

Transition Age Youth Focus Group

Facilitated by: Alicia Nájera, LCSW, MHSA Coordinator and Linda Betts, MHSA Administrative Assistant.

On October 20, 2008 we met with 7 transition age youth (TAY), 3 young women and 4 young men, at the Career Works offices in Watsonville, CA. Participants were offered pizza and beverages, and at the end of the session were given \$10 voucher cards for their participation.

We provided an overview of MHSA, specifically described the PEI stakeholder process and the workgroup recommendations, and asked them to provide feedback about their experiences, and their recommendations for PEI.

The participants were a mix of persons receiving services from social services and mental health (entering into foster care as a young child), and persons entering into the mental health system of care as either an adolescent or young adult. Each participant shared their views/opinions based on personal experience on what kind of issues they have encountered. Some provided ideas about what could help youth transitioning from foster care, while others spoke of (mental health and substance use) recovery. All spoke about their experiences with mental health services and their goal towards independence.

A big focus of concern in this focus group was that of lack of communication and not being listened to. All of the participants have had numerous service providers in their lives for many years, and despite the fact that they were involved in different parts of “the system”, the concerns they raised resonated with one another.

The issues and concerns fell into the following categories:

Lack of Communication/Explanation:

Several people mentioned that the adult service providers did not introduce themselves, much less explain to them what was happening.

- “No one talked to me or explained what was going on (age 8) as I am being removed from my home to a foster home. Suddenly there are many new adults in my life and a different home. I could have benefited from having a coordinator assigned to me and/or counseling prior to being taken away from home.”
- “I was transported to a hospital without anyone providing information as to what was happening and/or going to happen.”

Not being listened to:

Many of the participants felt the service providers (in mental health and social services) made judgments and felt they knew what the participant felt or needed.

- Tried to communicate to case workers about being abused in foster care, not taken seriously
- Can tell when being judged – can make mental illness symptoms worse if coordinator comes with preconceived ideas as to what illness I “must” have.
- “Sometimes I know I need to be hospitalized, but my (doctor/coordinator) doesn’t think so.”

- “My worker told me she thought I was depressed, but didn’t bother asking me if I thought I was.”

Hospitalization issues:

Participants in this focus group spoke of the unpleasant experiences they had being hospitalized.

- More traumatizing when police/ambulance/fire respond to a suicide attempt.
- Released from hospital with too many medications. It took a long time for my doctor to figure out which one(s) to use. (Believes medications are overused in hospitals as a means/objective to keep everyone calm so that staff is safe.)
- As a child, during hospitalization, felt totally betrayed and treated like an animal
- “I had to stay in the hospital longer waiting for housing to be available.”

Access Issues

Participants shared their stories about problems in accessing services.

- Tried to get mental health services, but was denied services.
- Difficulty in accessing services from one County to another (Medi-Cal was still coded as being of another County).
- “As a child, no tried to help, they just assumed I was energetic with a vivid imagination.”

Other service issues

- “It is traumatizing when my counselor/coordinator is changed.” Change is hard; want to stay with the same one because a rapport has already been built.
- Takes a long time to be approved for SSI
- Lack of housing and/or risk of loosing it

Things that worked well for these participants:

- HPHP asked if I needed help
- My best counselor was educated and had personal experience as a foster child – knows how I felt, lived the experience
- Appreciate when a doctor works “with” me
- My stay at DBHU was ok
- Great doctor and coordinator thru Emeline Clinic

The participants’ recommendations fall into the following categories:

Client Centered Services

- Listen to me!
- Listen to children.
- If counselor had listened to me, I’d have gotten help sooner.

Advocacy

- An advocate to work with people trying to get in a hospital and see a doctor.
- It would help to have an advocate there to explain how the system works and to organize steps to be taken with move (from one County to another).

Additional Services

- More counseling/peer to peer (would keep me out of the hospital, supports me to reach/accomplish goals, keeps me sober).
- Provide peer counselor or advocate to accompany client when visiting coordinator (questions on meds can be very confusing and misunderstandings occur).
- Offer short-term services to those who start with ACCESS. “I was brushed off because I did not have SSI/Medi-Cal, and feel I was falsely assessed based on appearance and dress

(did not look homeless and was keeping myself together). Not until I attempted suicide and was subsequently hospitalized was I assessed and assigned a coordinator/team. This experience may have been avoided with short-term services until I could have been assessed in depth.”

Increased skills in service providers

- Would appreciate honesty from counselors – “if they don’t know, find out.”
- Remember that everyone is different (even if diagnosis same).
- All providers to have a better understanding of what clients are going through.
- Foster children should be told what their rights are. (One person spoke of being forced to attend religious services by her foster parents.)
- No judging – be careful of personal appearance and how we move, it’s not a mirror of my mental health (have been treated incorrectly based on this).

Alternative Services

- Emphasis on medicating needs to change > use other alternatives (i.e. art therapy). Medications can make symptoms worse.
- Too many medications cause side effects and other symptoms.
- For children – other options besides hospitalization (treat at home?).