

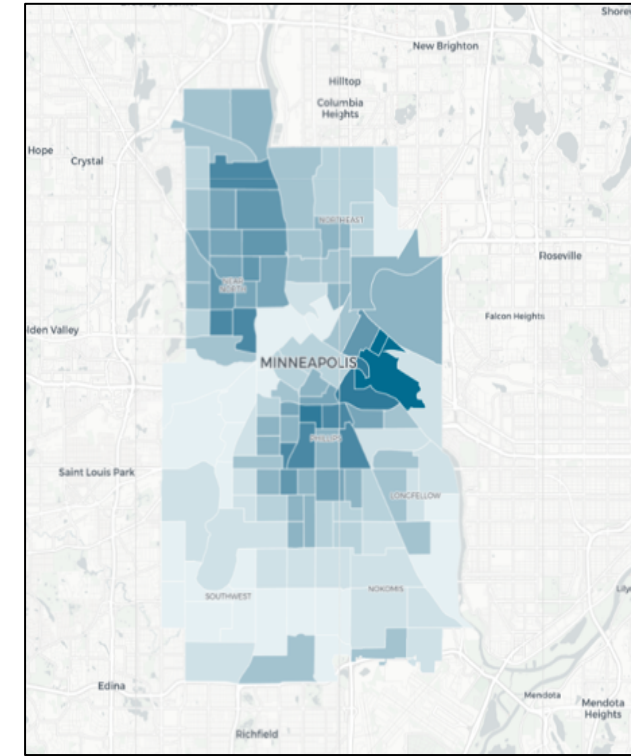
"We want to be heard": Perspectives on Mental Healthcare among Patients at a Federally Qualified Health Center

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BACKGROUND

Depression disproportionately impacts communities color and lower SES,¹ making community clinics ideal for identifying and addressing this condition.



Understanding factors influencing mental healthcare uptake can inform change efforts.²

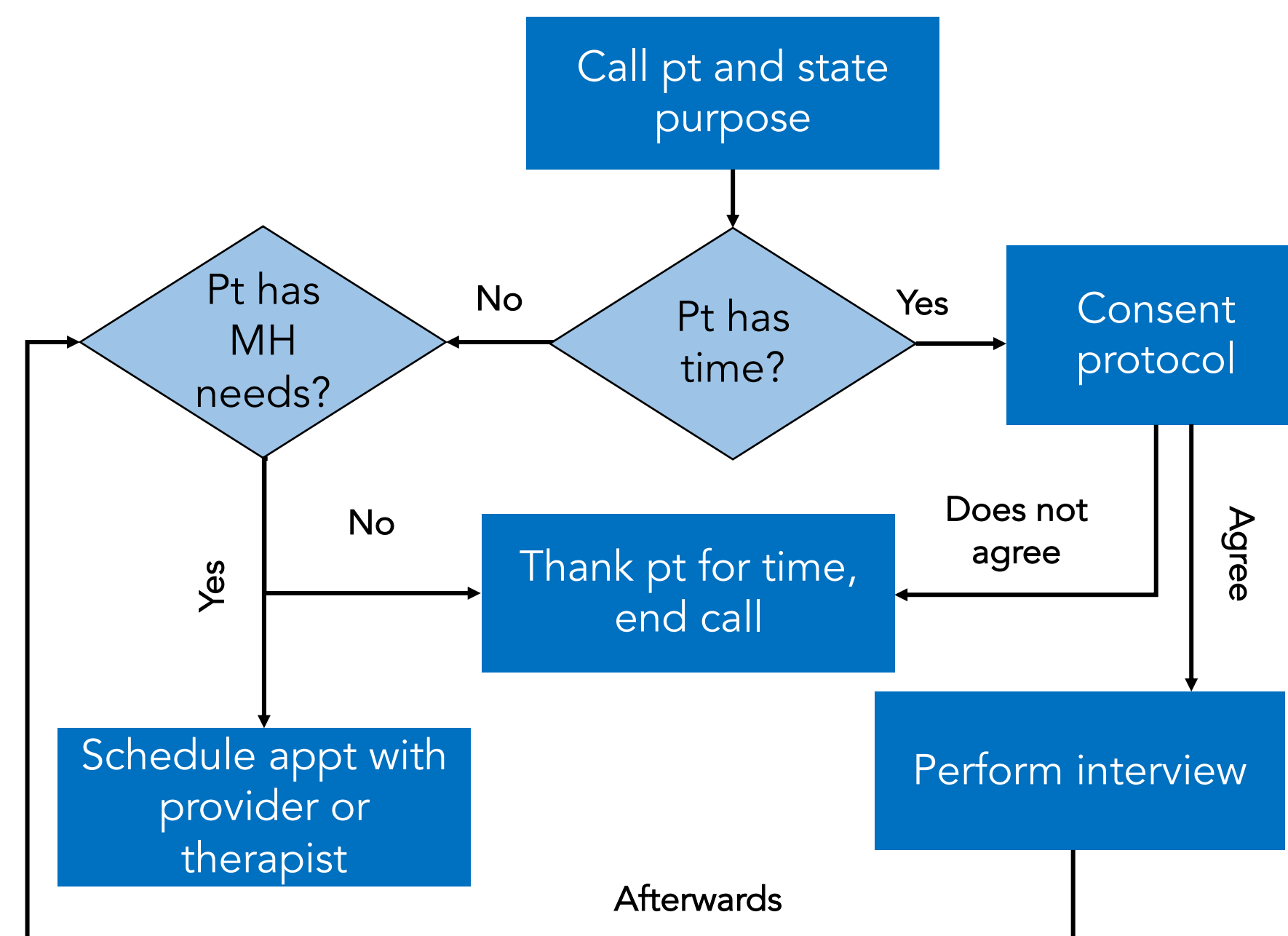
OBJECTIVE: Explore barriers /facilitators to mental healthcare among patients of a Minneapolis, MN FQHC.

METHODS

906 patients w/ depression (based on Minnesota Community Measurement definition) eligible; 118 sampled for ethnic, social, and functional diversity.

- 34 (29%) interviewed; 12 had care needs met.

Qualitative interview & analysis informed by Behavioral Model for Vulnerable Populations.³



RESULTS

FACILITATORS TO CARE

"I feel like they were really helpful just around like providing support for care that was based on income. I think I had a lapse in healthcare coverage, and they were able to help cover that."

Consideration of patient financial situation

"We've only really talked about my blood pressure and back problems, but I didn't know my doctor could also talk about my mood...And you know, working on my mood has helped me with blood pressure and cholesterol meds too."

Existing relationship with provider for physical health

"It can take a couple weeks before I can meet with the doctor. It's actually really good that we could do it by phone, because I wasn't feeling any better and needed to adjust my depression medicine."

Telehealth

Other facilitators: Clinic organization (internal/external), Staff friendliness and warmth, Language concordance, Social mission

BARRIERS TO CARE

"The only time I'm concerned is when I say something and they don't know what to do. They're trying to tell me about what I have, but sometimes I have other anxiety symptoms they don't understand."

Feeling dismissed by providers

"To talk about my anxiety meds, yes, I like talking to the same provider because they've been there for the whole ride. Even though I know another provider can look at the previous charts, it's not quite the same."

Provider continuity challenges

"I think in the Black community you gotta recognize that people have a lot of distrust for what went down in this country...We all have stories. We all know people that have been treated differently due to skin color."

Community perceptions of mental health

Other barriers: Cost concerns, Communication challenges (internal/external), Patient portal

RESULTS CONT'D

	N	%
Status of Depression		
In remission	12	35.2
Not in remission	22	64.7
Gender		
Female	28	82.4
Male	6	17.6
Race/Ethnicity		
White	10	29.4
African American	11	32.4
Hispanic/Latinx	8	23.5
Other (incl. Asian, AI/AN)	5	14.7
Language		
English	27	79.4
Spanish	7	20.6
Insurance Type		
Commercial	3	8.8
Public (incl. Medicaid/Medicare)	21	61.8
Self-Pay or Sliding Fee Scale	11	32.4
Total	34	100.0

DISCUSSION

Addressing provider-level (e.g., dismissal of concerns) and organization level (e.g., continuity of care) barriers may improve access to mental healthcare at FQHCs.

Narrowing behavioral health disparities in outpatient settings likely requires a multipronged approach.

Findings shared with FQHC quality/behavioral health teams to inform change interventions to better target depression care quality.

REFERENCES. 1. Thota et al. (2012). Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. *Am J Prev Med*, 42(5), 525-538. 2. Pence et al. (2012). The depression treatment cascade in primary care: a public health perspective. *Curr Psych Rep*, 14(4), 328-335. 3. Gelberg et al. (2000). The Behavioral Model for Vulnerable Populations: application to medical care use and outcomes for homeless people. *Hlth Service Res*, 34(6), 1273.

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