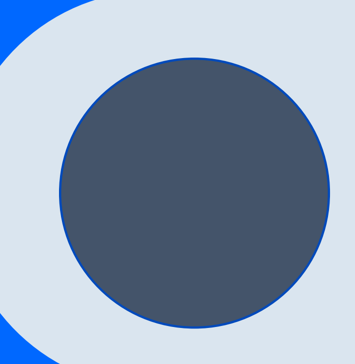
"Invisible Barriers" to Mental and Behavioral Health Care:

Learning from Peer Professionals in Southwest Michigan



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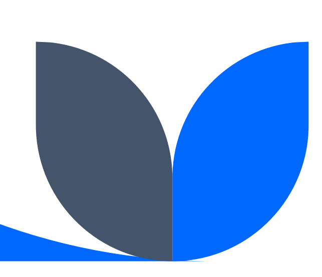
The invisible barrier keeping you from sitting and doing [recovery] is not your fault.”

-Peer Professional, St. Joseph



Agenda

I. INTRODUCTION & OVERVIEW
II. METHODS & ANALYSIS
III. FINDINGS
IV. REFLECTIONS & QUESTIONS

SWMBH Access Disparities Assessment

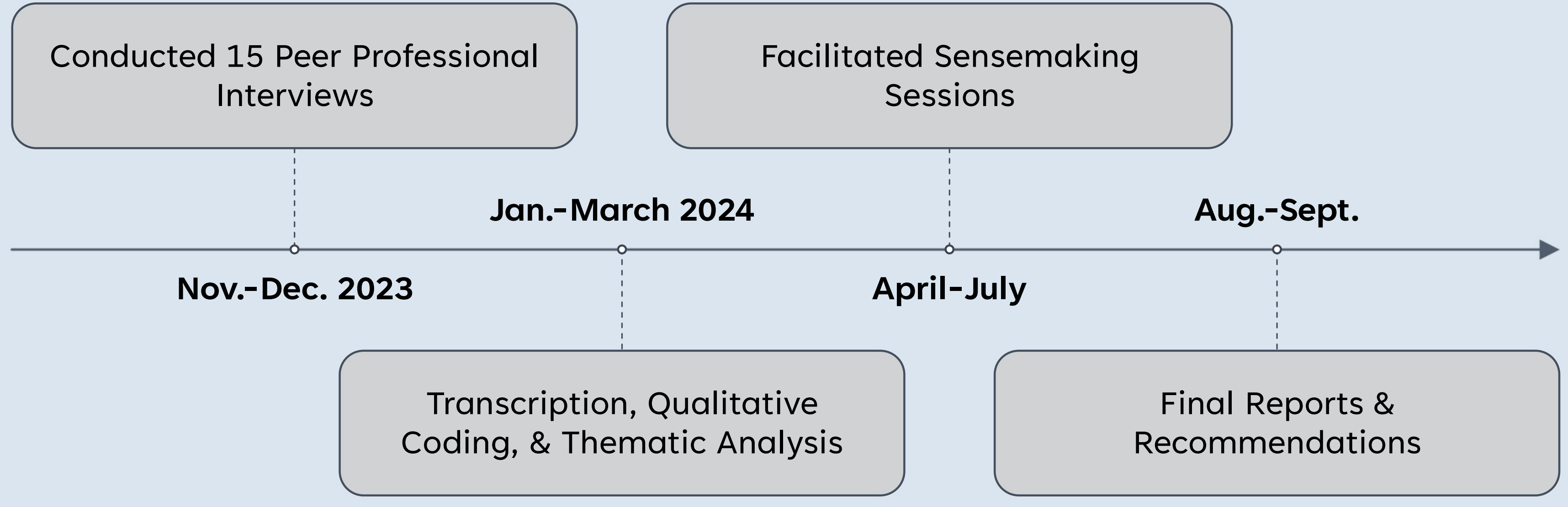
Objectives

- Identify needs and barriers to accessing mental and behavioral health care services in communities throughout the region, especially within communities of color
- Understand the role that stigma plays in mental and behavioral health care seeking among communities in the region
- Identify opportunities to support Community Mental Health Services and providers to address mental and behavioral health access barriers

Southwest Michigan
BEHAVIORAL HEALTH

Methods & Analysis

Methods & Timeline



I. **PROFESSIONAL ROLE & BACKGROUND**
   - Their peer professional role(s), responsibilities, agency, services offered or connected clients

II. **COMMUNITIES SERVED***
   - Who accesses services, barriers & facilitators that impact accessing and staying in services, needs

III. **LIVED EXPERIENCES***
   - Their recovery journey, barriers & facilitators

IV. **STIGMA**
   - The role of stigma and ideas about anti-stigma campaigns

*Results covered in this presentation

Interview Participants by County

County	Number of Participants (n=15)
Kalamazoo	5
Calhoun	4
Berrien*	2
St. Joseph	2
Barry	2

*One participant served two counties

Each interview was approximately 60-90 minutes

Findings

Communities Least Likely to Access Services

(In order of most frequently mentioned)

- **Latine/a/o**
- **"People of Color"**
- **Homeless/Unhoused**
- **Black**
- **Older women and women with children**
- **People who Speak a Language Other than English**
- **Burmese***
- **LGBTQ+**

Communities Most Likely to Access Services

- **White**
- **Men**
- **Individuals mandated to services or special treatment court programs**
  - (i.e. "drug or sobriety court", "mental health court")

***"I really didn't have any barriers.** As a **white male,** healthy, I walked in and said, 'I need help' and they said, 'Okay, here's the help.'"*

-Peer Professional, Kalamazoo

Strengths

Strengths

Mental/
Behavioral
Health System

Economic
Support

Socio-
Cultural

Individual/
Personal

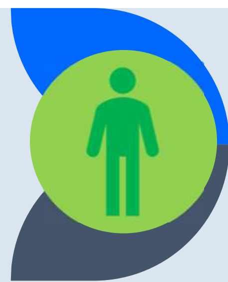
Mental/Behavioral Health System Strengths (in order of prominence)	Examples
Connecting People with Resources for Food, Housing, Employment, Insurance, and Transportation (17)	i.e. Bus tickets/gas cards/driver's licenses; applying for housing, jobs, and health insurance
Connection to Persons with Lived Experience (Especially Peers and Sponsors) (15)	i.e. Connecting with peers & sponsors' personal stories, examples & experiences; staff in recovery help clients feel "safe"; the power of personal testimonies
Having Strong Partnerships with other Agencies and Centers for Coordinating Care/Referring (11)	i.e. Connecting with other agencies to cover gaps (therapists, MAT, detox); strong relationships with hospitals/ERs
Facilitating/Fostering a Sense of Recovery "Community" By Helping Clients Build Friendships, Camaraderie, and Connection (10)	i.e. Recovery events/outings, peer-led spaces (RCOs, drop-in centers); feeling of "fellowship" and "sisterhood"
Staff Who Prioritize Praise and Empowerment (9)	i.e. Messaging that is encouraging & makes clients feel capable; praising & congratulating "little victories"; Instilling sense of "purpose"

Mental/Behavioral Health System Strengths (in order of prominence)	Examples
Being Honest and "Real" so Clients Know What to Expect (8)	i.e. Describing all the services & expectations; Touring facilities; Maintaining "real" talk with clients about long-term recovery; Feeling prepared
Specialty "Drug" or "Sobriety" Court Programs (8)	i.e. "Sobriety" court programs provide structure that gets people through recovery; court programs that are "person-centered"; Swift and Sure probation program
Having an Integrated Team-Based Approach (7)	i.e. A team that can provide all kinds of care (primary care, vision, dental, mental health, SUD) "all in one spot"; Diverse team who help the "whole person"
Accompanying Clients and Providing Hands-on Assistance (7)	i.e. Appointment reminders; accompanying clients to appointments; making phone calls; completing paperwork together
Offering Telehealth Options (6)	i.e. Makes appointments more accessible; access to online psych appointments; ability to do paperwork virtually

Types of Services Described As Most Helpful for Clients (in order of prominence)	Examples
Group Support Programs (10)	i.e. AA/NA; SMART Recovery; Celebrate Recovery
MAT Services and Treatment (5)	i.e. For Suboxone, Vivitrol, Subutex, etc; When MAT clients feel “just like any other patient”; Normalization of NARCAN
Alternative Approaches (5)	i.e. Acudetox, reiki, yoga, equine therapy, journaling
Intensive outpatient therapy/groups (3)	i.e. Outpatient centers and groups
Sober Living (2)	i.e. Especially for men
Aftercare Services (2)	Aftercare is “critical” for recovery
Other	i.e. Screenings (for depression); Inpatient care

Economic Support Strengths (in order of prominence)	**Examples**
Community Programs and Organizations That Provide Support for Basic Needs, Food, and Donations (12)	i.e. Church-based programs; Food pantries; GED assistance programs; Salvation Army
Programs and Services that Provide Financial Support and Employment Assistance (6)	i.e. Housing services & agencies; Disability Network employment programs; access to EBT cards and food assistance
Adequate Insurance Coverage (5)	i.e. Especially Medicaid eligible services; Social Security Disability Insurance (SSDI)
Having Transportation Support (3)	i.e. Bus tokens, transit tickets, gas cards

Socio-Cultural Strengths **(in order of prominence)**	**Examples**
Supportive and Connected Local Recovery Community (7)	i.e. Local community is supportive of the recovery community; "healing value" of sharing stories; sense of "community" among those in recovery and with peers; helping others through recovery helps them progress too
Supportive Family and Friends (5)	i.e. Supportive spouses, parents, and friends who help get them into recovery; family & friends as the "inspiration" to stay committed
Supportive Religious/Spiritual Community	i.e. Supportive local spiritual leaders/ministers



Personal/Individual Strengths (in order of prominence)	**Examples**
Having a Strong Sense of Self-motivation (4)	i.e. Believing in yourself, feeling motivated and committed; doing it for yourself
Acceptance and Knowing When you are Ready (3)	i.e. Accepting and letting others help; Accessing care the moment they are ready
Having a Life Balance that Involves Mental, Emotional, Physical and Spiritual Health (2)	i.e. Strong spiritual beliefs; Embracing mental, physical and emotional aspects together as whole health/wellbeing
Having Sense of Structure and Consistency (2)	i.e. Creating structure that feels consistent and predictable helps people persistent/stay committed to recovery
Openness to Recovery as a Journey or Process (2)	i.e. Recognition that recovery is a not a linear path and includes setbacks and mistakes; Being open to the long process of healing

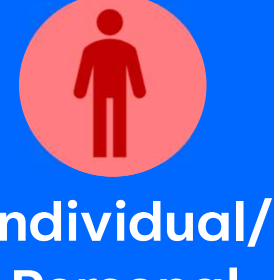
Barriers & Needs

Barriers

Mental/
Behavioral
Health System

Economic
Support

Socio-
Cultural



Individual/
Personal

Mental/Behavioral Health System Barriers (in order of prominence)	**Examples**
Lack of Specific Programs and Services in the Community (26)	i.e. Transitional housing; sober living; basic needs; inpatient care; mental health facilities (see slide 23)
Staff Workforce Issues, Waitlists, and Lack of Specific Types of Providers	i.e. Especially therapists, psychiatrists, and recovery coaches/peers
Challenging Policies and Approaches within Programs Create Barriers for Patients in Recovery	i.e. Programming "too intense" for some; Stringent criteria for qualifying for detox; Policies that make it hard to attend care discretely; Not catering to all insurances
Language Accessibility Issues (12)	i.e. Lack of staff who speak languages other than English (especially Spanish); Need for greater use of plain language (no jargon or big words)
Lack of Advertising or Community Awareness about Existing Programs/Services (11)	i.e. Many don't know services exist locally; not enough outreach into community; Not advertising to the unhoused community
Lack of Transport Support for Clients, Including Direct Transit Rides to Appointments/Clinics and Gas Cards (10)	i.e. Lack of transit support if clients must travel to far away facilities; inability to offer reliable transportation or gas cards; lack of public transit

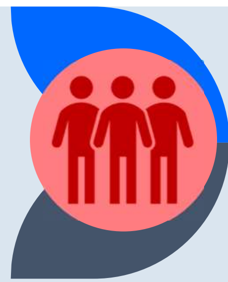
Mental/Behavioral Health System Barriers (in order of prominence)	**Examples**
Lack of Cooperation with other Programs/Agencies/Professionals Due to Adversarial Relationships (9)	i.e. Other facilities maintaining a "monopoly" over services and clients; lack of willingness to coordinate care with other facilities; competitiveness
Lack of Diversity and Representation Among MH/SUD Professionals (7)	i.e. Lack of diverse staff; lack of Black and Latine professionals on staff; staff are mostly white and seen as "privileged"
Differential Treatment, Racism and Discriminatory Practices (7)	i.e. Being treated unfairly and as "less than" for being a person of color; racist and sexist practices among staff that cause distrust
Provider's/Professional's Language and Behaviors Stigmatize Clients (6)	i.e. Staff using stigmatizing language ("crazy" "borderline"); feeling judged by staff for their personal experiences
Providers Lack of Topical Knowledge (6)	i.e. Cultural competency; prescribing for people in recovery; ignorance of MAT; generational trauma

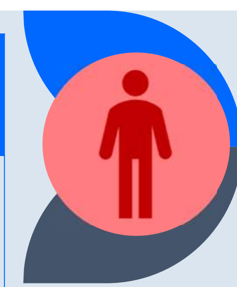
Types of Services Least Accessible to Clients (in order of prominence)
Lack of transitional/sober living housing (6)
Programs that support patients with basic needs (housing support; phones, bill pay, applying for benefits) (5)
Lack of available inpatient care (4)
Programs that cater to specific needs of women with children (3)
Lack of short-term programs to bridge the gap for people waiting to get into services (2)
Not enough facilities that focus on mental health (2)

Economic Support Barriers (in order of prominence)	**Examples**
Lack of Access to Transportation, Personal Cars, Public Transit and Driver's Licenses (18)	i.e. Lack of transportation to appointments/facilities; Limited transit in rural areas; lack of personal cars and money for gas; not having licenses
Being Unhoused or Unable to Afford Housing (13)	i.e. Homelessness and inability to find affordable housing or afford rent payments
Needing to Prioritize Needs of Family Members and Children (11)	i.e. Providing childcare or parent caretaking; prioritizing children first; lack of daycare; affording child support payments
Being Uninsured and Underinsured (8)	i.e. Losing Medicaid coverage; being uninsured or unable to qualify for Medicaid; insurance plans that don't cover services they want/need
Needing to Meet Basic Needs (7)	i.e. Affording utilities, bills, and food
Lack of Employment and Income (6)	i.e. Lack of good paying jobs; low-income; having to prioritize making money over accessing care
Lack of Access to Internet, Computers and Phones (5)	i.e. Not having access to computers or phones to stay connected to services/agencies/peers

Socio-Cultural Barriers (in order of prominence)	**Examples**
Families/Community Not Acknowledging Mental Health as a Real Issue or Concern (14)	i.e. MH is a character flaw, "attention seeking", or being "rebellious"; MH is not serious; Addiction is a "choice"
Stigma by Others for Having SUD/MH Conditions and for Seeking Care (10)	i.e. Fear of being stigmatized and judged for seeking services for MH/SUD; Not disclosing MH conditions for fear of being stigmatized by others
Normalization of Drug/Alcohol Use (9)	i.e. Addiction in families is normal; Alcohol as a pastime (weekends; socially); glamorization of substance use (youth; "wine mom" culture); alcohol in Catholic families
Lack of Language Inclusion and Justice in Community (9)	i.e. Need for health literacy in communities of color and among people with disabilities; Limited English fluency (especially among Spanish speaking; and Burmese community)
Centering Spiritual/Religious Beliefs about Mental Health (7)	i.e. Belief that you can just "pray it away"; Not talking about MH/SUD in faith communities; choosing spiritual healing first
Societal Beliefs about MH/SUD Therapy (7)	i.e. Societal disapproval of MAT; Therapy is for "white" people; therapy/psychiatry doesn't do anything

Socio-Cultural Barriers **(in order of prominence)**	**Examples**
Underserved Communities Fear Discrimination and Violence (7)	i.e. LGBTQ+ community feel unwelcome and fear hate based violence; Black community distrust for white medical system; Disrespectful care
Gender-based Social Expectations/Beliefs (7)	i.e. Gender norms for women around prioritizing caring for children first; Masculinity norms/ "machismo" around weakness and openness
Families Do Not Discuss Mental Health in General (6)	i.e. It is "taboo" to talk about MH issues or getting help; Especially in Latine, Black, and Asian communities
Feeling Defeated and Hopeless (5)	i.e. idea that you cannot change/improve your MH conditions; Self-stigmatizing; strong sense of pessimism
Protecting Family Image (4)	i.e. You are a "black sheep" if you talk about MH; Avoiding bringing shame to families; Keeping illicit drug use or criminality "in the family"





Individual/Personal Barriers (in order of dominance)	**Examples**
Prohibitive Cultural Mindsets and Beliefs about Mental Health and Asking for Help (11)	i.e. Inability to “open up”; not wanting to appear dependent on others for help; Feeling uncomfortable talking about hard things
Lack of Self-Motivation and Self-Initiative (10)	i.e. Not feeling motivated to recover; inability to initiate tasks and follow through; limited willpower
Fear, Guilt and Shame (6)	i.e. Fear of what “normal” life looks like; fear of “going outside your comfort zone”; Feeling guilty and shame for their behaviors & conditions
Easily Discouraged by Small Barriers/Hurdles (3)	i.e. Especially having to endure waitlists; making calls
Experiencing Traumatic Events (3)	i.e. Experiencing a death of loved one

Significant Changes Needed to Support Communities of Color

More staff of color and cultural representation in treatment facilities and more connection to local under-represented communities

More housing options for people who are in various stages of recovery

Better quality options for addressing English language barriers for those that primarily speak other languages

More consistent and reliable transportation assistance to make it easier for clients to access services

Sense-making

Reflective Conversation

Let's Reflect

What stands out to you in the data? Did anything surprise, inspire, and/or concern you?

What do these data suggest are opportunities for addressing access to care in the region?

What do these data suggest about priority areas (stigma, communities of color)?

What questions do these data not answer?

Thank you

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