



INSTITUTE FOR  
**COMMUNITY**  
**HEALTH**

# City of Newburyport Mental Health Needs Assessment

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**PREPARED FOR:**

**City of Newburyport Mental Health Task Force**

**PREPARED BY:**

**Institute for Community Health**  
350 Main Street  
Malden, MA 02148  
[www.icommunityhealth.org](http://www.icommunityhealth.org)

**TEAM:**

**Sarah Jalbert, MA, PhD**  
**Amanda Robinson, PhD**  
**Erin McPherson, MPH**

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# Executive Summary

## Introduction

The City of Newburyport engaged the Institute for Community Health (ICH) to conduct a mental health needs assessment between August 2023 and January 2024. Guided by the city’s newly formed Mental Health Task Force, convened by the mayor, the goals of the assessment were to understand existing available mental health services, in Newburyport and the larger area, and identify strengths and gaps in the current systems.

In this report, we detail the project design, the findings from the data collection, and share recommendations that arose from that data collection about potential next steps. The findings include learnings from a document review of available data on mental health in the Newburyport area, provided by the City of Newburyport. This review established an initial picture of mental health in the community. The findings also include the themes that arose from six focus groups we conducted with 34 residents of Newburyport. To deepen our understanding of the mental health landscape and needs, we spoke with members of six different communities to hear diverse perspectives on mental health care in Newburyport. The focus groups included six populations: seniors, LGBTQ+ adults, speakers of Portuguese as a primary language, low-income residents, caregivers with experience seeking services for their children, and adults with co-occurring mental health and substance use diagnoses. The themes shared in this report were themes that emerged across the focus groups. The recommendations arose from feedback given during the focus groups.

## Findings

The document review revealed that mental health is a concern in Newburyport, but also Essex County as a whole. Quantitative data shared in the Anna Jaques Hospital Community Health Needs Assessment and the Essex County Outreach Annual Report indicate an increasing number of mental health related incidents in the community, along with mental health related discharges from the hospital at a rate higher than that of the Commonwealth as a whole. Previously conducted focus groups with youth showed that young people – particularly LGBTQ+ and BIPOC youth – are struggling with their mental health. This corroborated the findings from the 2021 Attitudes and Behaviors Survey conducted by the Essex County Asset Builder (ECAB) Network as part of their youth assessment.

Several main themes arose from the focus groups about mental health resources and services in Newburyport. Findings related to the community and its strengths, what mental health services are like in Newburyport, and factors that impact residents’ ability to access resources – specifically accessibility, the need to access services outside of Newburyport, and stigma. The final theme relates to change over time. The focus groups showed that there was an overall feeling that there is a strong safety net in Newburyport. Participants highlighted several

organizations and resources as being assets to the community, most notably Newburyport Recreation and Youth Services and the Senior Center. When discussing mental health resources, Anna Jaques Hospital was mentioned as a strength, although it lacks specific mental health services. Some gaps in Newburyport include a lack of sufficient mental health providers, and lack of places to go in a mental health crisis.

We also learned more about the factors that impact residents' ability to obtain needed mental health services. Accessibility was a major theme from all focus groups. Participants brought up barriers they encountered to getting the services they need, such as the time investment needed to find services, transportation, access to providers covered by insurance, and a lack of knowledge around which providers will offer appropriate services. Another major theme related to accessibility was the need to seek services in communities surrounding Newburyport, which some residents identified as a burden. Stigma was also a common theme across all the focus groups, with participants feeling like there were still negative attitudes towards seeking help for mental health, despite Newburyport being known as a progressive community. Participants noted how the community has changed over time, and the general feeling was that the existing mental health services in Newburyport are not able to meet the current level of need, especially after the pandemic.

## Discussion

Several recommendations emerged from the data collection for how to better serve the mental health needs of Newburyport residents. The first is to create a resource that provides comprehensive information about available mental health services, updated on an ongoing basis. This would help alleviate burden on residents to seek out services on their own. The second recommendation is to establish a position within the city for a specialized mental health support role. Similar to the first recommendation, having a dedicated role could not only point residents in the right direction, but also provide ongoing support as they attempt to access mental health services. The last recommendation is to create a space where people can get community support, which could act as a general community space for adults or could provide direct mental health services. Participants mentioned Newburyport Recreation and Youth Services and the Senior Center as great assets to the community, and felt the general adult population of Newburyport would benefit from having something similar.

The goal of this assessment was to help guide the Mental Health Task Force in their work. These findings provide important insight into the current mental health landscape in Newburyport, but there may be additional perspectives not captured in this report. With these learnings, we hope the task force continues to engage with diverse groups of community members to gain a more robust perspective.

# Introduction

## Overview of the project

In August 2023, the City of Newburyport engaged the Institute for Community Health (ICH) in a mental health needs assessment. The idea for the needs assessment emerged from the city's newly formed Mental Health Task Force, convened by the mayor. The goals of this assessment were to understand existing available mental health services, in Newburyport and the larger area, and identify strengths and gaps in the current systems. Between August 2023 and January 2024, ICH reviewed existing data on mental health in Newburyport and then conducted focus groups with prioritized populations to gain more insight. This report shares key findings from the document review and major themes that arose from the focus groups about what the community's needs are around mental health. It then offers several recommendations that arose from the focus groups for how residents' experiences could be improved, with examples from other communities in the region.

## Methods

### *Document Review*

The ICH team began the community needs assessment with a document review of available information about mental health in the Newburyport area. The City of Newburyport shared a number of documents and reports of previously collected data around mental health, including reports produced by local agencies or organizations, and findings from data collection done for the Anna Jaques Hospital Community Needs Assessment.

#### Sources included in document review

- Anna Jaques Hospital (AJH) Community Health Needs Assessment 2022
- Profiles of Student Life: Attitudes and Behaviors Survey Report 2021
- Notes from focus groups at NAGLY North and Amesbury High, conducted as part of the Essex County Asset Builder Network (ECAB) youth assessment, and in partnership with AJH for the 2022 Community Health Needs Assessment
- Essex County Outreach 2022 Annual Report

This information was critical for establishing an initial picture of mental health in the community. We started the document review by summarizing the content of each source, followed by identifying the specific data points around mental health. Given that some of the documents were representative of Essex County as a whole, others were Newburyport specific, and some contained information about both, our analysis sorted findings by geography.

## Focus Groups

While the information from the document review helped paint a picture of mental health in Newburyport, the goals of the needs assessment included gaining a more robust understanding of mental health services and needs in Newburyport. In conjunction with the Newburyport Mental Health Task Force, the Newburyport and ICH teams decided to conduct a series of focus groups with residents of Newburyport. Focus groups are designed to gather information on a common topic from members of a group. This information is not meant to be generalizable to all individuals or be representative of all possible experiences, rather than to hear a variety of perspectives and experiences and draw themes and common ideas from what is shared. With the information from the document review in mind in addition to the goals of the assessment, the team agreed to conduct six focus groups with adults from the following priority populations:

- Seniors (65+ years)
- LGBTQ+ adults
- People who speak Portuguese as their primary language
- Low-income residents
- Caregivers with experience seeking services for their children
- Adults with co-occurring mental health and substance use diagnoses

Task force members collaborated with the ICH and Newburyport teams to develop the focus group guide, and the full task force was invited to give feedback during their September meeting. At that meeting, task force members also expressed interest in hearing from administrators and counselors from Newburyport Public Schools. The task force decided that the City of Newburyport would conduct an additional focus group with this population on their own. Completed via Zoom in the fall of 2023, the city then provided ICH with the recording, and the learnings were included in the focus group analysis.

The City of Newburyport and Mental Health Task force members conducted recruitment for all focus groups. Recruitment was done primarily through targeted outreach to local organizations and community members, with some advertisement via flyers and social media as well. Outreach was focused on recruiting a diverse group of participants within each priority populations, in terms of characteristics such as age, race and gender. A total of 34 individuals participated across all 6 focus groups.

With permission from participants, we recorded all focus groups and transcribed them using transcription services from Audio Transcription Center (ATC). A Portuguese-speaking researcher at ICH conducted a focus group in Portuguese and provided a translation of the discussion in English. We utilized a thematic framework method to conduct analysis on the transcripts, grouping main ideas and finding themes, and summarizing them in this report.

## Limitations

With any needs assessment, there are limitations to data collection. When doing focus groups, the goal is to have equal-sized cohorts for each group, with heterogeneity within them. We were largely successful in this, but some of the groups were smaller than others, and there was more opportunity for diversity in some of the groups. It is also important to acknowledge that focus group participants provide a very specific perspective, and we can only learn from the perspectives of those who participate. While the perspectives shared during the focus group were insightful to mental health care and access in Newburyport, they may not represent the experience of all residents of Newburyport.

Secondary data has its own limits as well. Most of the secondary data used in this report is from 2022 or earlier. Due to the time it takes to collect, analyze, and report on community-level data, it is difficult to report information that is of the current year. That being said, secondary data sources still provide critical insight into communities when conducting a needs assessment.



# Findings

## Secondary Data

This section shares the findings from our document review of the secondary data. It begins by presenting a profile of Newburyport with recent demographic data. It then presents the information available about mental health in Essex County as a whole, and then summarizes relevant mental health data about the City of Newburyport. The available data provides important insight into some elements of mental health needs in Newburyport and the broader area. The findings from the focus groups, shared in the following section, builds on the information in this section to offer more insight into the reasons behind the mental health trends.

### Newburyport Community Characteristics

To understand the findings from this assessment, it is important to understand Newburyport as a community. According to the US Census, Newburyport is a city of 18,197 people located in the Northern part of Essex County in Eastern Massachusetts; 94.3% of the population identify as white. 2.7% identify as Hispanic or Latino. The majority of the population speaks English as a primary language (93.6%), and 7.4% were born outside of the United States. The median household income of \$110,740 is higher than state’s overall median household income of \$96,505. Most Newburyport residents live in a property that they own (75.1%). Only 1.9% of the population is uninsured, with the majority of residents having private insurance coverage. The unemployment rate in Newburyport is 5.5%.

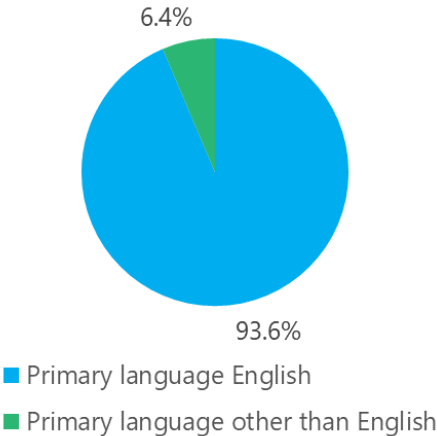


Figure 1. Primary Language of Newburyport Residents  
Source: US Census Bureau, American Community Survey 2016-2020

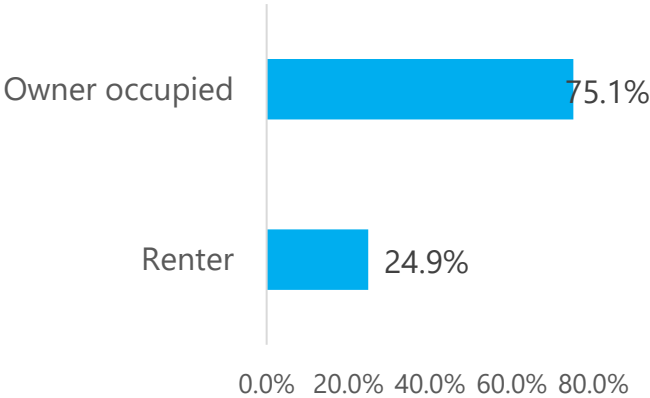


Figure 2. Housing type of Newburyport residents  
Source: US Census Bureau, American Community Survey 2016-2020

Population living below the poverty line	%
Individuals	5.0%
Families	4.6%

Table 1. Residents of Newburyport living below the poverty line

Source: US Census Bureau, American Community Survey 2016-2020

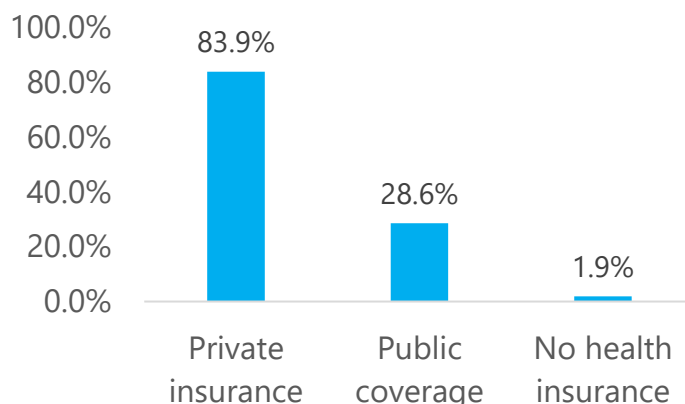


Figure 3. Type of insurance coverage of Newburyport residents

Source: US Census Bureau, American Community Survey 2016-2020

## Mental Health in Essex County

Our document review provided insight into mental health needs in Essex County as a whole. While not specific to Newburyport, we feel it is important to include this information to contextualize what is going on in the region. From focus groups, we learned that participants do not necessarily distinguish the services they have access to in Newburyport and those they take advantage of in nearby communities and regularly travel throughout the region to access services. Given this, looking at the data on mental health for the county provides more depth and clarity.

The majority of data at the county level comes from the youth perspective. The 2021 Attitudes and Behaviors survey administered by the Essex County Asset Builder Network in Newburyport, Amesbury, Georgetown, Newbury, Rowley, and Salisbury showed that 21% of the sample students felt sad or depressed most or all of the time in the past month, and 11% had attempted suicide one or more times. The results for these indicators for BIPOC and LGBTQ+ students was disproportionate to the full sample, with 28% and 29% reporting feeling sad or depressed in the last month, respectively. 27% of LGBTQ+ students and 16% of BIPOC students reported attempting suicide one or more times.

The survey also included indicators specific to stress. Among all respondents, 16% of students said they felt nervous, anxious, or on edge “very often” in the last two weeks. 14% of students also reported in the prior two weeks, they had not been able to stop or control worrying “very often”.

To better understand students’ feelings about their mental health, we can look to the findings from a series of focus groups done with youth as part of the Anna Jaques Hospital (AJH) Community Needs Assessment and ECAB youth assessment. These focus groups identified

several stressors that affect youth mental health, including stress and pressure from school and parents, social media, and equity issues (i.e. lack of diversity, hate and discrimination against LGBTQ+ youth). Additionally, youth feel that there are not enough resources for them – both in and out of school. Some participants felt that there is a need for more counselors available in school. There was also the general feeling that youth have struggled more since the onset of the pandemic.

While there was less information available on adult’s perspectives and experiences with mental health in the county, the AJH community needs assessment provided important insight. The qualitative data from the needs assessment showed that anxiety, chronic stress, depression, and social isolation were leading community health concerns. Those who weighed in on the assessment felt that there is a need for more providers and treatment options, and issues like shame and stigma around seeking mental health services are still prevalent in the region.

The CHNA also included quantitative secondary data from adults around the region. According to the Behavioral Risk Factor Surveillance System (BRFSS) data presented in the AJH CHNA, residents of Essex County had a slightly higher number of mentally unhealthy days (4.4) than residents of the state overall (4.2). Additionally, results of the Massachusetts Department of Public Health’s COVID-19 community impact survey showed that 33% of Essex County residents reported poor mental health days over the last 30 days.

These data demonstrate a definite concern for mental health in Essex County, particularly for youth.

### *Mental Health in Newburyport*

Our review of secondary data documents also contained some data specific to mental health in Newburyport. This adds an additional layer of detail when thinking about the learnings from the Essex County data. The AJH needs assessment included hospital data specifically for Newburyport. Results from the MA Department of Public Health’s COVID-19 community impact survey were also available for Newburyport. According to the same survey, 32% of Newburyport residents reported that they had 15 or more poor mental health days in the last month.

DPH hospital discharge data detailed in the AJH needs assessment showed that mental health discharges for youth under 18 were higher in Newburyport than the state average (1,563 vs. 772 per 100,000). The data did not indicate this rate was higher for adults in Newburyport, but other quantitative sources offer more insight.

We also reviewed the 2022 Essex County Outreach Annual Report, which showed a 750% increase in behavioral health incidents in which police were called – from 6 to 51 – between 2021 and 2022. Of these 51 incidents, 23% were well-being checks, 19% were domestic violence incidents, 16% were psych emergencies, 16% were attempted suicides, and 8% were disorderly

conduct (18% were categorized as “other”). In 33% of these incidents, the individuals involved accepted services when offered outreach.

We also received data from one focus group completed in Newburyport with youth<sup>1</sup> as part of the AJH needs assessment, with the North Shore Alliance of GLBTQ Youth (NAGLY) North. Findings from this focus group provide additional insight on the youth experience in Newburyport, enhancing the information gathered in focus groups from other cities and towns in Essex County described previously. The overall feeling of youth from this group was that school is generally a supportive place where their voices are heard, and they feel that the principal is accepting. However, youth did feel they would benefit for safe spaces to go within the school to calm down if they were feeling anxious. Similar to the other focus groups with youth, this group felt that the pandemic worsened mental health for students. This group also noted a need for more counselors and therapists, particularly outside of the school. However, they noted that even if there were more therapists available, it was shared that some people’s parents would not allow them to go therapy.

The document review offers important insight into the mental health landscape in Newburyport and the region as a whole. However, while these sources provided important insight into youth circumstances and experiences regarding mental health, there was a gap in information about adult experiences. The focus groups conducted by the ICH team help fill that gap and provide additional insight into mental health needs in Newburyport.

## Focus Group Findings

The focus groups allowed us to hear from a variety of residents of Newburyport about their understanding of and opinions about resources and services related to mental healthcare in Newburyport and the broader area. We heard from a diverse group of focus group participants, but we found that there was significant overlap in the information they highlighted about what Newburyport does well and where they have encountered challenges and want to see improvement. We were able to identify clear and strong themes shared by many focus group participants about mental health in Newburyport.

This section details the themes that emerged about mental health needs in Newburyport, with examples from certain focus groups or elaboration of how that theme was experienced by certain focus group participants. This section begins by discussing the themes that were shared about the community and its strengths. It then provides information about what mental health resources in the area and people’s experiences seeking care. It then elaborated on the themes related to the factors that resident’s shared that impact their ability to access resources, which

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<sup>1</sup> The focus group was held in Newburyport, but may have included participants who lived outside of Newburyport.

were accessibility, the need to access services outside of Newburyport, and stigma. The final section discusses themes related to change over time.

## Community Areas of Strength

Focus groups began with participants sharing areas of strength they identified in Newburyport. An overall theme from the focus groups was that there was a general sense that there is a strong safety net in Newburyport, with available resources for low-income, elderly and disabled residents. Some people shared that this may be related to Newburyport's good location and strong tax-base.

Newburyport Recreation and Youth Services was brought up repeatedly throughout the focus groups as a frequently accessed resource for the community, with many participants sharing stories about assistance they received when they were trying to find resources or support for their children. Newburyport Recreation and Youth Services was highlighted as a strength by focus group participants who are parents, but also by participants who had taken advantage of services when they were youth, and even by people who had never used the services themselves but knew of them as a community resource. Participants shared that the department offers excellent direct services, and provides assistance identifying outside resources that might be helpful. Schools were also identified as a resource for families looking for support for their children, echoing some of the sentiments heard in the document review, although people's experiences with schools were more varied. They shared that the schools could be helpful, but supporting their children still required major time and investment by parents. The other main resource highlighted during focus groups was the Senior Center, which was identified as an asset to the community. As with Newburyport Recreation and Youth Services, both older participants who visited the center regularly and those who did not but knew of it as a resource for older residents brought up this space as a community resource. Participants felt that it was great for Newburyport to have spaces where people could gather and find community support, something that is particularly important for general mental well-being. Several people shared that the community might benefit from having similar spaces for younger adults, and several shared that they were glad to hear that Newburyport Recreation and Youth Services is expanding their programming for adults.



"I was like, 'I've got a kid throwing tantrums and hitting people and I don't know what to do with him.' So we're in the process now, and I've got the doctor's office. I've got the school involved. I've got the Boys & Girls Club, the learning center. Everybody's involved and without the NYS [Newburyport Recreation and Youth Services], that would not have happened at all."

A variety of other organizations or programs that provide support to people in need came up during the focus groups. Focus group participants were not always specific about whether the services were within Newburyport or in surrounding towns. Participants often identified organizations they had heard about but had not taken advantage of directly and were not always sure about program details. The organizations participants highlighted included general

human services organizations and mental health support services. These included Our Neighbor's Table, the Jeanne Geiger Crisis Center, Endurance, Pettengill House, and the CATCH program, affiliated with Link House. The participants in the school administrators' focus group were those with the most experience coordinating with or referring youth to some of those organizations. Most other focus group participants simply shared that they were aware those programs existed.

Focus group participants also highlighted the positive sense of community feeling that many felt Newburyport has. People highlighted that it is a generally progressive community that felt like a safe space for marginalized communities. Participants in both the Portuguese and co-occurring diagnosis focus groups particularly noted that they felt very welcomed to the community, as they were aware that is not always true. People shared that they felt there were many resources available, though they also brought up that they do not always know what those resources are or who to ask to find out more about what is available. However, certain groups said that they or others they know have encountered challenges in trying to build a sense of community. For example, the LGBTQ participants noted that the area does not have spaces where LGBTQ people can regularly meet up and build networks. Additionally, the people in the seniors focus group shared that while some have access to a great community space in the Senior Center, there are many isolated and lonely seniors in the community who do not or cannot visit regularly.

### *Mental Health Resources and Services*

When discussing mental health resources and services in the Newburyport area, focus group participants highlighted a mixture of strengths and gaps. Participants had varying perspectives on how prevalent and accessible different types of mental health practitioners are. Some participants shared that they could not find a therapist, while others said that there are a significant number of therapists in the area, but that the number of psychiatrists is more limited, which makes getting needed prescriptions very challenging. One thing that participants agreed on was that there did not seem to be sufficient available mental health professionals in the area to meet the need. Most of the mental health services that do exist in the area are not taking new patients. Many of the participants who had sought out mental health support, for themselves or others, had encountered significant challenges finding anyone to work with them. A few participants shared that they had no trouble accessing therapists, but they tended to be people who had long-term ongoing care and had started working with a mental health professional at a time when access was easier.

A strong theme was that Newburyport lacks services for people dealing with an acute mental health crisis, both for adults and youth. Many participants said they would not have any idea where to go if they experienced a mental health crisis. Others, who had sought out support during a crisis in the past, said there were no options in Newburyport and that they had had bad experiences with crisis centers outside of Newburyport. Participants shared that Anna Jaques Hospital is a great resource for the community, but they do not have psychiatric care at the hospital, and there are no long-term psychiatric inpatient bed spaces available in the area when needed. For example, one parent shared that they had had to take their child to the Anna

Jacques emergency room during a crisis, where they stayed for days without being able to obtain mental health care.

Reflecting overall on how existing services meet the mental health needs of community members, focus group participants felt that available support services were much better for youth. Many participants shared examples of places or people they felt residents could turn to in order to find support identifying and accessing appropriate services for youth, such as Newburyport Recreation and Youth Services or the schools. However, there was a sense that there was less support once people turned eighteen. Almost everyone we spoke to shared that either they had no idea where to turn to find services for themselves or had experienced significant challenges when looking for available services. Some people talked about getting lists of providers from a primary care physician or an insurance provider, but that those lists were often not helpful, requiring people to spend hours calling multiple providers and struggling to find anyone taking patients. These issues with accessing services is explored more in the following section.

## Accessibility

Accessibility of mental health services was a major theme that emerged from focus groups participants. Overall, trying to get appropriate care required a significant investment of time and energy to find appropriate and available providers or services. Once people were able to find someone, cost was often a barrier to taking advantage of those services. Many focus group participants shared that they wanted more guidance and support in finding and accessing appropriate services.



*"So us here in Newburyport, we don't know where to go. For one thing, we have to go to Lowell. Another thing, we may have to go to Salem. Calling and trying to figure that out? Forget it."*

A point brought up in almost every focus group was that people did not know what services existed, how to find appropriate services, or how to access them. Several people participated in focus groups because they thought it might be a good way to learn more about what was available. Many people spoke about seeking out a therapist or psychiatrist and not knowing how to find who was taking new patients. The people on lists of providers provided by primary care physicians or insurance companies were rarely accepting patients. People also said they did not know how to identify providers who had experience working with certain populations, like LGBTQ people, or who provided specific services.

Searching for an appropriate provider does not just mean finding someone accepting new patients, but finding someone who offers the right services. Focus group participants brought up the challenges they encountered trying to figure out if a provider's services would meet their need, with different participants highlighting the specific needs of their communities. If

someone is looking for a provider who is the same race or gender, they may have a harder time finding an available person. People in the LGBTQ focus group shared that it can be hard to find someone who provides the types of services LGBTQ individuals, particularly Trans individuals, are looking for. People with co-occurring diagnoses shared that they need to find services for both mental health and substance use and their providers need to know how to support people in that situation. For people who do not speak English as their primary language, it is necessary to find a provider with the appropriate language skills. One focus group participant shared that they worked with a therapist in Brazil over the internet when they needed help postpartum because they could not find anyone in the area.

Insurance was another factor that impacted the search for the right provider. There were two main ways that insurance impacted service access. People shared that finding out what is covered and what is not is a challenging, time-consuming process. Additionally, if people limited their search to providers covered by their insurance, they had fewer options and significant wait lists. These problems were even more significant for people on MassHealth. Participants shared that there are a very limited number of providers or services in the area that take MassHealth, and the wait lists for MassHealth providers are even more extensive. Some participants also shared that, when they are able to find services that are covered, they are often not within Newburyport, which creates burdens related to time and travel.

The process of searching for appropriate mental health services could be very burdensome, according to focus group participants. The outreach process usually required them to spend significant time calling facilities or offices to try to find if someone was available and the right fit, and navigate through complex automated menus, which can be frustrating. People noted that they were often encouraged to look up information online, which can be challenging for seniors or people with limited technological access. In the end, there is almost always a significant wait list to access the provider, and the wait could be much longer if they were dealing with any of the factors that limited their options to certain providers.

"They're told, 'Oh, you have to wait now, and call every day, or call once a week on this day at this time to see if they have an opening for you.' That just leaves that person just to fall back into their old ways, or let their mental health get the best of 'em again."

### *Accessing Services outside Newburyport*


Throughout the focus groups, discussions of mental health services focused on both resources within and outside Newburyport. Participants had different feedback on how burdensome it is to have to go outside Newburyport to access services. People who had sought a variety of mental health services talked about how far they had to go to get appropriate care. While many talked about accessing services in Amesbury, seen as relatively convenient, many also talked about having to go to Lawrence or Haverhill for mental health care, which have more services available. People in the low-income focus group indicated that they had more issues with transportation than others, and noted that the public transportation available to them was good,



but limited, especially if they had to travel further. They also noted that services are often based out of either Lawrence or Salem, with Newburyport being served by Lawrence-based options. This meant that when they looked for services that were geographically nearer, such as in Newbury, they were outside the service area, because those services were based in Salem. The participants talked about how this often brings them to Lawrence or Haverhill for services, and sometimes Lowell, which puts resources and help farther away. One person shared that they have a three-hour ride on public transit to get to needed services in Lowell. They also shared that they would also encounter situations where they would phone an office or organization conveniently located to them, but would be eventually told that they do not service that person's area.

## Stigma

Another important theme from the focus groups was stigma. Participants shared that stigma may impact people's willingness to seek out care, for themselves or loved ones, or prioritize getting mental health care. Focus group participants shared that there is a common perception that Newburyport is affluent, so mental health issues do not exist in the city. Participants said that people are in denial and avoid seeking care or getting their children evaluated. This ties back to what we learned from the document review, with focus group notes with youth indicating that some parents do not allow their kids to go to therapy. Some may go outside of Newburyport for care so they are not known to be seeking care by others in the community. Older focus group participants shared that they felt the stigma around mental health care has improved over the years, but it is still an issue. People also said that people in Newburyport distinguish themselves from communities like Lawrence, Lowell, or Haverhill, which are known for having issues, and are thus places where it is more acceptable to seek out services.



**"I know that for some of the circles that I walk in, there's actually prejudice against the term [trauma], or there's just prejudice against the term mental health."**

Some of the focus group participants brought up stigma they feel their particular community has encountered that makes mental health care more challenging. In the LGBTQ focus group, participants shared that they have encountered situations where providers assume they know what the life experiences of people different from them are like. This meant they did not actually come into interactions with LGBTQ people with sufficient openness or willingness to hear from patients about what they need. They also shared that their community is dealing with an additional mental health burden that comes from the significant anti-LGBTQ messaging occurring recently. One person noted that they were hearing messages from anti-LGBTQ candidates for school district positions for months, even though those candidates did not win their elections. They shared there is a need for more public messaging to counter those narratives and support LGBTQ residents. Participants in the Portuguese focus group also were

interested in more messaging around the prevalence of Brazilian people in the community and the need to ensure they have equal access to services.

### *Changes over Time*

The amount of time that focus group participants had lived in Newburyport was varied, with some participants having lived in the area for decades and others less than a year. This meant that each person could only speak to their own sense of how mental health needs and services have changed over time. Reviewing their responses, the general feeling was that mental health service needs are increasingly outpacing the existing services available in Newburyport. Some people felt that there were fewer services and providers than previously, while others said services are increasing, but need is outstripping growth. When asked about what factors might be impacting this, a common response was that COVID had a significant impact, leading to more anxiety and depression. Some people also said it has led to more isolation and loneliness, which may negatively impact mental well-being. Participants also shared that there is currently a state of emergency relating to the immigrant refugee crisis, and that population may also have significant needs.

Focus group participants also noted that the COVID pandemic led to shifts in health care services in negative ways. Some services, like home services for seniors, that existed pre-pandemic were halted and never resumed. Many participants said that when they have reached out to therapists or other providers, they are being told services are only available via telehealth, which many people stated does not work for mental health services. Some people shared that they have heard of an increasing number of therapists moving out of Newburyport to lower cost areas and offering telehealth services instead, reducing the providers available to them.

More broadly, several people in focus groups shared that social services and community support are historically very tied to the churches in the area. Some felt that for an increasing number of people who are not connected with churches these days, there is not as much available to them. In particular, participants in the LGBTQ group noted that many people in the community may be actively uncomfortable seeking out services in religious spaces, and are in need of other spaces to turn to.

# Discussion

## Recommendations

The document review and focus groups revealed that participants and people with marginalized identities view Newburyport as a welcoming community that feels safe. There are existing services that are well-known to community members, and Newburyport Youth Services is seen as an important link between community members and service providers both in and outside of Newburyport. However, despite the many great resources in Newburyport, there are gaps in care, barriers to access, and a perception that services are not keeping pace with the current needs of the population. Some of the challenges in Newburyport, like an insufficient number of providers, mirror national trends and may not be easy to address. However, there are opportunities to improve services and access in Newburyport.

This section includes several recommendation for how to better serve the mental health needs of Newburyport residents. These recommendations arose from the focus groups as participants offered a variety of ideas about what they felt would help them and others in Newburyport, based on the needs they highlighted. There are many potential ways the recommendations could be put into practice, depending on what format would best fit Newburyport. We have also included information about services and programs similar to our recommendations that exist in nearby communities that could be used as models or programs that Newburyport could explore developing a partnership with.

### *Provide information about available resources*

One of the most common ideas shared during the focus groups was that people do not know what services or resources are available, or which services are accessible to them. A consistent request from residents was for the city to generate and maintain a list or a directory of resources, with comprehensive information about all the different types of resources and support for mental health available in Newburyport, or neighboring areas that serve Newburyport residents. Focus group participants highlighted that today there is a lot of burden on the individual to identify what resources exist, and to call each one to determine if they offer the right services, are accepting patients, and accept the right insurance. Producing



"I could not find a community directory that directed [you to] mental health services anywhere that was local. So, you might find something that has a little piece here and a little piece there and a little piece there... I had to do all that research myself and it took a very long time."

something that can be shared with all residents would reduce a significant barrier to finding care.

There were a variety of suggestions about what format this information could take and what information it could contain. Production of both a physical pamphlet and an online database or directory would likely be most effective. Mailing an updated pamphlet to Newburyport residents annually would ensure that everyone had key pieces of information available at home. A website could be both searchable and regularly updated to ensure people looking for help can find it easily. There are also multiple options for what information could be included. Listed services and resources should include information about individuals, offices, and programs that offer ongoing care, and those offering crisis care. An up-to-date list of psychiatrists and therapists who serve Newburyport and the types of insurance they accept, as well as whether or not they are accepting new patients, was something focus group participants were very interested in. The pamphlet or website could also provide information about what steps someone seeking help should take based on their situation, in addition to just outlining resources. It could also provide additional details that would be of particular interest to certain populations, such as what languages are offered or if specific services, like LGBTQ-focused care, are offered.

Through ICH's work, we have come across several examples of resource directories that other communities have developed to meet similar needs for their residents. These may provide helpful information if Newburyport decides to develop some form of directory.

1. [Cambridge Youth Wellness Resources Map](#)

Created by the Cambridge Youth Council, this interactive map provides a comprehensive overview of mental health resources available in the City of Cambridge. Organized by type of service (therapists, crisis help, substance use, etc.) and categorized by cost, the map helps user not only find what they are looking for, but also see resources and services they may not of known about otherwise. After clicking on a type of service, the map also provides additional ways to filter, such as "in-person", "multilingual" or "LGBTQ+".

2. [MetroWest Care Connection website](#)

Put together by the MetroWest Care Connection in partnership with Findhelp, this website compiles local resources in the Metrowest region. The site prompts users to enter the type of service they are looking for, and their zip code. This generates a list of resources in the user's area. The list indicates the last time the information was updated for each resource, to ensure users are aware of how up-to-date information is.

## *Establish a city position dedicated to supporting residents with mental health concerns*

The focus groups revealed that there is a strong feeling that the city would benefit from having someone in a position dedicated to improving mental health care and access to it in Newburyport. Even having someone dedicated to this work part-time could help reduce burden on individuals to search for information themselves. There were many different ideas about what a person in this position could do, but participants felt it would be beneficial to have someone who could take the lead on creating new services or resources or supporting access to existing services. Similar to the informational packet, having a person who could help with finding and accessing services would reduce the burden on individual residents. Further reducing the time and energy burdens on individuals in need of mental health support would streamline the transition to getting the right support.

Families and youth currently have access to similar support through Newburyport Recreation and Youth Services or the school system, and adults in the community would benefit from having the same resources. During the focus group with school counselors and administrators, participants described they currently use a system where they, working from a list of providers that they keep up-to-date, try to identify counselors who might take a particular family's insurance and have available and share that with parents seeking care for their children. While families may still have to do significant outreach to find the right person and get an appointment, the schools' efforts facilitate the process of searching for care. This type of system is exactly what adult focus group participants expressed an interest in being available to them.

There are a variety of potential roles a person in this position could play. Most straightforwardly, they could act as an information liaison. They could be the one to produce any informational pamphlets and maintain up-to-date lists of available services and providers. They could also act in a linkage-to-care role, not only providing information but also providing administrative assistance to people trying to access services, such as support filling out forms or dealing with health insurance. We also heard in focus groups that it would be great if there was a social worker on staff, who would have a deeper skill set in relationship to helping people struggling with mental health.

The following programs are some examples of what a dedicated resource navigation role may look like.

1. [Combined Jewish Philanthropies: William James College INTERFACE Referral Service](#)

In partnership with William James college, Combined Jewish Philanthropies offers a referral line for outpatient mental health care. By calling their hotline or filling out an intake form online, users can get access to the INTERFACE Referral Service. After a conversation with a referral counselor, the user will be matched to a mental health provider based on the user's needs, preferences, availability, and insurance type. After being matched with a provider, the

referral counselor will follow up with the user to ensure their needs have been met or if they need additional support.

## 2. MetroWest Care Connection phone navigators

In addition to the directory of resources maintained by the MetroWest Care Connection described above, they are also phone navigators available. Community members can call and get assistance in connecting with behavioral health services.

### *Create spaces where people can get mental health support*

Spaces where people can gather together and support each other are critical for mental well-being, both in terms of community spaces and places to get support with mental health specifically. With mental health specifically, there is still a stigma, and there is a need for spaces where people can go to feel less alone when they are struggling. Focus group participants shared that many current social support systems and resources in the area are related to churches, which may not be places everyone is comfortable seeking services. Newburyport Recreation and Youth Services and the Senior Center were highlighted as excellent spaces for community engagement, which has positive mental health effects. They are also places where people can ask for assistance finding additional services, if needed. There was significant interest from focus group participants in having similar spaces for the general population of adults. Even expanding services in existing spaces to also serve adults between the ages of 18-64 would be beneficial, with several focus group participants sharing that they were happy to hear that Newburyport Recreation and Youth Services was going to be offering some programming for adults.



*“When someone is experiencing mental health difficulties, there’s a way in which they fall out of community, which is the worst thing for their mental health.”*

Several focus groups brought the idea of establishing a dedicated mental health space or center. Ideas for what such a space could provide included trainings or information for individuals or their caregivers on a variety of topics, group events or sessions focused on mental health topics, or access to a therapist available to speak with people on a drop-in basis. Focus groups also highlighted that Anna Jaques Hospital is a community resource that could be expanded to offer services to people in mental health crisis, including youth.

## Next Steps

The intent of this mental health needs assessment was to bring together a large amount of data and create a tool that the Newburyport Mental Health Task Force can use to guide their work in the city. One reflection shared during the focus groups was that participants really appreciated that the city was taking mental health seriously and engaging in this process to hear from community members, particularly those who feel they do not often get to participate in these conversations. The contributions of focus group participants offered important insight into the current mental health climate and there are many others in Newburyport who may have additional perspectives to share. Implementation of the recommendations shared in this report will be dependent on feasibility and may take time to make progress on. As things move forward, we hope that the task forces continues to engage with diverse groups of community members, allowing all perspectives to guide and inform their next steps.

One interesting element of the focus groups is that, when we asked people to talk about ways to improve mental health in Newburyport, discussions focused on both mental health services and providers but also focused on the broader community and how to foster a sense of positive mental well-being. In light of this, it may be helpful to think about improving mental health in the city not just in terms of providing mental health resources but also incorporating an awareness of how mental health will be impacted into other parts of the city's work, from park planning to community program development. Focus group participants highlighted that community spaces, even if they are not providing mental health services, promote positive well-being. Safe spaces for community members can take a variety of forms, as long as they are welcoming to people with marginalized identities and reflect the changing needs of Newburyport residents.

# Appendix A: References

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