institute on Alcohol Abuse and alcoholism.

Number and Percent of TDMHSAS Funded Treatment Admissions With Alcohol Identified as Substance of Abuse

Area	FY2022	FY2021	FY2020	FY2019
Madison	283/39.7%	262/38.8%	282/41.3%	296/48.6%
Henderson	55/39.3%	59/46.5%	67/49.3%	65/42.5%
Haywood	86/51.2%	28/56.0%	24/63.2%	32/53.3%
Crockett	18/--	38/50.0%	42/48.3%	30/42.3%
Gibson	129/41.3%	116/40.6%	104/46.2%	106/41.9%
Lake	7/--	9/--	*	6/--
Dyer	36/27.9%	34/27.2%	38/33.0%	36/25.2%
Obion	39/32.5%	41/35.3%	31/30.4%	31/30.4%
Weakley	18/--	20/35.1%	23/35.9%	21/32.3%
Hardeman	27/34.6%	36/41.4%	49/50.0%	58/45.0%
TN	33.90%	33.60%	287.30%	34.70%

Source: Tennessee Department of Mental Health and Substance Abuse Services.

Excessive Drinking and Alcohol-Impaired Deaths

Area	Excessive Drinking					Alcohol-Related Driving Deaths			
	2024	2023	2022	2021	2020	2024	2023	2022	2021
Madison	14%	15%	14%	14%	13%	73	94	85	100
Henderson	14%	15%	14%	16%	13	23	42	31	39
Haywood	12%	13%	12%	13%	11	27	25	32	27
Crockett	14%	15%	14%	16%	13	18	17	30	11
Gibson	14%	15%	14%	15%	13%	34	43	35	47
Lake	15%	15%	14%	15%	14	5	4	1	2
Dyer	15%	16%	15%	17%	14%	16	31	35	50
Obion	13%	13%	13%	13%	12%	40	14	36	26
Weakley	15%	16%	14%	16%	14%	15	22	32	25
Hardeman	13%	14%	13%	13%	13%	15	15	9	10
TN	17%	17%	17%	17%	14%				

Source: Robert Wood Johnson Foundation and University of Wisconsin

Co-Occurring Mental Health and Substance Abuse Problems

5.6 million adults have both a serious psychological distress and substance abuse disorders
Only 8.4 percent receive treatment
43 percent of youth receiving mental health treatment are disgnosed as co-occurring

Number of Unique TDMHSAS Operated Regional Mental Health Institute Admissions for Co_occurring Disorders and Percent of all Admissions for Co-Occurring

Area	FY2012	FY2013	FY2014
Madison	47/27.0%	40/23.0%	57/39.0%
Henderson	11	17	10
Haywood	11	9	7
Crockett	10	8	5
Gibson	23/32.4%	21/29.6%	20/42.6%
Lake	5	<5	<5
Dyer	20/26.0%	21/27.3%	22/42.3%
Obion	11	15	13
Weakley	21/35.0%	15	15
Hardeman	36/29.0%	41/33.1%	47/49.0%
TN	33.80%	26.90%	33.70%

Source: Tennessee Department of Mental Health and Substance Abuse Services.
Tennessee Behavioral Health County Data Book 2014.

Drug Abuse

Tennessee opioid treatment admissions have been declining sice Fy2013 but are 15% higher than 2011
methamphetamine treatment admissions incresed 135% between 2011 and 2016
heroin treatment admissions increased 413% between 2011 and 2016
meth use up 156% ages 25-44; up 51% ages 18-24
heroin use up 484% age 25-44; up 308% ages 18-24
opioids use up 35% ages 25-44; up 62% ages 18-24
meth use highest in rural areas
heroin use highest in urban areas
opioid use rates lowest in urban areas
opioid and heroin -related crimes increased; heroin seizures increased; opioid seizures decreased

23.9 million Americans age 12 and older or 9.2 percent of the population have used illicit durg in past month
Marijuana use has increased since 2007 to 18.9 million users
Drug use highest among people in late teens and early twenties
Drug use increasing among people in their 50s
There were 4.6 million drug related ER visits
422,896 cocaine related ER visits
376,67 marijuana related ED visits
213,118 heroin related ED visits
93,562 dtimulents ED visits

Source: National Institue on Drug Abuse; TN Dept. of Mental Health/Substance Abuse Services

Prescription Drug Abuse

4.8% Tennessee youth ages 12-17 misuse prescrption drugs
adults age 18+ 4.1% misuse prescription drugs
Costs Tennessee $55 billion each year in social and related health costs

17% increase over 5 years in admissions to publicly-fudned treatment; heroin admissons tripled
heroin overdose hospitalizations increased eight-fold over 5 years
6,775 statewide criminal offenses involved opioid-related drug seizures
67% all durg seizures for opioids
1,039 infants born 2015 with NAS

The number of drug overdose deaths in Tennessee increased from 422 in 2001 to 1,059 in 2010, a 250% >
The drug ovedose death rate per 100,000 in Tn is 16.7 compared to 12.0 for U.S.
275.5 million hydrocodone pills prescribed in TN a year
116.6 million pills prscribed for alprazolam in TN
113.5 million pills prescribed for oxycodone
Abuse of perscription opioids is the number 1 drug problem for TN receiving treatment
The percentage of people identifying prescription opioids as #1 primary substance increased from 5% in 1999 to 23% in 2009
Abuse of opioids in TN is greater than abuse of marijuana, crack or cocaine
2010 there were 2,717 treatment admissions in TN for prescription opioids
More men were admitted for treatment than women, but women abused opioids more
21 percent of men reported their substance abuse was prescription opioids
27 percent of women reported their substane abuse was prescription opioids
Almost 13% of TN between ages 18-25 abused opioids
Prescription drugs obtained from: 70% family/friends; 18% from prescribers; 5% drug dealers/Internet

Source: TN Epidemiological Profile of Alcohol and Drug Misuse

Alternatives to Hospitalizations

Waiting lists to see a psychiatrists prevent consultation about medication management
It can be 4-6 weeks before a psychiatrist can see a client
Residential services, vocational rehabilitation, social and recreational centers which also link people to resoruces, respite, and other support for caregivers, information and education can improve community based mental health to decrease institutionalization

Source: Psycheducation.org; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs from PsychiatryOnline.org

Crisis Services

Adults and Children Crisis Assessments

Area	FY2024	2023	2022	2021
Madison	2321	2266	2219	2230
Henderson	361	389	334	318
Haywood	147	151	143	112
Crockett	144	139	119	134
Gibson	630	597	692	646
Lake	43	38	50	45
Dyer	417	465	496	597
Obion	423	410	408	409
Weakley	404	431	361	347
Hardeman	347	483	389	329

Source: Tennessee Department of Mental Health and Substance Abuse Services; Tennessee Department of Health.

Poor Mental Health Days-Percentage

	2019	2020	2021	2022	2023	2024
Madison	4.5	4.7	5.3	5.4	5.3	6.3
Henderson	4.8	4.9	5.7	5.9	5.4	6.6
Haywood	4.8	4.8	5.6	5.8	5.5	6.1

Crockett	5.0	4.9	5.8	5.8	5.5	6.2
Gibson	5.0	4.8	5.3	5.7	5.4	5.8
Lake	4.8	5.0	5.8	6.0	5.2	6.2
Dyer	4.6	4.8	5.6	5.8	5.5	6.1
Obion	4.9	5.0	6.1	5.9	5.2	6.4
Weakley	4.8	4.9	5.6	5.8	5.5	6.4
Hardeman	4.8	5.0	5.8	5.9	5.1	6.3
Tennessee	4.5	4.4	5.2	5.1	5.0	5.8

Source: University of Wisconsin County Health Rankings

Education Services

Over 50 percent of stduents age 14 or older with a mental disorder drop out of high school--highest rate for any disability group

Source: National Alliance on Mental Illness

Employment Services

Throughout the 1990s, 90 percent of people withserious mental illness were unemployed
Supported Employment is an approach to service delivery and competitive employment for persons with the most significant disabilities. It provides employment for many individuals who were previously considered unemployable
Supported Employment is competitive work in integrated work settings in which individuals are working toward competitive work, consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests and informed choice of the individuals.
This program is for individuals with the most significant disabilities, for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of a significant disability. These individuals need intensive supported employment because of the nature and severity of their disability.
Training takes place in actual job settings at competitive wages. Contracts provide Supported Employment services through a number of facilities coordinated through Rehabilitation Services and Mental Health and Retardation. The unique feature of Supported Employment is the ongoing support it provides to individuals with the most significant disabilities while maintaining employment.
In Tennessee an estimated 20 percent of adults receiving services for mental illness are employed. This is compared to 10 percent nationally.

Source: Tennessee Department of Human Services.

Outreach to Homeless Persons

PATH Outreach Services available through State of TN funding
Homeless Outreach for Families
Tennessee Homeless Solutions Jackson/West Tennessee Continuum of Care (CoC) provide emergency shelter, transitional care and permanent supportive housing for the homeless.
Limitations exist within local community budgets
Case management available through many homeless service providers
Services must be adapted based on client needs

Integrated Services for People with Mental Health and Substance Abuse Issues

An estimated 5.2 million people are living with co-occurring subsatnce abuse disorder and mental illness
Without integrated treatment, one or both disorders may not be addressed properly
Necessary components include: integrated screening, assessment, treatment planning, coortdinated treatment, and continuing care

Source: National Alliance on Mental Illness; SAMHSA

Psychiatry

All counties in the Pathways service area are underserved for psychiatry
Psychiatrists perform both direct and indirect services
Research shows that psychiatrists should see 37 stable patients, 8 unstable patietns, and 3 new patients
Waiting time to see a psychiatrist after arranging appointment is 4-6 weeks

Source: SAMHSA; Bhaskara, S.M. Setting Benchmarks and Determining Workloads in Community Mental Health Programs

Safe, Affordable Housing

Community attitudes to residential housing such as group homes are generally negative
After the 1990s a trend showed that 90 percent of individuals experiencing serious and persistent mental illness were unemployed
Disability pays a maximum of $698.00 making it difficult for independent living when living alone
There is a wealth of literature, both national and Tennessee-specific, to support the essential role of stable, safe, quality, and affordable permanent housing in the recovery process for persons with mental illness and co-occurring disorders. Research indicates the necessity of financial assistance/rental subsidies and support services to ensure that consumers have the opportunity to live independently in an integrated community setting. Research also indicates that consumers are served more effectively and efficiently by supported housing. Emerging evidence shows significant cost savings when persons reside in housing that includes wrap-around support services.
Mental Health: A Report of the Surgeon General states that "housing ranks as a priority concern of individuals with serious mental illness. Locating affordable, decent, safe and appropriate housing is often difficult, and out of financial reach. Stigma and discrimination also restrict consumer access to housing."
- Approximately 15 percent of persons with severe and persistent mental illness receiving case management are housed inappropriately. One can assume that this percentage might be considerably higher among other segments not receiving services at all, such as homeless persons.
- In all areas of the state and among every subgroup of the population surveyed, the primary barrier to appropriate housing was insufficient income to pay for monthly expenses.
- The type of housing most appropriate for the majority of the consumers surveyed is independent living units.
- A large proportion of persons awaiting release from regional mental health institutes cannot be discharged because there are not enough spaces available in appropriate licensed facilities.
- State and community mental health systems have a responsibility to focus on housing as a necessary component of recovery and community support.
- Housing planning should focus on permanent housing that is affordable.
- Planning for housing should be closely linked to planning for the support that people need for recovery, and people with psychiatric disabilities and their families should have a central role in the planning process.
- The most effective approach to promoting recovery and integration is to combine professional services staffed by people with and without histories of psychiatric disabilities with peer support and consumer-operated services and natural support systems in the community.
- The leadership of the state mental health agency must view rental assistance as part of a larger strategy designed to increase access to integrated housing.

Helpful activities include assembling groups of stakeholders to assist in the development and oversight of state policy regarding housing and residential services.

Housing discrimination against people with psychiatric disabilities is a major national problem that requires urgent attention.

Legal protections and tools, such as those found in the Fair Housing Amendments Act, Section 504 of the Rehabilitation Services Act, and in provisions of the Americans with Disabilities Act, are often overlooked within both mental health and housing systems and should be utilized as important tools for assisting people with psychiatric disabilities to meet their housing needs.

Education, information, and training in these protections are of critical importance to consumers and family members as well as to housing and mental health staff.

State and local mental health agencies should develop partnerships with housing finance and development agencies to increase housing access and supply.

State mental health agencies should support the development of knowledge and skills necessary for accessing mainstream housing resources.

Creative use of mainstream housing resources both new and existing (e.g., Community Development Block Grant, HOME funds), should be a priority of mental health and housing authorities.

The leadership of the state mental health agency must view rental assistance as part of a larger strategy designed to increase access to integrated housing.

Rental assistance activities should be developed in the context of an overall housing policy that supports a variety of activities designed to increase the availability of integrated housing.

Helpful activities include assembling groups of stakeholders to assist in the development and oversight of state policy regarding housing and residential services.

Source: Tennessee Department of Mental Health and Substance Abuse Services

Self-Help Groups

Peer Support Centers are peer-run programs where people who live with mental illness or a co-occurring disorder come together to learn about recovery, find support from their peers, make friends, and socialize. All 45 Peer Support Centers in Tennessee are 100% staffed by people who are in recovery from mental illness or a co-occurring disorder and who have been trained to provide peer support. At the Peer Support Centers, members develop their own recovery-based programs to supplement existing mental health services. Peer Support Centers are open a minimum of 24 hours a week, charge no fees, and offer healthy snacks.

Peer Support Centers have various activities that they focus on and include:

Recovery Education: Trained Certified Peer Recovery Specialists lead evidence-based classes, covering such topics and curricula as the Wellness Recovery Action Plan, Illness Management and Recovery, the Chronic Disease Self-Management Program, and the BRIDGES psycho-education course. Other topics include stress management, anger management, and grief counseling.

Support Groups: Each Peer Support Center offers peer support groups to help people find the emotional support they need to help them in their recovery. This support is provided by people who can relate to what they are going through. Trained Certified Peer Recovery Specialists provide positive role models of peers in recovery.

Volunteerism: Each Peer Support Center participates in volunteer activities, such as visiting residents of a nursing home, sorting food at a food bank, or picking up trash in the neighborhood. These activities provide opportunities for members to reap the benefits that come from giving to others and staying connected with the community.

Social Activities: Peer Support Centers provide socialization opportunities that address the isolation felt by many people who live with mental illness. Members enjoy going to local community events, such as art fairs, city clean-up days, or holiday festivals; playing games together, such as charades, cards, or kickball; and even going out for lunch from time to time.

CAREY COUNSELING CENTER

Host Agency Contact:

Liberty Place

Coordinator: Priscilla Johnson
Email: priscilla.johnson@careyinc.org
731-855-3153
1263 Hwy 45 Bypass N
Trenton, TN 38382
Open: Tues – Fri 9 am-3 pm
Counties Covered: Gibson

Outreach Center
Coordinator: Tabatha Armstrong
Email: Tabatha.Armstrong@careyinc.org
731-642-8994
1539 Hwy 69 North
Paris, TN 38242
Open: Tues- Fri 9 am -2 pm
Counties Covered: Henry

C.A.R.E.S. Center
Coordinator: Tabatha Armstrong
Email: Tabatha.Armstrong@careyinc.org
731-584-6233
946 Flatwoods Road
Camden, TN 38320
Open: Tues-Thurs 9 am-2 pm
Counties Covered: Benton

Sunrise Outreach Center
Coordinator: Jimmy Zills
Email: james.zill@careyinc.org
731-884-1549
P.O. Box 186
110 East Church Street
Union City, TN 38261
Open: Mon-Thurs- 9 am-2 pm
Counties Covered: Obion

PATHWAYS
Host Agency Contact: Pat Taylor
731-541-8200
238 Summar Dr
Jackson, TN 38301

The Hope Center
Coordinator: Lori Butler
Emial: Lori.Butler@wth.org
731-287-7535
222 E. Court St. Suite A
Dyersburg, TN 38024
Open: Tues – Thurs 8:00 AM – 4:00 PM
Counties Covered: Crockett, Dyer, Lake

Rainbow Center
Coordinator: Bridgett Cupples
731-423-9500
67 American Drive
Jackson, TN 38301
Open: Tue, Wed & Thurs 8:00 AM – 4:00 PM
Counties Covered: Madison, Haywood

Comfort Center
Coordinator: Kim Buckley
731-968-1504
300 Holly Street
Lexington, TN 38351
Open: Tues Wed Thurs- Fri 8:00 AM-4:00 PM
Counties Covered: Henderson

PROFESSIONAL CARE SERVICES
Host Agency Contact: Jimmie Jackson
901-475-3569
1997 Hwy 51 S
Covington, TN 38019

Hearts in Hands
Coordinator: Taveo Jackson
email:taveo.jackson@pcswtn.org
901-465-0420
306 Midland Street
Somerville, TN 38068
Open: Mon- Thurs, 8:00 AM – 4:15 PM
Counties Covered: Fayette

Togetherness House
Coordinator: Angelia DeLancey
email: Angelia.DeLancey@pcswtn.org
731-635-8802
477-B South Washington
Ripley, TN 38063
Open: Mon. & Tues. 8:00 AM - 4:00 PM; Wed. 10:00 AM - 2:00 PM; Thurs. 8:00 AM - 4:00 PM
Counties Covered: Lauderdale, Tipton

QUINCO MENTAL HEALTH CENTER
Host Agency Contact: Michelle M Guia
731-658-6113
10710 Old Hwy 64
Bolivar, TN 38008

Horizon of Bolivar
Coordinator: Tomeka Carter
email: tomeka.carter@quincomhc.org
731-403-3000
428 W. Market St.
Bolivar, TN 38008-2606
Open Tues-Fri, 8 am – 3:30 pm
Counties Covered: Hardeman, Chester

Horizon of Savannah
Coordinator: Virginia Lott
Email: virginia.lott@quincomhc.org
731-925-7790
903 Florence Road
Savannah, TN 38372
Open: Tuesday – Friday 8:00 AM – 3:30 PM
Counties Covered: Hardin, McNairy

Source: Tennessee Department of Mental Health and Substance Abuse Services

Treatment for Military Personnel

A treatment gap exists between those experiencing symptoms and those who seek treatment
Stigma has been cited as a contributing factor
Getting time off work, making an appointment, expense, and transportation have been identified as external barriers to services
Lack of trust and belief that it will not help were identified as personal barriers

Source: Bein, L. Miliary Mental health: Problem Recognition, Treatment Seeking and Barriers

Access to Medications

Racial and ethnic minorities are less likely to have access to mental health services and often receive poorer quality of care

Cannot Afford Services, co-pays, deductibles

5 of the 10 leading causes of disability are mental illness
Approximately 70 percent of disabilioty claims fail on the first attempt. Even when expedited under the Compassionate Allowance Initiative the claim willt ake 20 days to process

Source: Social Security-disability.org; World Health Organization. Mental Healtha nd Work: Impact, Issues, and Good Practices

Family Support

Denial is associated prior to accepting family member's mental illness
Presence of support system helps alleviate stress, increase self-confidence and value, and decrease feelings of isolation and loneliness
Most people believe that mental illness are rare and "happen to someone else."
Most families not prepared to deal with the onset of mental illness in the family

Source: Pathways2promise.org; Mental Health America; DDS Safety net

Homelessness

653,104 people homelessness in 2023 point-in-time count
12.1 percent increase over 2022 and more first time homeless veterans and chronic homeless increasing; 9,215 homeless counted in Tennessee

Source: U.S. Department of Housing and Urban Development

Insurance Coverage

Employer sponsored healthcare in decline
7 million signed up at insurance marketplace

Lack of Child Care

55 percent of women work and provie for their families
Many families rely on family memebrs for child care
Child care expenses average from $11,027 (toddlers) to $11,985 (infants) per child per year
Parents may have difficulty obtaining care around their homes or in correspondence to their schedules

Source: Almanac of Policy Issues, Child Care

Limited Hours of Operation

The traditional workday is 8am to 5pm
Employees with disabilities are required to eprform essential functions of their job with or without reasonable accommodations

Source: The U.S. Equal Opportunity Commission

Long Wait Times for Services

The longer the wait times for services 4-6 weeks leads to crisis times
The lack of services and qualified mental health professionals lead to longer wait times

Stigma, Discrimiantion, and Prejudice

The newspaper perpetuates stigma. Newspapers portray conenction between mental illness and crime.
Myth that people with mental illness need to be locked in institutions
People with mental illness can be seen as never having the potential to lead normal, meaningful lives to work at higher level jobs.

Source: Mental Health of America

Transportation to Services

Many individuals with mental illness and substance absue services lack transportation to services
Few transportation providers in the rururala reas
Lack of transportation is one of the most frequently cited problems for people in rural areas living with disabilities

Source: American Public Transportation Services; Accessible Transportation in Rural Areas

Suicide

According to the International Handbook of Suicide and Attempted Suicide (John Wiley and Sons, Ltd., 2000), between 25 and 55 percent of suicide victims have drugs and/or alcohol in their systems at the time of their deaths.
The rise in drug abuse observed during the past thirty years is believed a contributing factor to the increase in youth suicide, particularly among males.
Contrary to popular belief, major depression is more likely to develop after someone develops alcoholism rather than before.
Psychological autopsies of suicide victims with substance abuse problems have shown that:
O four-fifths had previously communicated suicidal intent through words and/ or behavior
O two-thirds also suffered from a major depressive disorder
O half were unemployed
O half had serious medical problems
O and roughly one-third had attempted suicide previously (Murphy, 2000).
A study published in the American Journal of Epidemiology found that the effects of substance use disorders on suicide attempts were not entirely due to the effects of co-occurring mental disorders, suggesting that substance abuse in and of itself is a suicide risk factor (Borges et al, 2000).
Substance abuse can involve legal drugs, such as prescriptions, and misuse of these drugs has been linked to increased suicide risk—especially if combined with alcohol or illegal drugs (Harris and Barraclough, 1998).
Teens who engage in high-risk behaviors (use of drugs, alcohol, and tobacco, along with sexual activity) report significantly high rates of depression, suicidal thoughts, and suicide attempts, according to a 2004

report funded by the National Institute of Drug Abuse. The report suggests that primary care physicians who find their adolecent patients are engaging in drugs or sex should consider screening them for depression and suicide risk.
Additionally, binge drinking among teens has been identified as a predictive factor of actual suicide attempts as compared to suicidal thoughts, even after accounting for high levels of depression and stress possibly because binge drinking episodes frequently precede serious suicide attempts (Windle et al, 2004).
Up to 7 percent of alcoholics will eventuallydie by suicide, with middle-aged and older alcoholics at especially high risk (Conner and Duberstein, 2004).

Suicide is the ninth-leading cause of death in Tennessee, killing more people on an annual basis than homicide, drunk driving, or AIDS. Each year in Tennessee more than 900 people including every age group, race, geographic area, and income level end their lives due to suicide.
Tennessee's suicide rate is typically 20 percent higher than the national average. Among those at greatest risk of suicide are people in the following groups:
On average, rural areas of Tennessee experience a suicide rate 12% higher than in metropolitan or urban areas. Rural areas typically have higher suicide rates due to lower levels of social integration and reduced availability and access to public and mental health resources.
People 65 and older have a much higher suicide rate than the state average. The 85+ age group has the highest rate of all.

Suicide Rates Per 100,000 Residents

Area	2010	2011	2012	2013	2014	2015	2016	2017	2018
Madison	3 (3.1)	11 (11.2)	15 (15.2)	12.2	11(11.2)	15(15.4)	15(15.4)	20(20.5)	16(16.4)
Henderson	3 (10.8)	5 (17.9)	3 (10.7)	17.8	2(7.1)	9(32.1)	4(14.4)	4(14.4)	3(10.8)
Haywood	0 (NA)	3 (16.2)	0 (NA)	NA	3(16.5)	1(5.5)	1(5.6)	3(17.1)	4(23.1)
Crockett	1 (6.9)	1 (6.9)	1 (6.8)	13.7	2(13.6)	1(6.8)	3(20.8)	4(27.6)	2(14.0)
Gibson	5 (10.1)	8 (16.0)	10 (20.1)	20.2	8(16.2)	7(14.2)	11(22.3)	9(18.3)	9(18.3)
Lake	0 (NA)	2 (25.7)	0 (NA)	25.9	3(39.3)	1(13.2)	1(13.2)	2(26.8)	1(13.5)
Dyer	4 (10.4)	7 (18.3)	3 (7.8)	20.9	1(2.6)	5(13.2)	4(10.6)	10(26.7)	8(21.4)
Obion	5 (15.7)	3 (9.4)	5 (16.0)	22.5	4(12.9)	3(9.8)	9(29.4)	2(6.6)	8(26.4)
Weakley	7 (20.0)	8 (22.9)	6 (17.2)	29	6(17.5)	9(26.5)	5(14.9)	9(27.0)	7(20.9)
Hardeman	4 (14.7)	5 (18.6)	5 (18.8)	15.2	1(3.9)	4(15.6)	0(NA)	5(19.6)	4(15.9)
TN	932 (14.7)	938 (14.6)	956 (14.8)	15.7	945(14.4)	1065(16.1)	1110(16.7)	1163(17.3)	1159(17.1)

Source: State of Tennessee.

Dementia
There are 7.7 million new cases of dementia each year.
The most common form of demetia is alzheimer's disease.
Over 5 million Americans are living with Alzheimers Disease-140,000 in Tennessee
Tennessee 7th leading cause of death Alzheimers
8th leading cause of death in west region Alzheimers
Tennessee in 2014 41,000 adults ages 85+ living with Alzheimers
Alzheimers is the 5th leading cause of death in the United States.
138 percent increase in Alzheimers deaths since 2000

HOMELESS PIT Data by County for 2019- 2024

Count-PIT	UnshelterGaps Analysis-2019	UnshelterGaps Analysis-2020	UnshelterGaps Analysis-2021	UnshelterGaps Analysis-2022	UnshelterGaps Analysis-2023	Unshelter Gaps Analysis-2024	2024 Chronic Homeless Indiv	2024 Chronic homeless Families/ people	2024 EmerShelter Count Ind-	2024 EmerShelter Count Families-	2024 Transitional Ind
Benton	86	52	59	55	52	59	22	0	0	0	0

Carroll	33	24	23	23	23	29	7	0	2	0	0
Chester	12	41	27	25	20	15	0	0	0	0	0
Crockett	16	20	4	4	12	8	0	0	0	0	0
Decatur	40	31	10	7	6	10	0	0	0	0	0
Dyer	29	46	13	28	22	34	6	0	0	0	0
Fayette	33	29	14	18	14	8	0	0	2	1 w/3	0
Gibson	20	20	14	14	25	21	0	0	0	0	0
Hardeman	10	9	12	6	1	3	1	0	1	0	0
Hardin	52	34	55	35	30	28	11	0	0	1 w/3	0
Haywood	5	33	16	16	7	32	0	0	0	0	0
Hendersor	22	44	34	52	40	48	15	0	0	0	0
Henry	89	87	93	96	87	83	12	5 w/15	2	1 w/2	0
Houston	22	14	24	9	36	30	10	0	0	0	0
Humphrey	48	42	40	30	34	58	0	0	0	0	0
Lake	48	60	64	95	67	85	33	7 w/20	0	0	0
Lauderdale	35	5	3	6	6	9	0	0	0	0	0
Madison	107	133	136	73	70	93	18	1 w/2	31	1 w/2	16
McNairy	14	35	43	43	38	36	5	0	1	0	0
Obion	39	30	45	46	39	11	13	0	2	0	0
Stewart	51	45	32	16	26	31	0	0	0	0	0
Tipton	20	2	4	5	5	17	0	0	0	0	0
Weakley	20	18	12	35	36	17	0	0	0	0	0
Total	851	854	777	737	696	765	153	37	41	10	16

Number and Percent of TDMHSAS Funded Treatment Admissions With Any Opioid Identified as Substance of Abuse

Area	FY2022	FY2021	FY2020	FY2019
Madison	253/35.3%	286/70.9%	229/33.6%	204/41.7%
Hendersor	54/38.6%	47/37.0%	37/27.2%	72/46.8%
Haywood	26/29.9%	15/30.0%	7/---	24/40.0%
Crockett	14/28.0%	14/--	16/---	30/41.7%
Gibson	77/24.7%	76/26.6%	49/21.8%	105/41.7%
Lake	8/38.1%	7/38.9%	9/47.9%	11/61.1%
Dyer	33/41.7%	44/34.9%	34/20.9%	47/32.6%
Obion	28/35.1%	41/35.3%	36/25.5%	44/43.5%
Weakley	14/24.1%	52/63.4%	19/29.7%	35/53.8%
Hardeman	26/33.3%	27/31.0%	22/22.4%	44/33.8%
TN	49.10%	53.10%	48.10%	52.70%

Source: Tennessee Department of Mental Health and Substance Abuse Services.

Frequent Mental Health Days Per Month -Percentage

	2019	2020	2021	2022	2023	2024
Madison	14	14	17	17	17	19
Hendersor	14	15	19	20	19	21
Haywood	15	15	18	20	19	21
Crockett	15	15	19	19	18	20
Gibson	15	15	18	19	18	20
Lake	15	16	19	21	18	20
Dyer	14	15	18	19	18	20
Obion	15	16	19	20	19	21
Weakley	14	15	18	19	18	20
Hardeman	15	15	19	20	18	20
Tennessee	14	13	16	16	17	19

Source: University of Wisconsin County Health Rankings

Attachment B

Community Health Needs Assessment
West Tennessee Healthcare
Jackson-Madison County Regional Health Department

We would like you to help us identify current health and well being issues facing rural west Tennesse Counties. Your responses will be confidential. This survey will take about 3 minutes.

Please answer the following questions by selecting the response that best describes you. Darken or fill in the circle for each response.

1. Age

○ 18-24 ○ 25-35 ○ 36-50 ○ 51-64 ○ 65+

2. Education

○ Less than high school ○ High school graduate/GED ○ Some college
○ Associate degree ○ Bachelor degree ○ Advanced degree

3. Employment Status

○ Employed full time ○ Employed part time
○ Homemaker full time ○ Not working because of acute illness or injury
○ Permanently disabled ○ Retired
○ Student full time ○ Student part time

4. Gender

○ Female ○ Male
○ Trans Female (Male to Female) ○ Trans Male (Female to Male)
○ Gender Non-conforming (i.e. not exclusively male or female)

5. Insurance

○ Medicare ○ No insurance ○ Obamacare (Affordable Healthcare)
○ Private insurance ○ TennCare ○ Other

6. County of Residence

○ Benton	○ Carroll	○ Chester	○ Crockett	○ Decatur	○ Dyer
○ Gibson	○ Hardeman	○ Hardin	○ Haywood	○ Henry	○ Lauderdale
○ Madison	○ McNairy	○ Obion	○ Humphreys	○ Weakley	○ Lake
○ Henderson	○ Stewart	○ Houston	○ Tipton	○ Fayette	

Community Health Needs Assessment
West Tennessee Healthcare
Jackson-Madison County Regional Health Department

7. Race

- ○ African/American
- ○ American Indian/Alaskan Native
- ○ Asian
- ○ Caucasian
- ○ Hispanic/Latino
- ○ Indian (from India or parents from India)
- ○ Middle Eastern
- ○ Pacific Islander/Polynesian
- ○ Other
- ○ Not sure

8. Weight

○ Just right ○ Obese ○ Overweight ○ Underweight

For the following questions, indicate if you have experienced the ehalth issue by selecting Yes or No

Response Definition: Y=Yes N=No

Response Definition: Y=Yes N=No	Y	N
9. Have you had (or do you currently have) **Allergies?**	○	○
10. Have you had (or do you curently have) **Arthritis?**	○	○
11. Have you had (or do you currently have) **Asthma?**	○	○
12. Have you had (or do you currently have) an **Autoimmune disease?**	○	○
13. Have you had (or do you currently experience) **bullying?**	○	○
14. Have you had (or do you currently have) **Chronic Pain?**	○	○
15. Have you had (or do you currently have) **Dementia/Alzheimer's?**	○	○
16. Have you had (or do you currently have) **Emphysema/COPD?**	○	○
17. Have you had (or do you currently have) **Diabetes?**	○	○
18. Have you had (or do you currently have) **Eye Condition (cataracts, glaucoma, mascular degeneration?**	○	○
19. Have you had (or do you currently have) **a Fall or Fall related injury?**	○	○
20. Have you had (or do you currently have) **Hearing Loss/Deafness?**	○	○
21. Have you had (or do you currently have) **High Blood Pressure?**	○	○
22. Have you had (or do you currently have) **Osteoporosis?**	○	○
23. Have you had (or do you currently have) **a Heart Condition?**	○	○
24. Have you had (or do you currently have) **high levels of stress?**	○	○
25. Have you had **a stroke?**	○	○
26. Have you in the past (or do you currently use) **tobacco products?**	○	○
27. Have you in the past (or do you currently use) **vaping products?**	○	○

Have you experienced a lack of financial resources that led to problems accessing any of the following:

Community Health Needs Assessment
West Tennessee Healthcare
Jackson-Madison County Regional Health Department

Response Definition: Y=Yes N=No

	Y	N
28. Dental Care	O	O
29. Medical Care	O	O
30. Medications	O	O

Have you experienced a lack of transportation that led to problems accessing any of the following:

Response Definition: Y=Yes N=No

	Y	N
31. Dental Care	O	O
32. Medical Care	O	O

33. Do you have access to **Healthy Foods (fresh fruits & vegetables, lean meats, whole grain products and low fat milk products?** O O

34. How far must you travel to access **Healthy Foods** listed above?

O less than one mile O over one mile to three miles O over three miles to five miles

O over five miles to ten miles O over ten miles

Response Definition: Y=Yes N=No

	Y	N
35. Do you have access to **Information/Education** about health issues, if any?	O	O
36. Do you have access to **Child or Adult Care?**	O	O
37. Do you have access to facilities or places for **physical exercise?**	O	O

38. Do you have a family history of:

O suicide O heart failure O opioid use

39. If you have completed this form at the request of the Jackson-Madison County Regional Health Department, please indicate which Health Educator requested you to complete this survey?

O Jordyn Johson O Alex McHugh O Franchesca Perry

O Alexis Jimmerson O Lekendria Mays O Brittany Johnson

O Diaana Munoz-Ennis

Survey Respondent Demographics

Surveys were distributed at several locations, and data were requested on basic respondent demographics. The age group 51 to 64 represented 38.5 percent of respondents, followed by age 36 to 50 (32.3 percent), and age 25 to 35 (17.4 percent) (Figure 2). The predominant education level is respondents with a Bachelors degree (31.3 percent), followed by advanced degree (27.6 percent) and Associates degree (19.1 percent) (Figure 3). Over 80 percent (87.6 percent) of respondents were working full time and 4.8 percent were retired (Figure 4). A majority of individuals completing the survey were women (80.4 percent) (Figure 5), had private health insurance (64.9 percent) (Figure 6), and were Caucasian (81.1 percent) (Figure 7).

Figure 2: Age Distribution

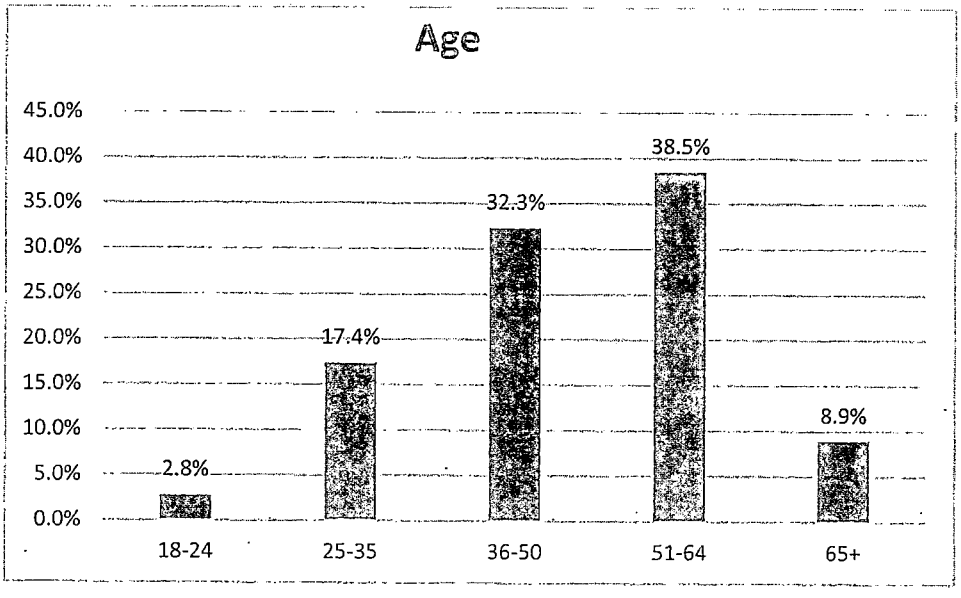


Figure 3: Education Levels

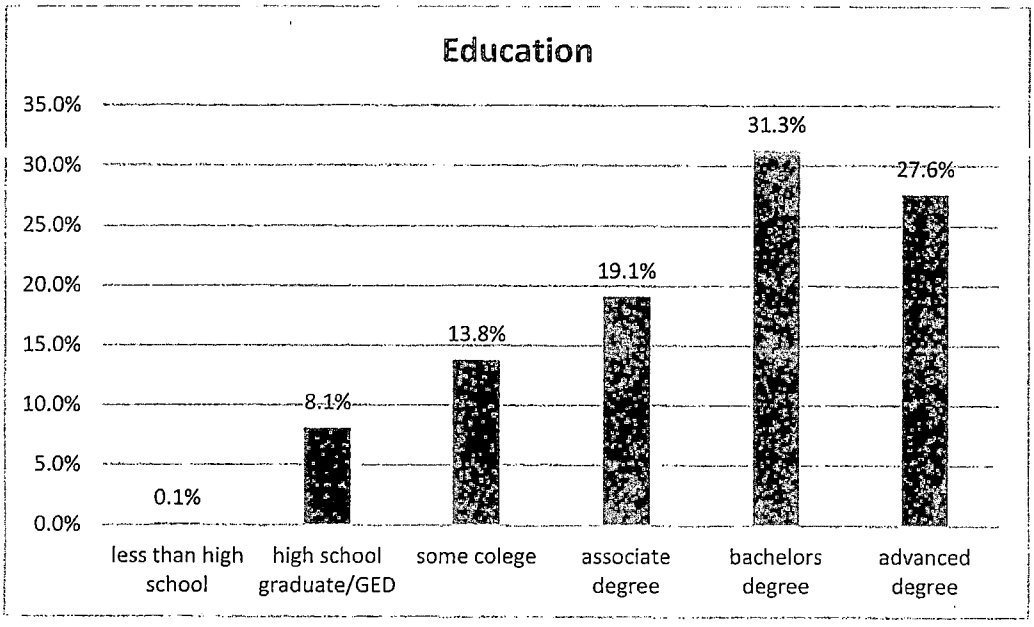


Figure 4: Employment Status

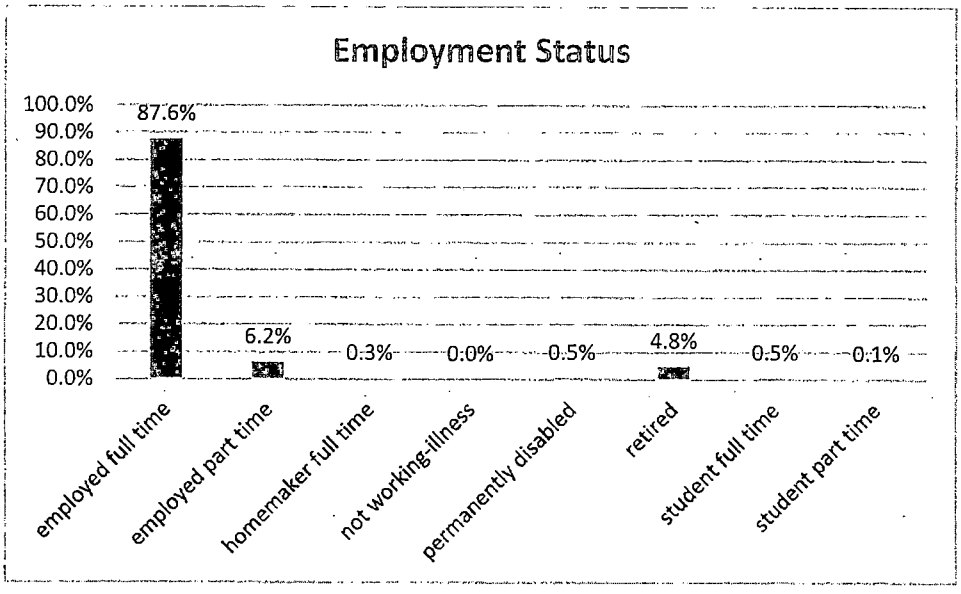


Figure 5: Gender

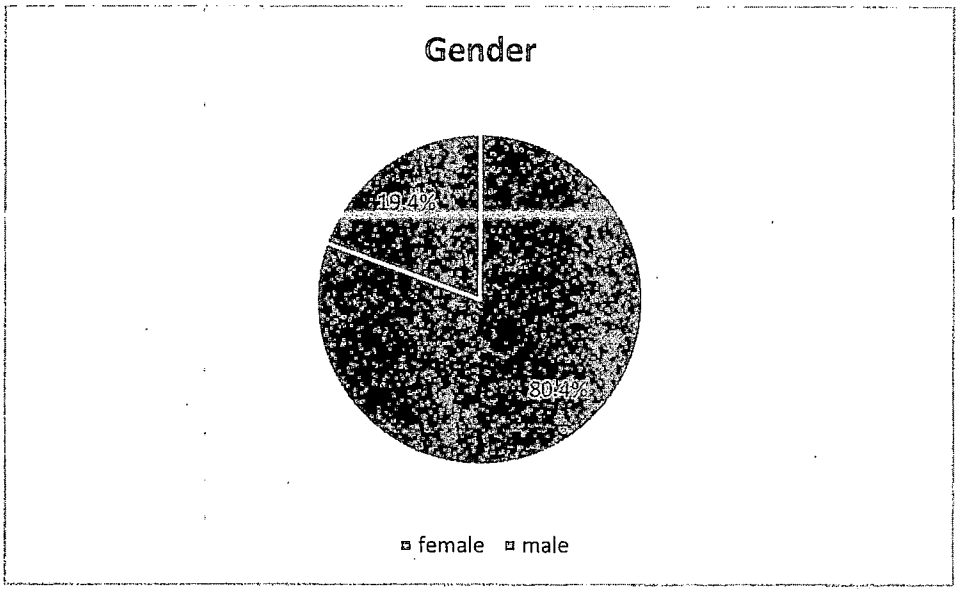


Figure 6: Insurance Coverage

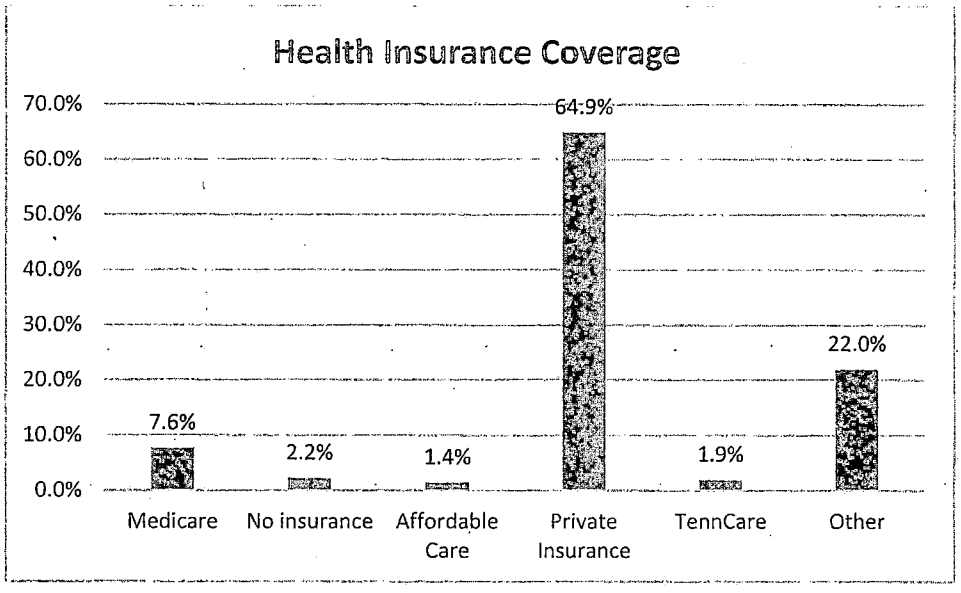
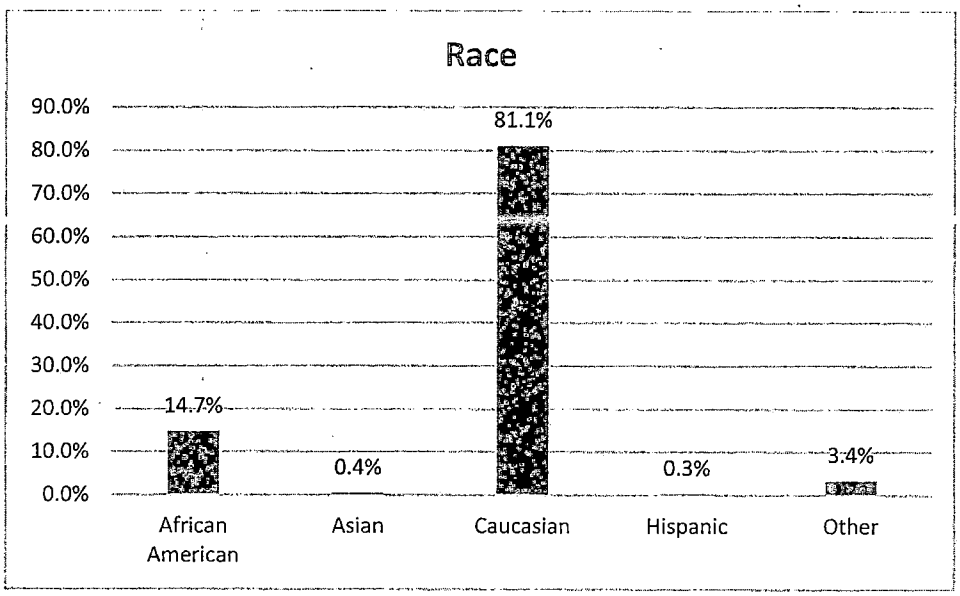


Figure 7: Race



Attachment C

Community Health Needs Assessment Resident Survey Results 2024
N=777

Question 1.
Age

1. 18-24	22	2.8%
2. 25-35	135	17.4%
3. 36-50	251	32.3%
51-64	299	38.5%
65+	69	8.9%
Total Responses	776	

Question 2.
Education

1. Less than high school	1	0.1%
2. High school graduate/GED	63	8.1%
3. Some college	107	13.8%
4. Associate degree	148	19.1%
5. Bachelor degree	243	31.3%
6. Advanced degree	214	27.6%
Total Responses	776	

Question 3.
Employment Status

1. Employed full time	680	87.6%
2. Employed part time	48	6.2%
3. Homemaker full time	2	0.3%
4. Not working-illness or injury	0	0.0%
5. Permanently disabled	4	0.5%
6. Retired	37	4.8%
7. Student full time	4	0.5%
8. Student part time	1	0.1%
Total Responses	776	

Question 4.
Gender

1. Female	625	80.4%
2. Male	151	19.4%
3. Trans Female (Male to Female)	0	0.0%
4. Trans Male (Female to Male)	0	0.0%
5. Gender Non-cornforming	1	0.1%
Total Responses	777	

Question 5.
Insurance

1. Medicare	59	7.6%
2. No insurance	17	2.2%
3. Obamacare (Affordable Care)	11	1.4%
4. Private insurance	504	64.9%
5. TennCare	15	1.9%
6. Other	171	22.0%
Total Responses	777	

Question 6.
County of Residence

1. Benton	6	0.8%
2. Carroll	24	3.1%
3. Chester	34	4.4%
4. Crockett	28	3.6%
5. Decatur	7	0.9%
6. Dyer	29	3.7%
7. Gibson	138	17.8%
8. Hardeman	39	5.0%
9. Hardin	8	1.0%
10. Haywood	13	1.7%
11. Henry	2	0.3%
12. Lauderdale	10	1.3%
13. Madison	312	40.2%
14. McNairy	14	1.8%
15. Obion	9	1.2%
16. Humphreys	2	0.3%
17. Weakley	59	7.6%
18. Lake	0	0.0%
19. Henderson	37	4.8%
20. Tipton	2	0.3%
21. Fayette	4	0.5%
Total Responses	777	

Question 7.
Race

1. African American	114	14.7%
2. American Indian/Alaskan	0	0.0%
3. Asian	3	0.4%
4. Caucasian	630	81.1%
5. Hispanic/Latino	4	0.5%
6. Indian (India)	2	0.3%
7. Middle Eastern	0	0.0%
8. Pacific Islander	0	0.0%
9. Other	24	3.1%
Total Responses	777	

Question 8.			
Weight			
	1. Just right	125	16.2%
	2. Obese	281	36.4%
	3. Overweight	362	47.0%
	4. Underweight	3	0.4%
	Total Responses	771	
Question 9.			
Have you had (or do you currently have Allergies?	1. Yes	416	53.5%
Question 10.			
Have you had (or do you currently have) Arthritis?	1. Yes	224	28.8%
Question 11.			
Have you had (or do you currently have) Asthma?	1. Yes	78	10.0%
Question 12.			
Have you had (or do you curently have) Autoimmune disease	**1. Yes**	98	12.6%
Question 13.			
Have you had (or do you currently experience) bullying?	1. Yes	94	12.1%
Question 14.			
Have you had (or do you currently have) chronic pain?	1. Yes	148	19.0%
Question 15.			
Do you have Dementia/Alzheimer's?	1.Yes	4	0.5%
Question 16.			
Have you had (or do you currently have) Emphysema/COPD?	1. Yes	14	1.8%
Question 17.			
Do you have (or do you currently have) Diabetes?	1. Yes	116	14.9%
Question 18.			
Have you had (or do you currently have eye conditions (cataracts, glaucoma, mascular degeneration)?	1. Yes	79	10.2%
Question 19.			
Have you had (or do you currently have) a Fall or Fall Related injury?	1. Yes	61	7.9%
Question 20.			
Have you had (or do you currently have) hearing loss/ deafness?	1. Yes	63	8.1%
Question 21.			
Have you had (or do you currently have) high blood pressure?	1. Yes	292	37.6%

Question 22.			
Have you had (or do you have) Osteoporosis?	1. Yes	34	4.4%
Question 23.			
Have you had (or do you currently have) a Heart Condition?	1. Yes	72	9.3%
Question 24.			
Have you had (or do you currently have) high levels of sress?	1. Yes	351	45.2%
Question 25.			
Have you had a stroke?	1. Yes	15	1.9%
Question 26.			
Have you had in the past (or do you currently use) tobacco products?	1. Yes	159	20.5%
Question 27.			
Have you in the past (or do you currently use) vaping products?	1. Yes	68	8.8%
Question 28.			
Have you experienced lack fo financial resources for: dental care?	1. Yes	108	13.9%
29. medical care?	1. Yes	78	10.0%
30. medications?	1. Yes	76	9.8%
Have you expereinced a lack of transporation for accessing?			
31. dental care?	1. Yes	20	2.6%
32. medical care?	1. Yes	22	2.8%
Question 33. Do you have access to Healthy Foods (fresh fruits & vegetables, lean meats, whole grain products and low fat milk products?	1. Yes	231	29.7%
Question 34.			
How far must you travel to access Healthy Foods listed above?	1. less than one mile	97	12.5%
	2. between one & three miles	242	31.3%
	3. between three to five miles	152	19.6%
	4. between five to ten miles	155	20.0%
	5. over ten miles	128	16.5%
	Total Responses	774	
Question 35.			
Do you have access to Information/Education about health issues, if any?	1. Yes	622	80.1%

Question 36.			
Do you have access to Child or Adult Care?	1. Yes	379	48.8%
Question 37.			
DO you have acess to facilities or places for physical exercise?	1. Yes	593	76.3%
Question 38.			
Do you have a family hisory of suicide, heart failure, or opioid use?	1. Yes	102	13.1%