

Focus Group
Mariposa Wellness Center, Watsonville
10/16/08

On October 16, 2008 Alicia Nájera, LCSW, MHSA Coordinator, and Linda Betts, MHSA Administrative Assistant met with consumers in Watsonville, California. Mariposa staff was contacted and they agreed to host and assist in identifying clients who would be willing to participate in a focus group. Participants were offered pizza and beverages, and at the end of the session were given \$10 voucher cards for their participation. There were 8 participants in the group of mostly men.

We provided an overview of MHSA, specifically describing the PEI stakeholder process, and asked them to provide feedback about their experiences with the mental health system and their recommendations for PEI.

Each participant shared their views/opinions based on personal experience on what worked best when they became part of the system, what didn't, and what would they tell the MHSA Steering Committee to be mindful of as they make their decisions on programs/strategies.

The common themes that emerged from the group about what did **not** work for them are:

- **Problems with medication**
 - Electric shock and drugs
 - Cost of drugs
 - Allergic reaction to drugs
 - No explanation of what symptoms or side effects of drugs can be expected
 - Medication stopped when released from jail, got sick and ended up in jail, again
- **Problems with hospitalization(s)**
 - Feeling “institutionalized”
 - Threats of hospitalization, particularly when against the patient’s will (lack of rights)
 - Housing all mentally ill patients together, (severe cases with the less severe)
 - Symptoms got worse when hospitalized/institutionalized
 - Did not feel safe at DBHU (observed fighting)
- **Lack of Explanation**
 - No one explained what was happening to “me”
 - Few, if any, bilingual staff (at hospital)

The themes that emerged about things that did/do work, or are helpful are:

- **Peer and Social Support**
 - MHCAN – meetings
 - Mariposa – meetings, group gatherings, food, it is a safe place in the community that keeps one from isolation
 - Being around people (not crowds)
 - Parental/family support during the transition period between incarceration and connecting to services
 - Peer counselors

- Having friends who have gone or are going through the same thing, understanding/empathy
- Respite
- **Recovery**
 - Staying involved with school/work
 - Once stabilized, working at a job, provides independence (and off SSI)
 - The system supporting recovery
- **Medications**
 - Having the right medication
- **Professional Support**
 - Provided (truthful) information by the doctor regarding a new medication (the need to personally understand the illness and why the specific med can work if the directions are followed)
 - Doctor spending time with client, providing information (education) during each step in the process, developing a good rapport with each other
 - Specific staff were named as being “very nice and a good influence”

Aside from the items mentioned above that are helpful, the participants recommend the following:

- Someone (advocate) to help clients with getting a job
- Mental health screening at an early age (pre-school?)
- Match mental health coordinators with expertise of a specific illness to the individual that has been diagnosed with it.