THE NEW YORK ACADEMY OF MEDICINE

Community Perspectives:
Focus Group Findings on Mental Health
New York City Population Health Improvement Program
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P H I P
Population Health Improvement Program

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INTRODUCTION

In January 2015, the New York City Population Health Improvement Program (NYC PHIP) was launched as a collaboration between the Fund for Public Health in New York, the New York City Department of Health and Mental Hygiene (NYCDOHMH), the United Hospital Fund (UHF), and The New York Academy of Medicine (the Academy). The NYC PHIP, one of 11 such bodies around the state, is funded by the New York State Department of Health and tasked with aligning various health reform activities to support population health and to promote the "Triple Aim" of better care, lower health care costs and better health outcomes for New York City residents.

Each year, the Academy conducts focus groups on selected topics, gathering community perspectives to inform the work of the PHIP and its partners. In 2016, the focus group topic was mental health, including access to mental health care and relevant barriers and facilitators. The findings presented here are intended to be used by the NYCDOHMH to improve access to care in NYC, to shape programs that are tailored to the needs of the communities served, and to help improve the mental health of New York City residents.

METHODS

Findings presented in this report are based on data from ten focus groups that addressed the topics of mental health and mental illness. The focus groups were conducted between September 2016 and January 2017 in partnership with community–based organizations (CBOs) and mental health service organizations in five New York City (NYC) neighborhoods that identified mental health as a major health concern during Take Care New York (TCNY) community consultations. Two focus groups were held in each of the five neighborhoods: one composed of members of the general population (n=53), the other composed of individuals who had been diagnosed with a mental health disorder and had experience receiving mental health services (n=59). (See Figure 1 for a list of neighborhoods and hosting organizations.)

FIGURE 1

Borough	Neighborhood	Organization
Bronx	Pelham Parkway	Bronx House Institute for Family Health
Brooklyn	East Flatbush	Caribbean Women's Health Association CAMBA
Manhattan	Hamilton Heights	WE ACT for Environmental Justice Upper Manhattan Mental Health Services
Queens	Astoria	Central Astoria Local Development Coalition Crespo Mental Health
Staten Island	South Shore	Staten Island South Shore YMCA South Shore YMCA Counseling Center

Focus groups were facilitated by two bilingual Academy staff—nine in English and one in Spanish—and lasted for approximately 90 minutes. A semi-structured guide was used, which covered topics including participant experiences with and perspectives on mental health and mental illness, both generally and related to their specific community, as well as recommendations for promoting improved mental health. Participants were asked to complete a brief questionnaire at the start of the group to gather basic sociodemographic and health information (see appendix for study documents).

Focus groups were audio recorded and the English language groups were professionally transcribed. The Spanish language group was transcribed and translated by a bilingual Academy staff member. Transcripts and summaries were managed and coded using NVivo, a software package for qualitative data analysis. A coding scheme (with definitions) was developed that included pre-identified and emergent themes.

Characteristics of Focus Group Participants

The majority of participants were female, spoke English as the main language at home, and were African American—although participants in the general population groups were more likely to be White than those in the groups for individuals receiving mental health services.

The groups differed in several additional key ways: participants in the mental health service groups were less likely to have graduated from college, more likely to be unemployed, and more likely to have been concerned about paying for food or housing in the last year. (See Table 1 for a detailed breakdown of demographic characteristics.)

Participant health care background and experiences also differed by group (See Table 2). Specifically, individuals participating in the mental health service groups were more likely to receive Medicaid and more likely to report experiencing physical health problems in addition to mental health challenges. They were also more likely to use a community or family health care center to receive health care services than the general population groups, whose participants were more likely to report going to a doctor's office to receive care.

Notably, 36% of the general population participants had received mental health services or been hospitalized for mental health challenges in the past.

TABLE 1: PARTICIPANT DEMOGRAPHIC CHARACTERISTICS (N=112)

	GENERAL POPULATION (n=53)		MENTAL HEALTH SERVICE POPULATION (n=59)	
	n	(%)	n	(%)
AGE				
18–35	15	28%	11	19%
36–45	6	11%	10	17%
46–55	9	17%	16	27%
56–64	14	26%	14	24%
65 and older	9	17%	5	8%
Missing	0	0%	3	5%
GENDER				
Female	35	66%	35	59%
Male	17	32%	22	37%
Missing	1	2%	2	3%
RACE / ETHNICITY*				
Hispanic / Latino	8	15%	20	34%
Black / African American	24	45%	30	51%
Asian	1	2%	0	0%
Native American/ Alaska Native	0	0%	1	2%
White	20	38%	10	17%
Other	6	11%	10	17%
Prefer not to answer	2	4%	1	2%
MAIN LANGUAGE SPOKEN AT HOME				
English	42	79%	45	76%
Spanish / Spanish and English	3	6%	10	17%
Creole	1	2%	0	0%
Missing	7	13%	4	7%
EDUCATION				
Not HS graduate	3	6%	17	29%
HS graduate / VOC training	11	21%	17	29%
Some college, no degree	15	28%	17	29%
College degree or higher	24	45%	7	12%
Missing	0	0%	1	2%
WORK STATUS				
Employed full time	19	36%	3	5%
Employed part time	20	38%	4	7%
Not working / Unable to work	10	19%	44	75%
Retired	4	8%	3	5%
Student	0	0%	5	8%
CONCERNED ABOUT MONEY FOR FOOD / HOUSING IN PAST YEAR				
Always / Sometimes	29	55%	45	76%
Rarely / Never	22	42%	13	22%
Missing	2	4%	1	2%

*multiple responses allowed

TABLE 2: HEALTH/HEALTH CARE INFORMATION (N=112)

	GENERAL POPULATION (n=53)		MENTAL HEALTH SERVICE POPULATION (n=59)	
	n	(%)	n	(%)
HEALTH INSURANCE*				
Medicaid	17	32%	48	81%
Medicare	11	21%	12	20%
Private / Commercial insurance	13	25%	2	3%
Other	12	23%	5	8%
Uninsured	5	9%	1	2%
CURRENT HEALTH CONCERN*				
Arthritis	7	13%	15	25%
Asthma	4	8%	21	36%
Cancer	0	0%	0	0%
Chronic pain	3	6%	16	27%
Diabetes	3	6%	16	27%
Drug or alcohol abuse	2	4%	13	22%
Heart disease	0	0%	4	7%
Mobility impairment	4	8%	8	14%
Depression or anxiety	17	32%	42	71%
Other mental health challenge	6	11%	15	25%
None	20	38%	5	8%
LOCATION OF USUAL HEALTH CARE*				
Doctor's office	38	72%	25	42%
Hospital–based clinic	3	6%	13	22%
Community / Family health center	4	8%	21	36%
Emergency room / Urgent care	4	8%	12	20%
Other	4	8%	5	8%
Don't know	2	4%	0	0%
ACCESSING MENTAL HEALTH SERVICES*				
Received mental health services	16	30%	47	80%
Mental health hospitilization	3	6%	26	44%
Someone close has mental health issue	25	47%	37	63%
Prefer not to answer	6	11%	3	5%
Missing	1	2%	0	0%

*multiple responses allowed

FINDINGS

In the following sections we describe participants' perceptions of mental health and mental illness, including their beliefs related to causation and the impacts of poor mental health on themselves and their communities. We also describe findings related to barriers to accessing mental health care and factors, both at the individual and community level, that promote positive mental health. Finally, we present participant recommendations regarding approaches to improve overall mental health among NYC residents.

General Perceptions

Mental health and mental illness were described as major concerns in the neighborhoods where focus groups took place. Participants reported both witnessing and experiencing a variety of mental health challenges, including depression, anxiety, bipolar disorder, post–traumatic stress disorder (PTSD), schizophrenia, and substance abuse.

> *I'm depressed and anxious a lot and I have to deal with that. My brother, one brother, I'm sure is a schizophrenic. I'm not sure what his diagnosis is. The other one was a depressive, within a mental hospital for depression. (General population participant, Bronx)*

> *Well, I don't go through it, but I know people who do go through it. And PTSD, it's something that shocks them for life. And they can't rewind that. And there's nowhere to turn to, except for medication, to help them ease the pain. (Mental Health (MH) service participant, Manhattan)*

> *My niece, love her … she's seven years old right now, she was three when the situation happened. Her mother beat her fifteen–month–old brother to death. She was bipolar. But before all of this happened, she was, basically, maintaining a house, maintaining food, maintaining her kids. She was doing everything that she was supposed to. And one day, the girl flipped, and that was the end of her life, and that was the end of that fifteen–month–old life. And that was almost the end of my niece's life. And this woman, if you see*

> *her, she is like me and you ... you can't tell nothing is wrong with her at all. But she has bipolar, and she has bipolar to the second or third degree. (General population participant, Brooklyn)*

Mental illness was described as poorly understood, with symptoms—and their implications—often unrecognized, leading to delays in diagnosis and treatment.

> *I have a really intelligent, educated friend who didn't even realize the term mental illness is applied to things like depression and anxiety. He thought it was only things like schizophrenia. My parents were just ignorant to the whole thing. I think it was obvious when I was growing up that I had very serious issues, but my parents didn't realize it at all. Seemingly, nobody else did around me. (General population participant, Bronx)*

> *It's not like, "You have the flu, and okay, I can—I see you have the flu, you have fever," and all that shit. It's very—it's hard. My father was bipolar since he was a child, and he just got diagnosed a year ago. (General population participant, Staten Island)*

> *In relation to my family at least, we are religious, conservative, and Hispanic. The only time it's a problem is in so far as it causes problems for other people. So, if my dad is depressed and stops earning money, then it's a problem. But if he's depressed and still earning money, then it's just, "Oh, he's doing his thing." The other time it becomes a problem if it's very noticeable—like if someone who is usually cheery is then very sad in a church, then they'll discuss, and address it, but normally they just brush it off as, "just go pray harder." (MH service participant, Queens)*

Drugs—both by prescription and not—were often mentioned in conjunction with participants' overall perceptions of mental health. They described how drugs accessed illegally were often used to relieve the symptoms of untreated mental illness. Less commonly expressed was a concern that long-term illicit drug use could lead to mental health problems.

> *People don't realize they're depressed or have anxiety a lot of the times, so they don't really know how to get help, or seek it, so they turn to drugs as an escape. (General population participant, Staten Island)*

There's a lot of people that get [problems] just from using drugs, your imbalance in your body causes you to have mental problems later in your life... That's why I'll be seeing a lot of people, like thirty and forty years old, before they finally get mental problems. Because a lot of it is because of their use of drugs when they're in their teens and twenties and early thirties. (MH service participant, Manhattan)

Participants also described concerns related to psychiatric medications prescribed to treat mental illness. Provider reliance on prescription medication was perceived as compounding the original problems because of adverse side effects. Participants felt that prescribing medications to address mental health problems, in the absence of other services such as talk therapy, represented poor quality care.

A lot of times, if you go to a doctor and tell a doctor that you're stressed, and you feel sad and whatever, they are so quick to just write a prescription. You know what I mean? They will write a prescription for you rather than to explore to see ... what's going on. And then, and your doctor, basically, is a primary care physician. So, he can't really go into it. And a lot of times, they don't want to refer you. But they are quick to write a prescription. (General population participant, Brooklyn)

[My meds] make me more irritable, they make me more stressed, they make me more depressed, they make me not want to get out of bed ... I have all of this inside of me that I know that I'm probably going to be affected with these medications, and I don't want that. (MH service participant, Bronx)

Perceived Causes of Poor Mental Health

Focus group participants were asked to explain why they thought people in their communities experience mental health challenges and mental illness. They attributed poor mental health to biology and to individual and community level social and economic factors.

I think mental illness is hereditary. And then also it can be triggers. Sometimes it's not in the family, but things can induce it and bring it on like alcohol or stresses from the environment, work, relationships. (General population participant, Manhattan)

Everybody has so much that has gone on in their lives. And that communication, like you say, you have to talk to somebody because when you lock it in, it's like a volcano ready to erupt. And if you can't have some outlet as a human being, you got so much going on, physically, it will get to you. (MH service participant, Bronx)

A persistent lack of resources was commonly identified as a source of stress that could lead to depression and anxiety. Not having enough money, and difficulties paying rent or buying food, were described as common reasons people felt depressed. Some participants described the loss of a close family member as the cause—or trigger—of their mental health challenges.

I think that especially in our community, especially in minorities and inner–cities and stuff, there's a strong need for some type of support, mentally, for our people … People who are maybe coming here, this is their first or second year here and they have to work really hard blue–collar jobs. Or they have to deal with paying rent in a place where rents are higher, because there's rich people moving in and things like that. (General population participant, Bronx)

Sometimes, it takes a death of a parent for your inner self to come through to deal with your illness, because it's a traumatic experience to find one of your parents dead. Both of my parents have died. But my mother was the one I was taking care of when she passed. And that affected me a lot. (MH service participant, Manhattan)

Participants also described trauma—both in adulthood and in early life—as having a negative impact on mental health. Many of those who participated in focus groups at mental health service organizations linked their experience of trauma to their mental health issues and need for services. Some described childhood exposure to drugs, violence, abuse, death of loved ones, and the foster care system.

Behind closed doors, shit was happening to us. You know what I'm saying? Everything looked all peachy clean. But behind closed doors, a girl wasn't safe. Shit, wasn't safe in her own family, she wasn't safe. It was hard. It was really hard. (MH service participant, Bronx)

I was in foster care, so that started me with mental health … My mom died when I was 14 years old. And I got back with her when I was 13 years old, so

I only had a year back with my mother before she passed. So, from there, immediately at the funeral, I was picked up from ACS and brought out to Long Island to see psychiatry. And there goes my journey with psychiatry ever since—off and on all of my life. (MH service participant, Bronx)

This is kind of a high crime area. So, there's always somebody who we lose daily somewhere. And the young people, they're losing more of each other. When you get older, you kind of expect to lose a person, a friend, or a neighbor. But for young people to deal with death, and it's not addressed, you don't know how it's really impacting them … It's like if someone gets shot at your school, you get grief counseling for that one day, maybe two days. And then, that's it. Do you think that's enough? These kids are suffering from posttraumatic stress. But it's so dismissive about it, like that's only for soldiers. (General population participant, Brooklyn)

Barriers to Care

Stigma

Stigma—in part associated with perceptions of severe mental illnesses—was considered a significant barrier to care, particularly in communities of color. A dearth of media exposure (e.g., television characters) normalizing mental illness and mental health services was viewed as contributing to this stigma. Participants explained that being perceived as strong was an important and complicated aspect of Black identity, and that mental illness was generally viewed as weakness. Notions related to machismo, and masculinity more generally, exacerbated these challenges.

Stigma is a big part, especially in the Black community. Nobody wants to be branded as crazy. Or you might even get insulted if somebody says to you, "I think you need to talk to somebody." I don't need to talk to nobody. I got to work. We don't have time to stop and think about what you're feeling. (General population participant, Brooklyn)

To be completely frank, I think it's a lot easier for someone who is of a higher status, higher economic class or someone who is White to be able to say, "I'm suffering from mental illness and I need help." How many people do you see on TV? For example, you can watch "Sex in the City," and one of the ladies are like, "I have to see my therapist." You would never see that in a Black TV show. You

would never hear a Black person saying, "I need to see my therapist." It's not even discussed. (General population participant, Bronx)

It's a lot of people, the majority of Hispanics don't go because of machismo; they don't want to be judged or criticized. People think it's bad to ask for help, that you can fix it yourself … There are many who think you have to "aguantar," fix things by yourself. (MH service participant, Queens)

Participants in the focus groups for individuals with mental health service experience described the implications of mental health stigma in the workplace and their fear of employers learning that they receive services. They felt that employers may be unwilling to hire or retain people with a mental illness.

When you go for a job application, the main thing they tell you is that you don't have to put on the application if you got a regular health problem or a mental health problem. But if some employers find out you actually go see a psychotherapist, before or after you get employment, that will kill you. For real, it will kill you. Either you're going to get fired, or you're not going to get the job. (MH service participant, Manhattan)

Before I got sick, I had a record, a criminal record. My criminal record is not a problem for me to find a job. It's my mental health record that's the problem for me to find a job. They would deal with me being a criminal, but they won't deal with me being mentally ill. There is no room in society for a mentally ill worker. (MH service participant, Manhattan)

Stigma was described as leading to denial, which exacerbated problems related to mental health. The practice of keeping mental illness private and within the family was noted in every focus group. Participants also described experiences of having parents and families deny the mental health issues of a child, explaining that it was often easier to suggest the child had a substance abuse problem, since substance abuse is more commonly attributed to external forces.

She was very much ashamed in the late '90s. I was talking about my mental illness. I was talking about the child sexual abuse and so on. So, my sister whispered to me … So she whispers in my ear, "You would have been better off using drugs than admitting you have a mental illness." (MH service participant, Bronx)

And the stigma is there as well. You'll have, especially parents who would rather say their child is drug addicted rather than say they have a mental illness, because it's kind of expected. It's like, "What happened to him?" "Well, he's in rehab." They will say that their child is in rehab rather than institutionalized. (General population participant, Brooklyn)

People also think that with time things will get better on their own. Sometimes they think that their child is ten, he's going to keep growing and he'll figure it out. Sometimes they don't want to take the responsibility and they think that time will work it out. (MH service participant, Queens)

Cost of Care

Participants discussed cost as a major barrier to seeking mental health services, even for individuals with insurance. They described the significant trade-offs that some people make to afford mental health services.

My father had a coworker that had a son who was diagnosed with ADHD, and he turned around, once he learned how much the treatment was and the medicine and everything like that, and said, "Oh, he's just being a boy." (General population participant, Staten Island)

Yeah, that $25 co-payment, that puts a hurting on you, if you have to go twice a week for a kid for God knows how long. Do you know what parents can do with $50 a week? They can pay their light bill. So, when you have to make a choice between feeding your kid, buying a MetroCard, and going to therapy, hey, you've got to make some sacrifices. It's expensive. (General population participant, Brooklyn)

Medication is expensive. And the doctor that prescribes it to you, they don't know your income. They don't know if you can actually afford it. So, if you don't have insurance or some type of money thing, it's going to be real hard for you to pay for it. (MH service participant, Brooklyn)

Related to cost is the time required to access care:

So, it's like well, "What's the big deal? It's only 45 minutes out of your day." But you have to take into consideration the one hour it takes to get to counseling,

the one hour it takes to get back, the babysitter you have to get to watch your child. And then, your childcare, getting on time for work, the transportation, all of those factors, by the time you're done, it's like four hours to get that forty-five minutes done. That's why most of us go to church to try to get it out the way. It's timing that's in there. And the stigma is there as well. (General population participant, Brooklyn)

Factors Promoting Positive Mental Health

Participants described factors that promoted good mental health, both at the individual and community level. Having an emotional support system, either through friends and family or through a mental health provider, was viewed as important. Community organizations were seen as places that supported good mental health, by linking individuals with social services and providing spaces to gather and foster community. Faith institutions were also described as providing emotional assistance and programming that supported positive mental health.

Supportive Environments

Although family members were implicated in many mental health issues (as described above), friends and family were also described in most focus groups as contributors to good mental health, providing an outlet for people to share their lives and receive emotional support.

Whenever there were family gatherings the women were always in the kitchen around the table, and that's when everybody was able to find out who is being abused, who is pregnant, who is this, who is going to get divorced. And it was always older or other people around that table who have either been through that situation and had advice for them. And most of the time, it worked out. And they did listen. I was a little girl, and I watched it. (General population participant, Brooklyn)

I'm just saying that everybody, they have their own journey. Everybody has so much that has gone on in their lives. And that communication, like you say, you have to talk to somebody because when you lock it in, it's like a volcano ready to erupt. And if you can't have some outlet as a human being, you got so much going on, physically, it will get to you. (MH service participant, Bronx)

The broader community, including local service organizations, schools and faith institutions, was also described as important for promoting good mental health. These organizations commonly linked participants to needed services, including counselors and support groups, and offered places for community members to gather together and build connections with one another.

I don't think it's always about services, especially in our community; we have places like Bronx House where kids can come and have friends. Where older people can come, and if they don't have anybody at home, they have people here. It's so important to be a community with other people and I think that's something that we do well. When you're alone in your mind, it's much easier to have poor mental health. (General population participant, Bronx)

Me, like I don't have [immigration] papers. That makes it more difficult for me to get help for myself. I go to women's groups or other things that are free from the city and don't require insurance and where I don't have to show papers. (MH service participant, Queens)

I know Lady Star of the Sea… they do the seven–step and 12–step program, alcohol–there's one night, it's dedicated to drug addiction, alcohol, Gambler's Anonymous–there's a whole array of issues that they address. And even though it's a Catholic church, it's open to everybody … And I think that really serves a big need in the community. (General population participant, Staten Island)

When [my children] start school, [I] make sure that they know who the counselor is, because if there's something they don't want to tell me, they know they can go to somebody else, no matter what it is. (General population participant, Staten Island)

Participant Recommendations

Although focus group members made diverse recommendations, the majority can be grouped under three main categories: (1) increased awareness and education on mental health, (2) the creation of free ongoing citywide mental health drop-in support groups, and (3) mental health training for workers who may encounter situations that require mental health knowledge.

Education and Awareness

Participants discussed the importance of normalizing mental illness and addressing public fear around the topic to diminish feelings of marginalization and alienation by those with mental health issues. Anti-stigma campaigns, including use of personal stories, were recommended approaches to accomplish these goals and promote use of needed services.

> *They should try to advertise it [mental illness] more to take the fear factor away from the public. They got all of these billboards on trains telling people to seek help but... they should have some of these bulletin boards that say when you see a person talking to themselves, don't think that he's a danger. Maybe he's mentally ill. Things like that. (MH service participant, Manhattan)*

> *Yeah, you gotta let them know that it's okay to reach out for help. It's not something that they'll be looked at as a stronger individual if they try to just suck it up, because it doesn't work like that. You actually need to reach out for help, you know? (General population participant, Staten Island)*

> *Social media's a great way to network. Network the message ... [Another participant] said "tell stories," and it made me think about having some of us tell our story. When you identify with someone out there, it's easier to come out. It's easier to know what you're going through is not so abnormal. It's actually—someone else is going through the exact thing I'm going through. And that can help you tremendously to reach a sense of peace, you know? (General population participant, Staten Island)*

Participants also recommended better dissemination of specific information about available mental health services, both for individuals seeking those services and for concerned community members interested in connecting others with care. In addition to low-tech approaches, such as flyers in community centers, churches, laundromats,

and public transportation, recommendations included creating a mental health YouTube channel, utilizing social media, and creating an app that serves as a portal for those seeking mental health services.

> *More advertising on the train like a 1–800–health or 1–800 number where the person can call and say listen, from the Department of Health, "I'm suffering from insomnia, depression, whatever. Refer me to…" Because, sometimes, most of our mental health experience has been through a doctor or family member saying, "go over here" and this doctor and this and that. It should be more advertising about how to get mental health treatment. And then, it doesn't become such a mystery. (MH service participant, Manhattan)*

> *If you make a centralized app for all of the insurance companies, like one for Medicaid, one for Healthfirst, etc. and update the directory and integrate ZocDoc and Yelp reviews into the application you could make it more accessible for everyone … And find an accessible way to translate it into Spanish, English, Korean, it might make the hurdle to jump into mental health a lot lower. And writing down the names of all the mental health offices, where they are, I think that would help. (MH service participant, Queens)*

Participants from every focus group recommended expanding educational efforts to help community members better understand mental health and mental illness among both adults and children. Suggested venues and methods included health fairs and workshops in schools and community centers with information on how to identify and cope with mental illness.

> *It's a good idea, if you go to a church or a community, say you could train people in the community that are interested in knowing what to look out for, how to intervene, etc. (General population participant, Queens)*

> *Having some sort of a play in relation to what's going on, or how to identify a problem. So, where you're giving people ideas on—or an idea of what to look for, what to identify. Or if you have your own problem, what to do in that case. (General population participant, Staten Island)*

They should have it in elementary school, too. You got kids acting out that don't know what's–they're sad, or they're being neglected, and they just hold on, they act out. That's their way of showing their emotions. (MH service participant, Staten Island)

Drop-in Support Groups

Participants from most focus groups recommended support groups modeled after Alcoholics Anonymous (AA), with groups available daily throughout the city—in churches, libraries, and community organizations. Participants noted the value and effectiveness of groups such as these, composed of people with similar experiences.

We need more resources, accessible resources … I believe with the group of people sitting around like we are today, even though this is a focus group… we're all going to leave here feeling a little better than the way we came in, I believe, because we all spoke about what our problems are. We need somewhere to vent with other people. (MH service participant, Bronx)

I think there should be walk-in groups. Places, like they have AA, where people could just walk in. And maybe they could just sit down and be able to talk in a group with people and share … Some churches have them. But it should be all over. (General population participant, Manhattan)

Individuals also expressed an interest in having places that fostered wellness and community. They recommended more day-programs for individuals with mental illness to partake in activities together.

I don't think that every space has to be like, "Come meet with a psychiatrist or come meet with a social worker." It can just be small things like having a yoga party or something like that. Things that you can do at Bronx House that foster healthiness in the mind. (General population participant, Bronx)

Mental Health Training Across Professions

Participants suggested increased training for individuals who frequently interact with vulnerable populations and the public, more generally. For example, trained guidance counselors and teachers may help to identify children who are at risk of developing mental health problems and link those children to appropriate services. Training for police officers would help them to identify individuals who suffer from mental illness

and peacefully de–escalate situations. Recommendations to train police officers reflected both concerns regarding the harm that untrained officers pose and hopes regarding their potential to provide assistance.

> *It's dangerous being in a neighborhood like this, because when they train these police officers, they don't put a whole lot of money in training how to deal with mentally ill people … That's why it's all over the city, year after year, how many mentally ill people that's shot down by the police … I see it every week on the news everywhere in this country. (MH service participant, Manhattan)*

> *I think that we should train professionals to be more aware of mental illness and to check up on people more often … It could be anything from counselors to even tutors or teachers. Anything that involves people having to interact with other people or take care of other people. They should be able to detect signs and they should also make it a point to make sure that everyone that crosses their path is mentally healthy, or if they're not mentally healthy, they have somewhere to go. (General population participant, Queens)*

Notably, some participants felt it was inappropriate for someone in their community who is not a mental health professional to ask them about their mental health. Those who did believe it would be appropriate explained that it should be someone with training, or with an established relationship of trust with the person they approach.

> *I don't think it's a good idea because people already have built–in perceptions about people with flaws. I think they should just make them feel part of everybody somehow. (MH service participant, Manhattan)*

> *It's a good idea, if you go to a church or a community, say you could train people in the community that are interested in knowing what to look out for, how to intervene, etc., etc. (General population participant, Queens)*

CONCLUSION

The research presented in this report was conducted to facilitate incorporation of community voices into the development and implementation of programs and initiatives that promote good mental health. Findings include community members' perceptions of factors underlying mental health challenges, existing barriers to care, and recommendations regarding how best to address those barriers.

Participants provided a wealth of information related to both the prevalence and perceived causes of mental health challenges in their communities. They described depression and anxiety as common, though less visible than schizophrenia and bipolar disorder; and indicated that trauma and challenges related to living under difficult social and economic conditions can lead to poor mental health. Additionally, they made specific recommendations focused on the need for increased outreach and education, anti-stigma campaigns, drop-in support groups, and training for those whose jobs require interacting with vulnerable populations and the public more generally.

Notable challenges to addressing mental health were described. Stigma and a lack of understanding and awareness related to signs and symptoms of poor mental health appear to prevent many individuals from getting much needed care. As a result, an increase in public awareness regarding mental health and more easily accessible services may be important approaches to improving mental health outcomes in NYC communities. Programs and initiatives such as ThriveNYC and the Mental Health Service Corps, which aim to normalize mental health challenges and increase information and access to care, appear to be well aligned with the needs and recommendations of the communities highlighted in this report.

However, findings related to the perceived origins of poor mental health in these communities—specifically trauma and challenges related to poor social and economic conditions—suggest that improvement in the overall quality of the lives of New Yorkers is essential to good mental health. In particular, more should be done to reduce exposure to trauma, help manage the long-term effects of trauma, and improve access to resources related to the social determinants of health.

The views presented in this publication are those of the authors and not necessarily those of The New York Academy of Medicine, its Trustees, Officers, or Staff.

APPENDIX 1
Mental Health Focus Group Topic Guide

The New York Academy of Medicine
Public Health Improvement Program
Year 2

Focus Group Guide: Mental Health

Welcome and thank you for participating in this focus group. We are from The New York Academy of Medicine and we are partnering with the New York City Department of Health and Mental Hygiene to conduct focus groups on mental health and mental illness. The Department of Health recently asked residents which health issues were of greatest concern to them and mental health was among those most commonly mentioned. Now, the Department of Health would like to get community input on ways in which they can support NYC neighborhoods and residents to promote good mental health—and prevent and treat mental illness. We are hoping to hear from you today about your community's experience with mental health and mental illness. We would like to hear about the kind of help that may or may not be available to people dealing with mental health challenges, and what more you think can be done to improve mental health in your community.

I also want to say, before we start, that some of the topics that we will discuss today may be difficult or upsetting. We welcome input from everyone, but please do not feel like you have to share beyond what's comfortable. At the end of the discussion we will provide everyone with some information about available mental health resources, in case you are interested. There is also a mental health professional on–call who is available to provide additional information during or after this conversation. You can let my colleague, [insert name of co–facilitator], know and she will connect you.

1.   To begin, we would like to hear from you about why you were interested in participating in this discussion today?

Now, I'd like to focus specifically on mental health and mental illness. To start:

2.   When you hear the term "mental health," what comes to mind?

3.   Now I'd like to ask you specifically about mental illness. What do you think of when you hear that term?

4.   To what extent are mental health and mental illness concerns in your community? Why?

5.   We just discussed what you think of when you hear the terms "mental health" and "mental illness." Thinking about all of the things we talked about, what are the most common mental health concerns people face in your community? Can you give some examples?
      a.   Why do you think these are the most common?
      b.   [If not mentioned] How about drug and alcohol use?

6.   What do you think are the reasons people in your community are dealing with these mental health challenges? Can you explain?

7.   Are there some groups of people in your community who face more mental health challenges than others (e.g., young people, men, older adults, new parents, recent immigrants)? Please explain.
      a.   Can you describe how mental health needs differ by group?

8.   What impact does poor mental health have on your community? Please explain.
      a.   What about the impact of mental illness, like depression, anxiety and other disorders?
      b.   Anything else?

9.   We want to make sure to talk about the strengths of the community – not just problems. What aspects of your community support the mental health of those who live there? (e.g., social/family connections, parks and playgrounds, certain community organizations, etc.) Please explain.

Next I'd like to ask you about getting help for mental health in your community

10. How do people deal with mental health concerns in your community? Can you give some examples?
    a. Where do people go to get help – if they need someone to talk to about how they are feeling? [if needed, probe:] (For example, schools, religious institutions, health centers, hospitals, mental health practices, community orgs)
    b. What kind of help do they get?

11. What role do primary care doctors play in connecting people to mental health services—or providing those services themselves?

12. Why do you think some people do not get help for mental health issues?

13. [If not already addressed:] To what degree does stigma, or embarrassment about mental illness, affect the people in your community and their willingness to access services? Can you give some examples?
    a. [If stigma exists] Why do you think this stigma exists?

14. If you feel comfortable, can you share some of your own experiences seeking mental health services?
    a. What made you seek help?
    b. Where did you go?
    c. What happened as a result of your seeking care? Do you feel the services were helpful?
    d. [If needed] Have you ever received mental health services through your primary care provider? If so, what was that experience like?

15. If you have experienced mental health challenges but haven't looked for help, why is that?

16. How easy or hard is it for someone in your community to get help for mental health issues if they need it?
    a. What makes it easier for people to access these services? What helps them to seek care?
    b. What makes it difficult? (For example, are there enough doctors/ counselors available? Language? Do people know where to go?)
    c. Does it differ by the kind of mental health issue a person faces? Something else about who they are? (e.g., older adult, LGBTQ, etc.?)

17. [For specific ethnicity or immigrant focus groups] Is there anything specific about how this community (e.g., the Latino community, the Arab community) deals with mental health?

18. [If not already addressed:] Is payment for mental health services an issue?
    a. How do people pay for these services?
    b. What do people do if they cannot pay out of pocket?

Now I'd like to change gears a little bit and talk about ways mental health can be improved in your community.

19. What can be done to promote mental health in your community?
    a. What can individuals do? Schools? Religious institutions? Housing? Jobs/workplace? Community organizations? Health providers?
        i. To what extent can public spaces be used to support mental health?

20. Some of these approaches to addressing mental health challenges would result in people, such as your regular doctor, teachers, or clergy, asking about your mental health in order to connect you to services that may be helpful. How would you feel about people like this asking about your mental health? Why?
    a. How appropriate do you think it is?
    b. Who in your life do you think should talk to you, or ask, about mental health but maybe doesn't?

21. How can available services be made better?
    a. What kind of help for mental health is missing in your community?

22. What can be done to encourage people to seek help when they need it?

23. What should be done to improve mental health specifically for:
    a. [probe for the groups mentioned in question #6, e.g., young people, men, older adults, new parents, recent immigrants]

Before we finish, I want to go back to some of the things we talked about earlier – things that may have an impact on mental health.

24. [If not sufficiently discussed] As we mentioned earlier, we are interested in hearing about issues in your community such as drug and alcohol use. What impact do these issues have on this community? Why?

Violence and abuse can affect mental health, so we wanted to ask about those issues as well.

25. [If not sufficiently discussed] How big are the issues of violence and abuse in your community? What impact do they have on mental health?

Great, that was the last question.

26. Is there anything else we didn't ask about mental health or mental illness in your community that you'd like to share with us before we close?

And just a reminder—we have some information on mental health resources here for you to take (hand them out to the group so nobody has to ask). And if anyone feels they would like to talk with the on-call mental health professional, please stick around.

Thank you!

Population Health Improvement Program (PHIP) Año 2

Guía de temas para el grupo de enfoque

Bienvenidos y gracias por participar en este grupo de enfoque. Trabajamos en la academia de medicina de nueva york y estamos colaborando con el departamento de salud e higiénica mental para hacer grupos de enfoque sobre la salud mental. El departamento de salud ya habló con residentes de Neuva York acerca de las cuestiones de salud más graves en sus comunidades y muchos respondieron con la salud mental. Ahora, el departamento de salud quisiera recoger las perspectivas de miembros de varias comunidades en la ciudad para entender cómo puede mejorar los barrios de nueva york, ayudar a los residentes promover buena salud mental y prevenir y tratar las enfermedades mentales. Deseamos saber de ustedes sobre el tipo de ayuda para la salud mental que quisiera tener y que tal vez no esté disponible ahora, y que más ellos pueden hacer para mejor la salud mental en su comunidad.

También quisiera decir antes de empezar que algunos de los temas de hoy pueden resultarles difíciles o tristes de hablar. Queremos escuchar de todos hoy, pero por favor no diga algo si no le resulta cómodo compartirlo con el grupo. Al fin de la discusión vamos a proveer todos con información de recursos sobre la salud mental, si están interesados. También, si quiere hablar con un profesional de salud mental durante o después del grupo, alguien de Crespo está disponible para hablar, solo hay que avisarnos.

1. ¿Para empezar, nos gustaría escuchar de ustedes sobre porque querían participar en la conversación de hoy?

Ahora me gustaría enfocar específicamente en la salud mental y las enfermedades mentales. Para empezar:

2. ¿Qué piensan cuando alguien dice, "la salud mental"? ¿Qué se les ocurre?

3. Ahora, me gustaría preguntarles específicamente sobre de las enfermedades mentales. ¿Qué piensan cuando escuchan ese término?

4.   ¿Hasta qué punto son enfermedades mentales y la salud mental preocupaciones en su comunidad?

5.   Justo hablamos de lo que piensan cuando escuchan los términos "salud mental" y "enfermedades mentales." ¿Pensando en lo que hablamos, cuales son las enfermedades mentales más comunes en su comunidad? ¿Pueden dar algunos ejemplos?
        a.   ¿Por qué creen que estas son las más comunes?
        b.   [Si no son mencionados] ¿Y qué del uso de drogas y alcohol?

6.   ¿En su opinión, cual es la razón a que las personas de su comunidad enfrentan problemas de salud mental? ¿Puede dar una explicación?

7.   ¿Hay grupos de personas específicas que enfrentan desafíos de la salud mental más frecuentemente que otros (como adolescentes, jubilados, padres nuevos, inmigrantes recientes)?

8.   ¿Cuál es el impacto de la mala salud mental en su comunidad? Por favor explique.

a.   ¿ es el impacto de la enfermedad mental, como depresión, ansiedad y otras enfermedades mentales?

b.   ¿Algo más?

9.   Queremos hablar de la fortaleza de esta comunidad– no solamente los problemas. ¿Cuáles son los aspectos de esta comunidad que mejoran a la salud mental de las personas quienes viven aquí (p. ej. Conexiones familiares / sociales, parques o el área de juegos, ciertas organizaciones comunitarias etc.). Por favor explica.

Ahora, me gustaría hablar de cómo la gente en esta comunidad recibe ayuda para la salud mental.

10. ¿Cómo se tratan problemas de salud mental en esta comunidad? ¿Puede dar algunos ejemplos?
    a. ¿A dónde van las personas en esta comunidad para buscar ayuda– si necesitan hablar a alguien sobre la salud mental? [si necesario, pregunta:] (Por ejemplo,escuelas, instituciones religiosas, centros de salud, hospitales, prácticas de salud mental, organizaciones comunitarias)
    b. ¿Qué tipo de ayuda recibe?

11. ¿Cuál es el rol de los médicos de atención primaria con respecto a los referidos a servicios de salud mental– o de proveer esos servicios ellos mismos?

12. ¿Por qué creen que algunas personas no reciben ayuda para los problemas de salud mental?

13. [si no hablado todavía]: ¿Cómo afectan el estigma y la vergüenza de enfermedades mentales a personas en su comunidad y su deseo a acceder servicios? ¿Puede dar algunos ejemplos?

14. ¿Si siente cómoda, puede compartir algunas de sus propias experiencias buscando servicios de salud mental?
    a. ¿Por qué busco ayuda?
    b. ¿A dónde fue?
    c. ¿Qué pasó como resultado de la ayuda que recibió? ¿Los servicios les resultaba útiles?
    d. [Si necesario]: ¿Ha recibido alguna vez servicios de salud mental por su médico de atención primaria? ¿Si ha recibido, como fue la experiencia?

15. ¿Si usted ha enfrentado problemas de salud mental pero no ha buscado ayuda, por qué fue no los buscó?

16. ¿Qué tan fácil o difícil es encontrar y recibir servicios para la salud mental en su comunidad si uno los necesita?
    a. ¿Qué lo hace fácil acceder estos servicios?
    b. ¿Qué lo hace difícil? (¿Por ejemplo, hay doctores/consejeros suficientes y disponibles? ¿El idioma? ¿Personas saben a dónde ir para recibir ayuda?
    c. ¿Hay diferencias en la clase de servicios que uno puede recibir según la clase de problema de salud mental que tiene? ¿Según su identidad? (¿p. ej. Jubilado, LGTB, etc.?)

17. [Para grupos de inmigrantes o etnicidades específicas] ¿Hay algo especial con respecto de cómo esta comunidad enfrenta las enfermedades mentales?

18. [si es necesario] ¿Consideran que los gastos para los servicios para la salud mental son un desafío?
    a. ¿Cómo paga la gente para estos servicios?
    b. ¿Qué hacen las personal que no pueden pagar ?

Ahora, me gustaría cambiar de tema un poquito y hablar acerca de cómo se puede mejorar la salud mental en su comunidad.

19. ¿Qué se puede hacer para promover la salud mental en su comunidad?
    a. ¿Qué pueden hacer individuos, escuelas, instituciones religiosas, el departamento de viviendas, lugares de trabajos, organizaciones comunitarias,doctores?
    b. ¿A qué medida puede usar espacios públicos para apoyar la salud mental?

20. Algunos de estas opciones consisten en que personas, como médicos, maestras, o sacerdotes les pregunten sobre la salud mental de uno para conectarse a servicios útiles. ¿Cómo sentiría si estas personas les preguntaba sobre su salud mental? ¿Por qué?
    a. ¿Es apropiada en su opinión?
    b. ¿Quién en su vida debe preguntarle sobre su salud mental pero no lo hace?

21. ¿Cómo pueden mejorar los servicios de salud mental disponibles?
    a. ¿Qué tipo de ayuda para la salud mental falta ahora en su comunidad?

22. ¿Qué se puede hacer para alentar a las personas a que busquen ayuda para la salud mental cuando la necesitan?

23. ¿Qué se debe hacer para mejorar la salud mental, específicamente para grupos de identidad diferentes (p. ej. Jubilados, adolescentes, hombres, inmigrantes recientes, padres nuevos)?

Antes de terminar, quiero regresar a un tema que hablamos antes– cosas que pueden afectar la salud mental.

24. [si es necesario] Como mencionamos antes, estamos interesados en saber de problemas en su comunidad como el uso de drogas y alcohol. ¿Qué impacto tienen estas cosas en su comunidad? ¿Por qué?

25. [si es necesario] ¿La violencia y el abuso son problemas en su comunidad? ¿Qué impacto tienen en la salud mental de la comunidad?

Bueno, esto fue la última pregunta.

26. ¿Hay algo más que no preguntamos sobre la salud mental o enfermedades mentales en su comunidad que quiere compartir con nosotras antes de terminar?

Como un recuerdo—tenemos una lista de recursos de salud mental para ustedes.

¡Gracias!

APPENDIX 2
Participant Demographic Questionnaire

New York City Population Health Improvement Program (PHIP)
Focus Group Participant Survey

Please take a few minutes to answer the questions below. All answers will remain confidential.

1.   What zip code do you live in? _____

2.   What neighborhood do you live in? _____

3.   In what year were you born? _____

4.   What is your gender? _____

5.   Do you consider yourself to be Hispanic or Latino?

   Yes   No   Prefer not to answer

6.   What is your race? (Check all that apply)

   American Indian or Alaskan Native   White

   Asian or Asian American, specify: _____   Other, specify: _____

   Black or African American   Prefer not to answer

   Native Hawaiian or other Pacific Islander

7.   What is the <u>main</u> language you speak at home?

_____

8.   What is the highest level of education you have completed? (Please check only one)

Did not attend high school

Some high school, but did not graduate

High school graduate or GED

Technical or vocational training

Some college but no degree

Two year degree (i.e., Associate Degree)

Bachelor's Degree

Master's Degree or above

9.   Do you currently have health insurance? (Check all that apply)

No

Yes, Medicaid

Yes, Medicare

Yes, Private/commercial

Yes, other, specify: _____

Don't know

10.   Are you currently working? (Please check only one)

No

No, I am in school

No, I am retired

No, I am unable to work

Yes, I work full time

Yes, I work part time

11.   In the past year, how often did you worry about having enough money to pay for food or housing?

Always

Sometimes

Rarely

Never

12.   In the past year, which of the following health concerns did you face? (You may check more than one)

Arthritis

Asthma

Cancer

Chronic pain

Diabetes

Drug or alcohol abuse

Heart disease

Mobility impairment

Depression, or anxiety

Other mental health challenge

13.   Where do you most often go for health care?

Private doctor's office

Community health center

Hospital–based clinic

Emergency room

Urgent care center

Other, specify: _____

Don't know

Prefer not to answer

14.   Have you ever received services from a doctor and/or mental health professional for depression, or anxiety?

Yes

No

Prefer not to answer

15.   Have you ever been hospitalized because of a mental health issue?

Yes

No

Prefer not to answer

16.   Has anyone close to you (e.g., a parent, sibling, spouse, etc.) ever suffered from depression, anxiety, or mental illness of any kind?

Yes

No

Prefer not to answer

Date: _____

Site: _____

(FOR ACADEMY USE ONLY)

New York City Population Health Improvement Program (PHIP)
Encuesta de participantes de grupo de enfoque

Favor de tomar unos minutos para contestar las preguntas a continuación. Todas las preguntas son confidenciales y anónimas.

1.	¿En qué código postal vive usted? _____

2.	¿En qué barrio vive usted? _____

3.	¿En qué año nació usted? _____

4.	¿Cuál es su género? _____

5.	¿Se considera usted de ascendencia hispana o latina?

	Yes		No		Prefiero no contestar

6.   ¿Cuál es su grupo racial? (Marque todas las que correspondan).

Indio americano o nativo de Alaska   Blanco

Asiático, especifique: _____   Otro, especifique: _____

Negro o afroamericano   Prefiero no contestar

Nativo de Hawái u otras islas del Pacífico

7.   ¿En qué idioma habla principalmente en su hogar?_____

8.   ¿Cuál es el nivel más alto de educación que ha alcanzado? (Marque solo uno)

No asistí a la escuela secundaria

Algo de escuela secundaria, pero no me gradué

Graduado de la escuela secundaria o GED

Programas de empleo u orientación vocacional

Algo de universidad, pero no me gradué

Título universitario de dos años (o título intermedio)

Licenciatura

Maestría o superior

9.   ¿Usted tiene seguro médico actualmente? (Marque todas las que correspondan)

No

Sí, Medicaid

Sí, Medicare

Sí, Privado/comercial

Sí, otro, especifique: _____

No lo sé

10.   ¿Usted trabaja actualmente? (Marque solo uno)

No   No, soy discapacitado /a

No, pero estudio   Sí, a tiempo completo

No, estoy jubilado/a   Sí, a tiempo parcial

11.   ¿Hubieron momentos en el año pasado cuando usted se preocupaba por tener suficiente dinero para pagar la vivienda o los alimentos?

Siempre

A veces

Casi nunca

Nunca

12.   ¿A cuáles de los siguientes problemas de salud se está enfrentando usted? (Marque todas las que correspondan)

Artritis

Asma

Cáncer

Dolor crónico

Diabetes

Abuso de drogas o alcohol

Enfermedad cardiaca

Discapacidad física

Depresión, o ansiedad

Otro desafío de la salud mental

Ninguno

13.   ¿A dónde va usted con mayor frecuencia para recibir atención medica?

Consultorio de medicina general

Centro de salud comunitaria/familiar

Clínica en hospital

Sala de emergencias

Atención de urgencia

Otro, especificar: _____

No lo se

Prefiero no contestar

14.   ¿Ha recibido servicios a causa de la depresión o la ansiedad de un doctor o
profesional de salud mental?

Sí

No

Prefiero no contestar

15.   ¿Usted ha sido hospitalizado por un problema de salud mental?

Sí

No

Prefiero no contestar

16.   ¿Algún familiar de usted (p. ej., un padre, hermano, cónyuge, etc.) ha sufrido de
la depresión, ansiedad, o una enfermedad mental de cualquier tipo?

Sí

No

Prefiero no contestar

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