VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

VCCHIC Community Health Needs Assessment - Overview

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COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE

Community Survey

Secondary Data Analysis

Priority Health Areas

15 Focus Groups

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VCCHIC Community Health Needs Assessment – Specialized Focus Groups
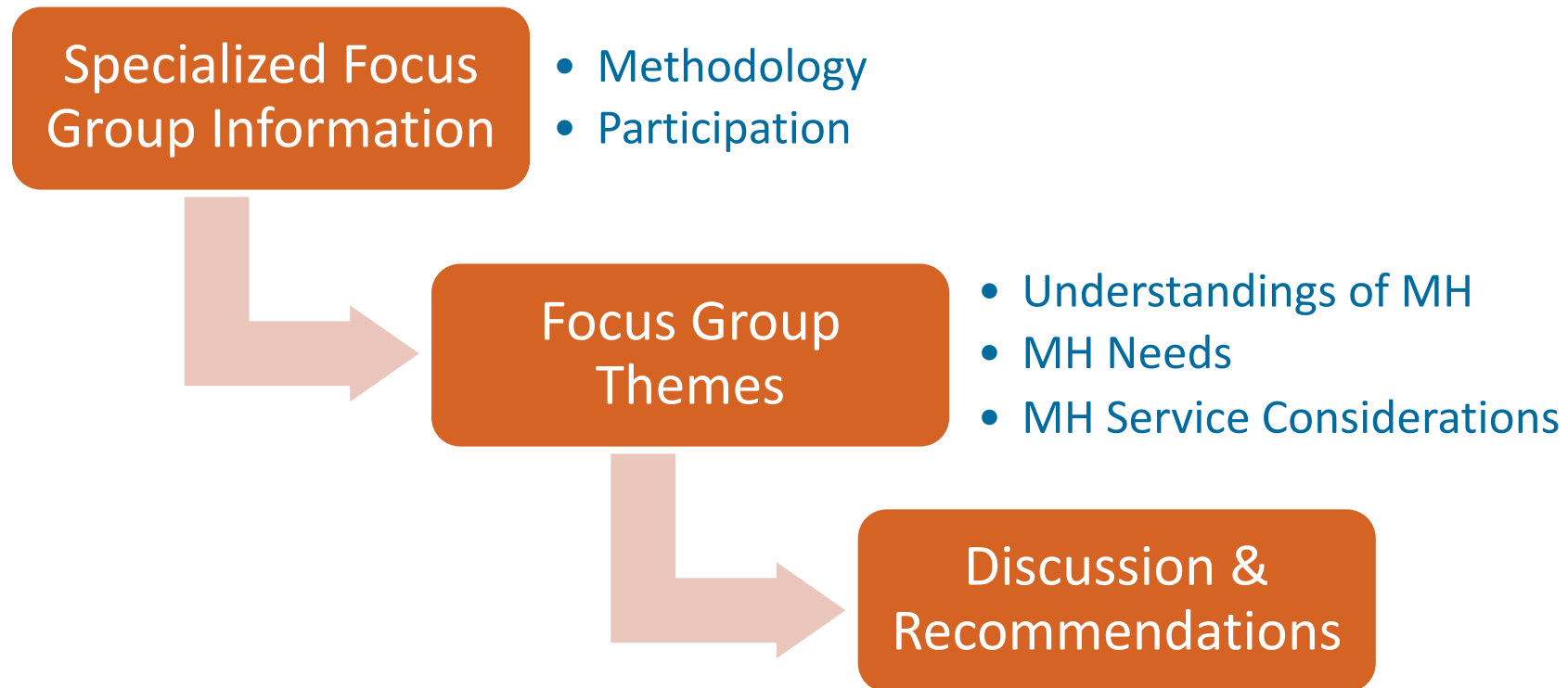
15 Initial, CHNA Focus Groups

- February-March 2022
- VCCHIC, CA State Channel Islands University, Pacifica High School
- Diverse recruitment methods

3 Additional, Specialized Focus Groups

- Under-represented in initial CHNA focus groups
- Individuals receiving mental health services, unhoused, under-represented regions

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Organization of Summary of Findings

The following Summary of Findings is currently organized as follows:

Specialized Focus Group Information

- Methodology
- Participation

Focus Group Themes

- Understandings of MH
- MH Needs
- MH Service Considerations

Discussion & Recommendations

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SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

FOCUS GROUP INFORMATION

Focus Group Methodology

30 individuals participated in **3** focus groups:

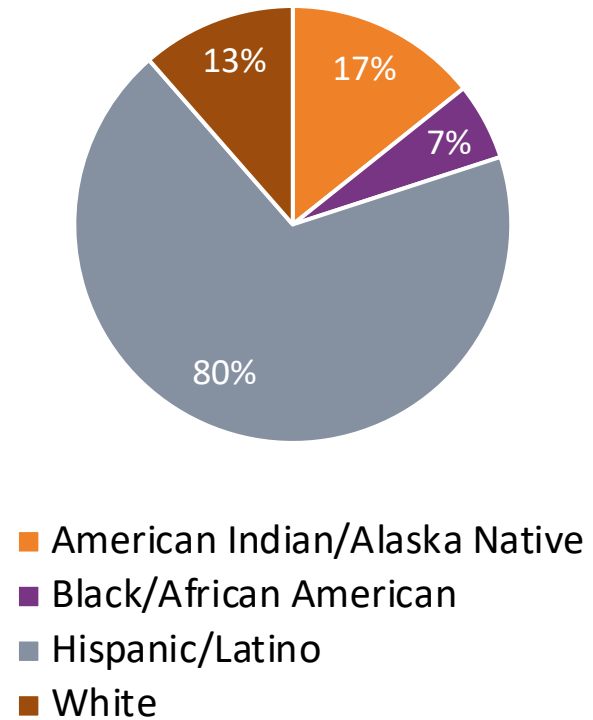| Populations Participating	Facilitation Languages	Locations
• Individuals receiving mental health services • Unhoused individuals • Santa Paula & South Oxnard communities	• Spanish • English	• Casa del Mexican • Turning Point's Wellness Center

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Participant Demographics

Age

Age	Percentage
0-17 Years	0%
18-24 Years	7%
25-34 Years	20%
35-44 Years	27%
45-54 Years	20%
55-64 Years	27%
65 Years +	0%

Ethnicity

- American Indian/Alaska Native — 17%
- Black/African American — 7%
- Hispanic/Latino — 80%
- White — 13%
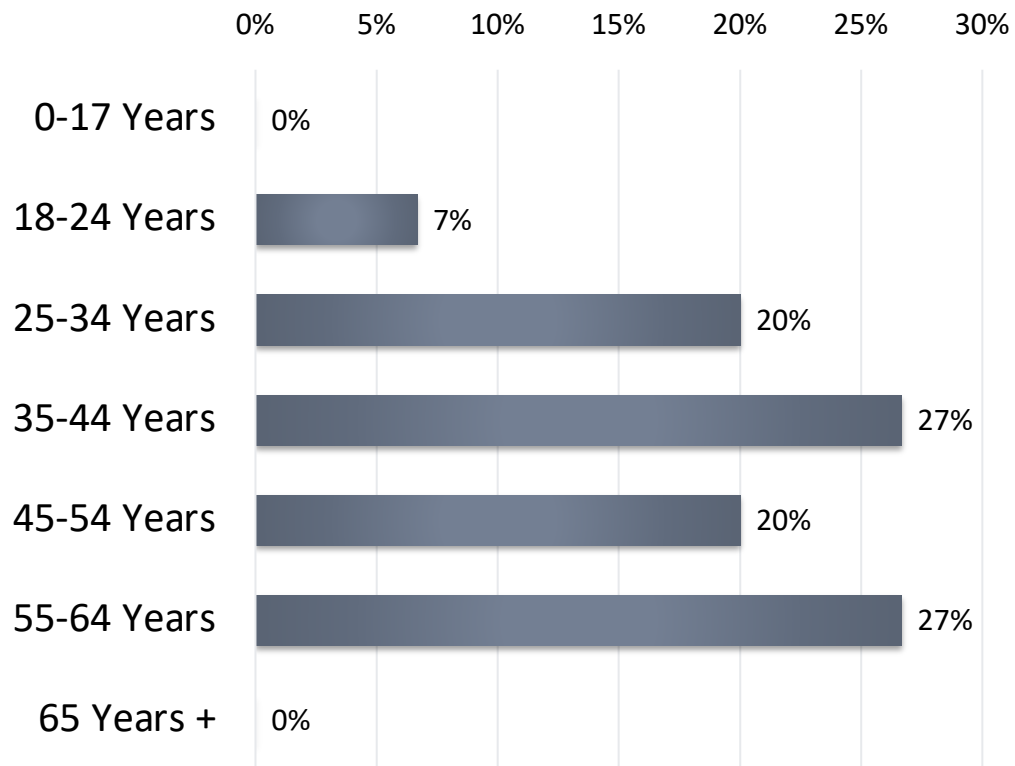
No individuals identified as Asian, Native Hawaiian/Pacific Islander, or another race

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SUMMARY OF COMMUNITY HEALTH NEEDS ASSESSMENT

UNDERSTANDINGS OF MENTAL HEALTH

Understandings of Mental Health – Linguistic Analysis

Social Health

Psychological Health

MH
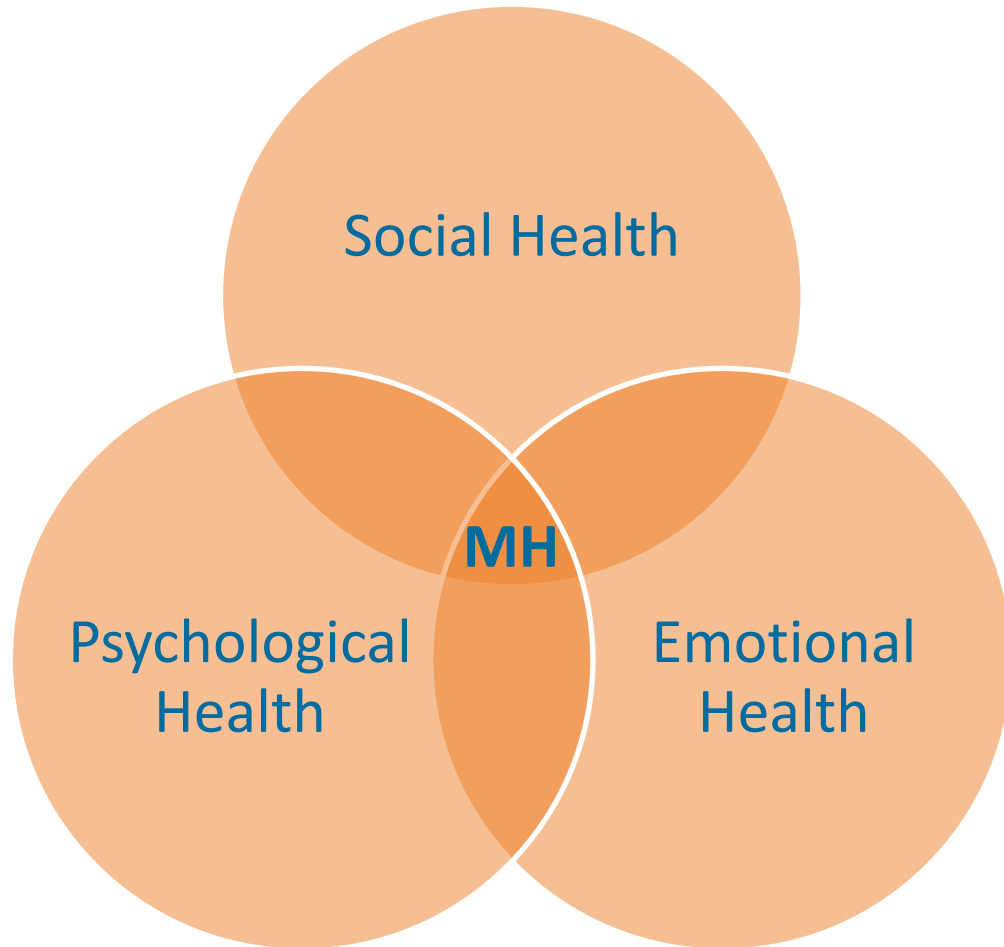
Emotional Health

How did participant language reflect their understanding of MH?

- Collective understanding of traditional mental health components
- Individuals only recognized one or two elements

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Social Health

Psychological Health

Emotional Health
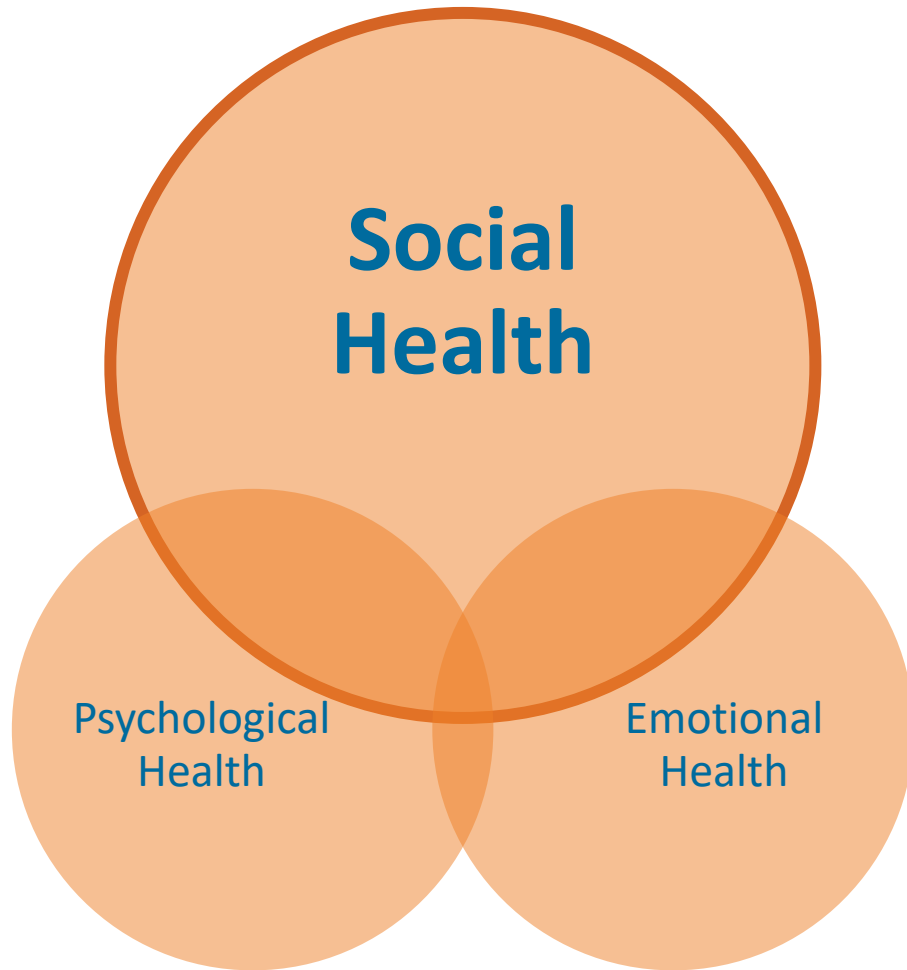
How did participant language reflect their understanding of MH?

Social Health

- Strength of relationships reflects personal mental health
- Importance of trusting relationships

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Understandings of Mental Health – Linguistic Analysis

Social Health

Emotional Health
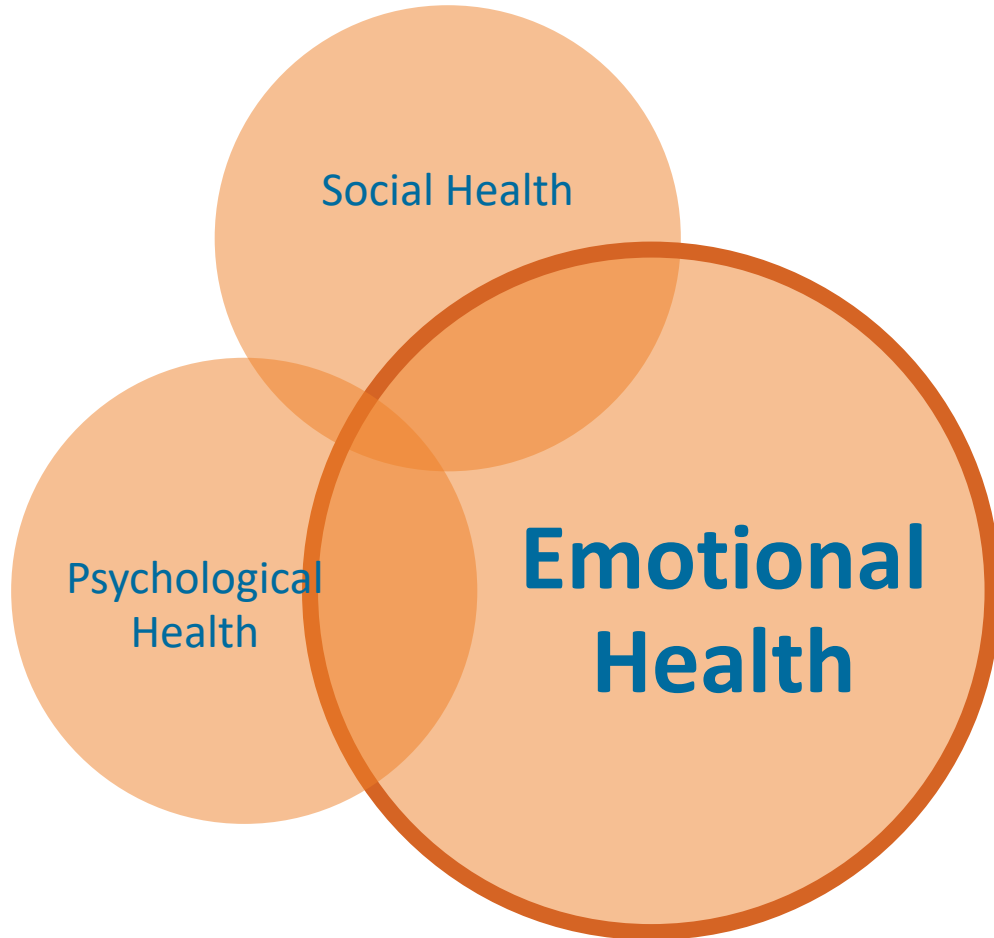
Psychological Health

How did participant language reflect their understanding of MH?

Psychological Health

- *Honesty* and *stability* as reflections of mental health
- Ability to use coping skills in daily life

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Understandings of Mental Health – Linguistic Analysis

Social Health

Psychological Health

Emotional Health

How did participant language reflect their understanding of MH?

Emotional Health

- Descriptions included positive and negative phrases reflecting emotions
- "*to be happy*" or, in contrast, "*triste*"

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How did participant language reflect their understanding of MH?

Cultural Influences

Understandings of Mental Health – Linguistic Analysis

How did participant language reflect their understanding of MH?

Cultural Influences

- Focused on cultural stigmas and slurs
- Recognized the negative impact of stigma
- Secrecy of Mental Health – *"silence is golden"*

Mental Health Needs

What needs do participants feel are most important to them?

Depression

- Mentioned in every focus group
- Driving reasons: loss, loneliness, rumination

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Mental Health Needs

What needs do participants feel are most important to them?

Depression
- Mentioned in every focus group
- Driving reasons: loss, loneliness, rumination

Anxiety
- Mentioned in every focus group
- Driving reasons: providing for family, loss, work
- Noted consequences such as poor sleep and panic attacks

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Mental Health Needs

What needs do participants feel are most important to them?

Trauma

- Shared traumatic experiences that drove mental health needs, but did not use the term
- Examples: abuse, leaving home country, abandonment

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Mental Health Needs

What needs do participants feel are most important to them?

Trauma
- Shared traumatic experiences that drove mental health needs, but did not use the term
- Examples: abuse, leaving home country, abandonment

Generational Trauma
- Recognition that issues are passed down to future generations and desire to prevent this
- Unsure why this happens or how to address and prevent it

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What is most important to participants in receiving mental health services?

1. Connection to Care

2. Affordability

3. Awareness

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Mental Health Service Considerations

1. Connection to Care

Personal Care

- Culturally- and linguistically-appropriate care
- Attention to common stigmas and implicit bias from providers
- Prioritization of privacy

Patient-centered

- Flexible service hours
- Provider consistency and continuity of care
- More local services

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Mental Health Service Considerations

2. Affordability

- Insurance coverage for services is not reliable

- Eligibility requirements create barriers

- Fears regarding cost prevent engagement in services

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Mental Health Service Considerations

3. Awareness

- Power in having awareness of available resources
- No central point to receive information about services
- Lack of updated information discourages connection to care
- Need additional community education on how to identify needs

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Summary of Findings - Discussion

It is difficult to separate a conversation about mental health from the cultural stigma that has infused even healthy language around mental health

Although participants' mental health concerns are driven by traumatic experiences, they were more comfortable using terms such as depression and anxiety

There is a high level of need for cultivating trust within the community to address the barriers that prevent successful connection to MH services

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Summary of Findings - Recommendations

Rethink how conversations about mental health are held with the community. Bring individuals into conversations about mental health services with terminology that is not already stigmatized.

Educate the community about the mental health risks associated with unmet basic needs and trauma exposure.

At every access point to MH services, as well as connections to new services, allow space and time for connections to be made so individuals trust that they are cared about, that services are affordable, and that they are given accurate information.

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