REGION 3
BEHAVIORAL HEALTH SERVICES

Focus Group Questions:

1. **If you have an urgent BH need, do you know who to connect to?**
2. **Do you trust the provider will address your urgent BH need when you contact them?**
3. **If you have an urgent BH need, does my provider work with my schedule for appointments? For urgent care?**
4. **Tell me about your experience receiving services that were sensitive to some of the trauma you have experienced?**
5. **What would help staff be better equipped to handle your trauma?**
6. **Do you have access to PS?**
7. **Has Peer Support helped you with your recovery?**
8. **Tell me about what is going well with agencies/providers. (BH then substance use)**
9. **Tell me what barriers exist with agencies/providers? (BH then substance use)**
10. **Would you recommend these services to someone else?**

1. Knowledge of who to contact for urgent BH needs

Themes:

- **General awareness is moderate to high:** Many participants could name resources (988, therapists, doctors, crisis lines, family).
- **Multiple entry points:** People rely on a mix of formal (providers, crisis lines) and informal (family) supports.
- **Confusion about system navigation:** Even when aware of options, participants were often unsure *which service to use in which situation*.
- **Gaps remain:** A notable minority still does not know who to contact.
- **Provider accessibility concerns:** Some rely on therapists who may not be immediately available.

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2. Trust that providers will address urgent BH needs

Themes:

- **High but conditional trust:** Most participants trust providers' intentions and capabilities.

- **Concerns about responsiveness:** Delays, being "passed along," or not getting immediate help reduce trust.
- **Perceived system limitations:** Lack of community services leads to overreliance on inpatient care.
- **Self-reliance due to system complexity:** Some avoid reaching out because the system feels too complicated.
- **Negative experiences with crisis systems:** ER and law enforcement seen as undertrained in mental health.
- **Complex cases face challenges:** Those with more complex diagnoses report less confidence in receiving appropriate help.

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3. Provider ability to accommodate schedules/urgent needs

Themes:

- **Generally flexible but inconsistent:** Many report providers try to accommodate schedules.
- **Access delays are common:** Wait times (days to months) remain a major issue.
- **Short appointment times:** Limited time with providers reduces perceived quality of care.
- **Expectation management:** Participants recognize that providers are not always immediately available.
- **Workplace support matters:** Flexible employers help improve access to care.

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4. Experiences with trauma-informed care

Themes:

- **Mixed experiences (more positive than negative overall):**
  - Positive: Feeling respected, safe, understood, and supported.
  - Negative: Dismissiveness, lack of follow-up, or re-traumatization.
- **Significant trauma from systems interactions:**
  - Law enforcement and ER experiences frequently described as harmful or not trauma-informed.
- **Inconsistent trauma-informed practices:** Not all providers apply trauma-informed care effectively.
- **Stigma and misunderstanding:** Especially for complex diagnoses (e.g., dissociative disorders, autism).
- **System-level harm reported:**
  - Child welfare (DHHS) and policy-related issues caused additional trauma for some families.

- **Value of safe environments:** Programs like peer groups and supportive agencies were seen as safe spaces.

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5. What would help staff better handle trauma

Themes:

- **Need for more training:**
  - Trauma-informed care
  - De-escalation (especially for mental health and autism)
- **Empathy and listening are critical:** Participants emphasized being heard and validated.
- **Avoid assumptions and invalidation:** Clients want individualized care, not "one-size-fits-all."
- **Lived experience valued:** Staff with personal understanding of trauma seen as more effective.
- **Better system navigation and referrals:** Providers should transfer cases when they lack expertise.
- **Respect for autonomy:** Clients want control over pace and disclosure.

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6. Access to Peer Support (PS)

Themes:

- **Access exists but is limited:** Many have access, but availability is inconsistent.
- **Demand exceeds supply:** Repeated calls for more peer support services.
- **Variety of formats helpful:** Includes one-on-one, groups, and informal peer connections.

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7. Impact of Peer Support on recovery

Themes:

- **Strong positive impact:** Most who used peer support found it helpful.
- **Valued components:**
  - Classes (WRAP, WHAM)
  - Emotional support and availability
- **Not universal:** Some reported no benefit or lack of access.

8. What is going well (Mental Health services)

Themes:

- **Strong provider relationships:** Trust, communication, and feeling heard are key positives.
- **Medication management works for many.**
- **Increased awareness and reduced stigma:** Perceived cultural shift toward openness.
- **Supportive programs and services:**
    - Outreach, peer support, group programs, and community-based services
- **Person-centered care emerging:** Providers adapting to individual needs and pace.
- **Inclusive care noted:** Positive experiences for LGBTQ+ individuals.
- **Gaps remain in substance use supports (e.g., 12-step availability).**

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9. Barriers in Mental Health services

Themes:

- **Access issues:**
    - Long waitlists
    - Limited providers, especially for specialized care
- **Financial barriers:** Insurance coverage and cost challenges
- **Workforce challenges:**
    - Staff shortages
    - Burnout
- **System complexity:**
    - "Red tape"
    - Lack of information and navigation support
- **Quality concerns:**
    - Dismissive providers
    - Inconsistent care
- **Stigma and fear of judgment**
- **Transportation barriers in rural areas**
- **Challenges for specific populations:**
    - Youth (consent issues)
    - Autism and complex diagnoses (lack of provider knowledge)

10. What is going well (Substance Use services)

Themes:

- **Effective inpatient and structured programs**
- **Growth in recovery-oriented, compassionate care**
- **Peer and group supports (e.g., AA) are valuable**
- **Integrated/dual diagnosis services are beneficial**
- **Aftercare and 24/7 availability appreciated**

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11. Barriers in Substance Use services

Themes:

- **Limited access to detox and specialized services** (especially youth)
- **Workforce issues:**
  - Compassion fatigue
  - Need for more training
- **Stigma remains a major barrier**
- **Financial and geographic barriers**
- **Limited availability in rural areas**
- **Concerns about quality of care in some settings (e.g., jails, abrupt treatment approaches)**

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12. Willingness to recommend services

Themes:

- **Generally positive recommendations:**
  - Most would recommend, often with caveats
- **Conditional endorsement:**
  - Dependent on insurance, time, and finding the "right" provider
- **Need for better communication:**
  - Clear policies and better promotion of services
- **Strong endorsements for specific programs/providers**
- **Awareness gaps:** Some wish they had known about services earlier
- **Mixed experiences influence recommendations:** Negative experiences reduce likelihood of recommending

Cross-Cutting Themes Across All Questions

- **Access and capacity issues** (waitlists, staffing shortages)
- **Navigation challenges** (confusion about services and how to use them)
- **Need for trauma-informed, empathetic care**
- **Value of peer support and community-based services**
- **System inconsistency** (quality varies widely by provider/system)
- **Stigma and misunderstanding**, especially for complex conditions
- **Rural barriers** (transportation, limited providers)
- **Desire for more training** (trauma, de-escalation, specialized populations)