

Mid- America Public Health Leadership Institute Year 18 Fellows: The O  
Team

# A Community Unites to Establish Mental Health Services

A Case Study in Assurance

**Percy Harris, MPA** Assistant Operating Officer/Chief of Staff, Cook  
County Department of Public Health

**Stefanie Johnson, BS** Food Program Coordinator, Kendall County  
Health Department

**Charlyn Primous, MPH** Assistant Director of Tobacco Prevention &  
Control, Cook County Department of Public Health

**Pam Smith, BS** Food Program Coordinator, Lake County Health  
Department & Community Health Center

**Carrie Titus, MS** Community Health Educator, Henry & Stark  
County Health Departments

**RaeAnn VanGundy, BS** Director of Admissions, Kendall County  
Health Department

3/12/2010

In March of 2002, a man from rural Tee City in Bleak County, Illinois, shot and killed a local police officer and two Tee City residents. In July of 2003, five residents of Bleak County ranging in age from 24-79 committed suicide within a two week period. There was no relationship between any of the victims or the assailant.

The main economic base in Tee City is agriculture and agriculture related business. The population, in July of 2008, was 1,339. The population decreased since 2000 by 4.4%. 10.7% of the population in Bleak County, Illinois is uninsured and 33.7% are at or below 200% of poverty. Business is declining as evidenced by numerous empty store fronts and young adults' worries about job opportunities.

In this small, rural community, there is a strong stigma associated with mental illness. There is also a shortage of professional services, perhaps because the population could not support full time service professionals in all the identified areas of community need. For example, in 2002, people had to travel beyond the local area to get specialty care services; presumably, some of those people were not willing or able to travel such distances to get help. They may have trivialized their issues or illnesses because of the barriers to service. For example, there was and still is no 911 service in Tee City. The townspeople voted it down twice. In emergencies, the people of Tee City rely on volunteer off-duty enforcement personnel, who often must travel long distances. This, in turn, means longer response times which negate the effectiveness of the response.

Anecdotally, community members stated that there is a tendency towards secrecy, as with many small communities. In a town where the social network is close-knit and tightly bound, everybody knows everybody, and people want to keep their business private so they are not at the center of the day's rumors. "The townspeople do not like to share personal details; only gossip. Therefore, help can come too late or not at all," as quoted by townspeople Abigail Jean S. In Mr. Bill T's case, the community members were afraid to try to help him.

Bill T. was called the Bully of Tee City. He spent more than 30 years harassing, stalking, threatening and intimidating the residents of the town. Neighbors characterized him as a "street thug," "school yard bully," "mental case," and "psychopath." He had an unpredictable, violent temper, and his perceived enemies could expect to live in constant fear for their lives. His favorite tactic of intimidation was a glaring/staring campaign against his targets. He was known to glare ominously at young and old alike, to follow individuals around town, and even to block residents' right of way with his truck at intersections. He would also sic his dogs on neighbors, answer his front door with a shotgun, and verbally and/or physically attack residents for even the smallest disagreements. Understandably, he had a long history of run-ins with the local law enforcement and they, too, were leery of him. Yet, many of the law enforcement personnel would just tell the townspeople to avoid him.

There was also one documented incident which occurred with the Mayor of Tee City regarding a complaint on one of Mr. T's dogs. Mr. T and the mayor had a fight that

resulted in the mayor being pushed down the stairs, but still no charges were filed against Mr. T. Video cameras were put up by neighbors who felt threatened by Mr. T, since their complaints to the Tee City Police and Bleak County Sheriff fell on deaf ears. The video footage of Mr. T was never used by the enforcement agencies to resolve the issues. Many townspeople did not file formal complaints or take legal action for fear that they would become more specific targets of Mr. T's intimidation tactics. Even restraining orders were filed against him, but that did not stop the harassment. The people were merely advised to avoid Mr. T, with no consequences to him for violating restraining orders. There were multiple occasions through the court system for intervention on this unacceptable behavior. It was clear that Mr. T was the product of a failed system and the concerns the townspeople had about Mr. T did come true in one horrific evening.

Finally, a local police officer did come to Mr. T's home to serve an outstanding arrest warrant for missing a court date and failing to pay court fees Mr. T. shot and killed a local police officer. Then he took the officer's pistol and squad car, and drove down the road and killed a married couple with whom he had been feuding for over 15 years, in front of their young daughter. It was widely believed that the man responsible for the homicides needed mental health services, having been involved in so-many long-lasting community feuds and run-ins with the police. Dr. John D, a court doctor, confirmed the need for a mental health intervention: "Mr. T suffered from a mental illness that made him believe the residents of Tee City were conspiring against him, making him legally insane at the time of the homicides. In lay terms, Mr. T felt threatened and he finally snapped." Dr. John said interviews, psychiatric tests, and a review of Mr. T's psychosocial history supported his findings which also included diagnoses of paranoia, depression and "schizoid thinking."

Mr. T. subsequently committed suicide, while serving his prison sentence. Despite his death, and six years after the triple homicide, many community members still have very strong feelings of anger and hate towards Mr. T. They felt terrorized by him. Many who grew up in the town feared him for a long time, or branded him as a "town crazy" perpetuating the stigma of mental illness. A few people who did confront him and his behavior regretted it because they were unaware of and unsupported on the proper way to approach him.

While many community members did not get along with Mr. T, there were others who remember him as a good ol' boy and friend, who made a horrible mistake. They say he was intelligent and a hard worker, but had a tough life. Cory L insists he was a victim of society and suggested that those full of hate and anger should seek counseling or the Church themselves. Those who knew a "softer" side of Mr. T feel hurt by the judgments others have made upon him and the happiness that some felt over his death. Those with compassion for Mr. T were told they should be ashamed of themselves. To better illustrate the stigma and mis-understanding of mental illness, Debra H asked a former friend of Mr. T "Are you going to sympathize with child molesters, too?"

After this ordeal, and the resulting discussions, awareness grew within the community that many people could benefit from an increase in mental health services, support groups, and general education about mental illness in order to cope with this terrible event and the potential for others like it. One major barrier to establishing services is the stigma attached to mental health issues. Many people who understand the benefits of professional help would rather deny themselves services than be ridiculed by others. A successful stigma reduction campaign could have proved very valuable in this rural county.

Historically, there was no record of major violent crimes in Bleak County. However, previously the county averaged one suicide per year, which is over twice the per capita State rate. After the 2002 tragedy, five other county residents committed suicide. None of the five people were related to each other, and the deaths were not connected in any obvious way. According to the Bleak County Sheriff, who also serves as Coroner, the suicide number is probably higher. Deaths occur which are most likely suicide but cannot be definitively determined as such, and so are ruled accidental death.

This increase in suicides in 2003 coincides with the closing of the nearby George's State Mental Hospital. The higher than average suicide rate could be due to the stereotype that living in a rural area is supposed to be less hectic than living in a congested urban area, so people suffering from depression or other mental illnesses may feel less justified in the seeking of treatment which could prevent suicide. Are urbanites more likely to seek treatment because they can feel the stressors of a busy life build up quickly and there is less shame in recognizing when they are overwhelmed, and in consequently seeking help? Furthermore, are urbanites not deterred by the potential stigma of being diagnosed with a mental illness? In a more populated area, are one's neighbors and associates less likely to find out about such a diagnosis? Or is the higher rural suicide rate related more simply to the lack of access to services, as the increased number of suicides following the closing of the area mental hospital might indicate? These two explanations for the higher suicide rate could also be connected - reduced access to mental health services can also mean that there is reduced education and awareness in the community about mental illness, which can result in the increased stigma that becomes an additional barrier to seeking treatment.

In the wake of the triple homicide and increase in suicides, Earl S, a local farmer who is active in the community, was asked by a farm employee where a person struggling with mental health issues could get help, and he wasn't able to provide an answer. Because Earl's roots lay in rural Bleak County, he was able to bring these issues to light and make other residents more comfortable addressing the issues. Here was a life-long farmer who was broaching the subject of mental illness; he was able to accept that it was an issue for the community. This helped reduce the stigma and garner community support as one of their own was acknowledging the problem, not an outsider with formal training and a license. These issues motivated him to

spearhead the development of a grassroots citizen's task force- the Bleak County Rural Citizens Mental Health Task Force, which began as a six person task force and grew to over twenty-five active members. This citizen task force created the vision, and through determination and commitment, the process came to fruition. Membership includes professional service providers, local clergy, school district personnel, citizens, elected officials, and state entities. With such a variety of professionals and interested parties, multi-dimensional problem solving was inevitable. The task force's priority objectives were to increase access to health care, education related to mental illness, and advocacy services for those that need assistance.

The Task Force was designed to identify and assess the needs for mental health services in their county. This task force recognized that access to services was its largest barrier. These barriers exist due to the extreme rural location of the county. Therefore, lack of public transportation, lack of mental health services, and lack of education regarding mental illness are all factors contributing to mental health disparities.

The Task Force was instrumental in lobbying for the opening of a Federally Qualified Health Center (FQHC). Located within the FQHC is a licensed Behavioral Health Therapist. This therapist provides individual as well as group therapy. The number of clients served in Mental Health services from 2001-2008 increased by 84%. The most frequent diagnoses were depression, bipolar, and attention deficit hyperactivity disorder. In 2004, the Therapist had a case load of 16 clients. In 2008, the case load was 90 clients.

The Task Force has also worked to unify service providers and make them more accountable for their services. Prior to the Task Force's inception, service providers were receiving funds to serve Bleak County, but not coordinating their efforts. Programming offered to address stigma reduction was minor, if any at all. The Task Force created a level of accountability and, consequently, programming in schools, the community, and Bleak County has increased. At the urging of the Task Force, the regional mental health association and prevention specialists began to provide stigma-reducing psychological education to the schools and community members. Under the direction of the task force, Bleak County started a local National Alliance on Mental Illness chapter. This group continues to meet monthly and is facilitated by the part time advocate. The part-time advocate also reaches out to the community in providing educational programs such as "Real Men, Real Depression" and "Fire Side Folk Series," and is involved in planning the annual "Senior Living Series" to reach out to older Bleak County residents.

Shortly after the triple homicide incident in 2002, three divisions of the Illinois Department of Human Services pulled together in order to address and support Stark County. The Division of Alcoholism and Substance Abuse, Community Health and Prevention, and the Office of Mental Health worked collaboratively, across silos, whereas normally, the divisions would work in isolation. This innovative strategy,

along with a strong community and government buy-in, was a hallmark victory for the planning, development, and sustainability of the Bleak County Rural Citizens Mental Health Task Force.

The task force has been successful in achieving its goals by means of substantial state funding. The task force, along with support from the local state representative, was able to lobby for secure funds. In networking with the FQHC, a federal grant was obtained allowing fees for service to be based upon a sliding scale where Bleak County residents without insurance pay a very nominal fee per session of \$1. The funds have established continuity of service, and the use of private insurance makes the services affordable to all consumers. The funds have recently become institutionalized in the Department of Human Service's Division of Mental Health Budget.

Collaboration has been the critical competency for the Task Force in achieving such commendable success. This Task Force has fostered collaboration through trust, interdependence and community interactions.

The climate of trust that was established allowed the Task Force to identify the needs of the community. No member felt threatened. They were encouraged and empowered to make change. The more that members of this Task Force trusted each other, the more innovative they became.

As this Task Force began to achieve their cooperative goals of access, education and advocacy, it encouraged them to further share information, listen to other's ideas, exchange resources and respond to each other's requests through positive interdependence. The Task Force provides a great example of meta leadership- by building relationships with other professionals and stake holders, they have all become empowered.

When change started to take place and services were being delivered, the cohesiveness of the community was evident. This local Task Force was able to reduce the stigma of mental illness in this rural community by diminishing the barriers to treatment, educating families and residents, and providing advocacy for those that need additional support.

This Task Force portrays the true meaning of collaboration, and they have built such a solid foundation that sustainability is inevitable. This group continues to assess the community for gaps in services, identifies new ways to meet those needs to provide for a stronger, healthier community, and acts as a watch-dog to oversee and assure the existence and quality of the newly-implemented services.

Galvanized by the tragic story of Mr. T, Tee City was able to jump start the improvement in mental health services and education to ensure nothing of this magnitude could ever happen again, through providing a supportive network for community members who might be suffering from the weight of mental illness.

**Teacher's Guide Discussion Questions**

What made this task force successful?

How does the stigma of mental illness relate to the limited access to mental health services in this community? What does this indicate about the possible relationship between education and assurance?

What steps can be taken to ensure that the task force remains actively involved in the future?

Is it this task force's job to identify gaps in service or should that fall upon the mental health center?

How would the functions differ if this group was a coalition rather than a task force?

Why do we fear those with mental illnesses rather than intervening?

How can a community better serve people with mental health needs?

Could there have been a relationship between the closing of the regional mental health center and the 5 suicides within 2 weeks? Or would they have been more likely to seek treatment from a more local resource?

How can statistical reporting be modified to better reflect the needs in rural areas without hospitals?

Resources:

Crawford, Joe and comment interface. "Toulon killer dies of apparent suicide" Peoria Journal Star, June 8, 2008. <http://www.pjstar.com/news/x2066946179/Toulon-killer-dies-of-apparent-suicide>

Luciano, Phil and comment interface. "What happened to Curtis Thompson?" Peoria Journal Star, June 9, 2008. <http://www.pjstar.com/news/x2058734832/Luciano-What-happened-to-Curtis-Thompson>

Journal Gazette and Times- Courier. "Defense opens case in Toulon shootings trial" April 21, 2004. <http://www.jg-tc.com/articles/2003/07/25/news/news-257115.prt>

Sapochetti, Tony. "Death row inmate kills self at Pontiac prison," Pantagraph, June 10, 2008. [http://www.pantagraph.com/news/article\\_9a041ddc-cb79-550a-bca4-d49abeda2622.html](http://www.pantagraph.com/news/article_9a041ddc-cb79-550a-bca4-d49abeda2622.html)

Kurson, Robert. "The Bully of Toulon" Chicago Magazine, September 2002. <http://www.chicagomag.com/Chicago-Magazine/September-2002/The-Bully-of-Toulon/index.php?cparticle=1&siarticle=0#artanc>