Solano County Mental Health

Mental Health Services Act

Innovation Spanish Speaking Focus Group Notes

August 27, 2009 11:30-1:00

To inform the Innovation Community Planning process we held a focus group with monolingual Spanish speaking women who have accessed mental health services. Five women participated.

How did you access mental health services?

- R. initially saw a doctor at Longs for a medical problem. She brought up her anxiety and was told it was tension and prescribed pain reliever. She continued to see this doctor for her medical and mental health concerns and was charged a lot of money over 3-4 months ($7-8 thousand dollars). She then contacted the Family Resource Center at Anna Kyle who connected her to county mental health services. She got an appointment with mental health for 1 month later.
- A. got the phone number for outpatient adult services from a friend. She called in crisis and was told someone would call her back to help her. She would have preferred to see someone in person for the crisis situation because she felt communication over the phone isn't as effective. She got appointment for 2 weeks later.
- V. had history of mental health issues and had been previously treated in Mexico. She came to the US one year ago. She did not receive mental health services her until she was hospitalized for a medical condition. During her hospitalization she told two different nurses about mental health needs (was experiencing psychosis at the time). She was prescribed medication in the hospital, but not linked to mental health services. She was visited by public health nurse after discharge who connected her to mental health services.
- M. had mental health concerns for a few years before she felt comfortable talking about it. She finally saw doctor at family health services and shared her experience. The doctor connected her to mental health services.
- R. had children who were being seen at Child Haven for services. Child Haven did a postpartum depression assessment and as a result connected her to a case manager who connected her to mental health services.
- All women shared that once they were connected with mental health services, especially a Spanish speaking psychiatrist and group that they were very pleased with the services they have received.

Were there specific barriers to getting into or receiving services?

- Language
  - Inability to adequately describe mental health issues and feelings to non-Spanish speaking providers to get connected to the right services and treatment was a big barrier.
  - For example, a barrier in the past for V. was that some providers could understand her enough to diagnose and prescribe medication, but did not have the language skills to educate her on her illness. Since her current doctor is fluent in Spanish, the doctor has been able to provide education on her illness so it is better managed.
  - Using a translator will do in a pinch, but it isn't really the same.
- Transportation
  - The women used the bus system, friends, or each other for transportation. Two of the women drove to appointments, but they did not have a license, which is a constant worry.
- Financial
  - M. had full scope Medi-Cal and the other 4 had emergency only Medi-Cal. The women with emergency only Medi-Cal were seen with a sliding scale, but often even this fee was difficult to pay.
  - A. was unable to continue on her medication because she did not have the sliding scale fee to see the psychiatrist.
  - All the women had worries that funding for mental health and social services (including disability) was being cut that their coverage may be dropped at any time. In addition, due to the economy they all worried that they may not be able to afford the sliding scale fee for services.
  - V. had started receiving bills from the county, but they were in English and she did not understand them. A stated she has also received bills and this is why she stopped taking her meds and for a time even stopped coming to group because she can not afford to pay the fees.

Do you think that providing mental health services at community locations, such as your primary care doctor or another place in the community where you get services, would help you or your family access services? What are some of these locations where we could provide services?

- Yes, services closer to home would be very helpful.
- Not all the women had primary care doctors, so it could not just be limited to primary care.
- Some places where the women identified to receive services were:
  - Child Haven
  - Planned Parenthood
  - Ana Kyle Family Resource Center (or any FRC)
  - Schools (Fairfield High, Cleo Gordon)

Other areas that were identified as needs:

- If a phone number or service is advertised, there needs to be follow through with the service actually being provided.
- If mental health services are not available for a particular person, it would be much better to give that person a referral to an appropriate resource than just turn them away. Maybe there could be a liaison to assist in referring those clients in the right services.
- Brochures in Spanish on mental health issues (depression, anxiety, etc.) in waiting rooms of primary care sites, mental health clinics, and other public locations are needed.
- There is no men's groups in Spanish that they know of. The women were concerned that if their husbands or sons needed the service that it would be unavailable.
- Access to services (other than crisis) after hours or on weekends.
- Smaller caseloads for case managers with Spanish speaking caseloads—often the needs of Spanish speaking clients are more time intensive since they have fewer services available.