

Comments Regarding Interviews with Active MH Consumers

Mental Health's Mission Statement

El Dorado Co Mental Health strives to alleviate the pathos of mental illness by providing recovery-oriented, client centered, culturally competent treatment services in collaboration with clients, families and community partners. Mental Health seeks to eliminate disparities in service access and to reduce the stigma associated with mental illness while offering the highest quality behavioral healthcare to improve the communities' health and safety, to strengthen individual resilience and to promote restoration of healthy families.

Several things came to mind while discussing the group meetings with the clients.

In the past, I was told there is no wrong door for a client. There was even training suggesting this. Also, I always thought that Mental Health Clinic was **client orientated**, which means if something is not working, there can be flexibility and change.

I was amazed at how many of the serious mentally ill are not attending the group sessions; and do not plan to attend the group sessions. They see Dr. Bry, but do not care for the new format for service that Mental Health is now using, focusing on groups to help them. The hour group sessions are not helpful, they say. They are asked to leave if they do not interact; this is not supportive. The group sessions are repeated again and again. That might be appropriate if there were new people every 12 weeks, but that is not the case.

There does not seem to be a support system in place for those who are dealing with an illness that is not curable but can be managed. The current system leaves them out in the cold, with no place to spend their day, so they tend to be wandering around and not doing well. These clients will always need a support system behind them; they cannot be dismissed from Mental Health and be told to go to a regular physician to get their meds because they have been stable for a while. They were stable because they had a support system and now they do not.

Perhaps a more relaxed and friendly atmosphere can be set up by the MH Department in a group setting that doesn't have to be formatted, and where strict rules regarding participation is not necessary for those who want nothing to do with the groups that are now being held. Perhaps dropping one group for this type of group would open the door to those who are frustrated and bring them back into a supportive, safe setting.

I know eleven consumers who have SZ (schizophrenia). I have seen six that are not doing as well as they have in the past. Perhaps bringing back a mental health worker whom they trust, to meet with them, would be more effective than spending money for people to travel up and down the hill to give service. By having someone who knows these clients, and is available to reach out to them in their time of need, we could avoid more deaths in South Lake Tahoe.

In summary, it is suggested by these clients that they liked things the way "it used to be." They were provided a welcome atmosphere. They had community meetings, they had stress management, and exercise. They did role-play, but as part of the day, along with all of the other things that were happening. They learned to cook, to shop, and learned how to interact with the public by going out into the public. Learning about their illness, how to deal with it, and education regarding medications was provided, questions were answered as well. There was someone available to help them with information on SS (social security), housing, and Medical or Medicare forms - that are required but they may not have understood - this way they did not lose benefits. With these supports in place, they did not need to see the Doctor as often or have as much individual care.

These practices are not "baby-sitting" - they are support. We are addressing the needs of people that have nowhere else to go, except in their rooms or on the street. Most do not have family members for support. If there are family members present, both the family and the consumer find it is helpful having mental health support, as providing care is very difficult. The case managers are busy with so many client cases in their care that outreach is almost impossible. Knowing what is happening with individual clients is paramount so outreach can be provided when clients are acting out or have not been seen for days at a time. Consumers without support can forget medications, take too much of their medications, turn to unhealthy options, or have other set backs. The result is problems with illness, increase in crises, involvement from law enforcement and death.

We suggest there has to be more support than what is currently being provided at present from the Mental Health Clinic. It appears some of the older methods and practices were working well with the majority of the clients. If more consumers were going to the clinic, MH could bill for services, which seems to mean more funds would come into the clinic.

Notes from Interviews with Clients Commenting on the New Groups Program

October 10, 2009

Client 1

This client goes to all the meetings. Still calls it "Day Treatment." It has been cut to four days a week. Many weeks it is fewer, due to what Mental Health says is no drivers, or other staffing problems. It is not unusual for everything to be cancelled at the last minute.

There is a lot of roll play, which gets very boring.

This client misses the workers and drivers who are no longer there. Wants things back to the way they were and goes only because there is nothing else to do. Misses the outings for social interaction.

Client 2

Did not like day group meetings. Most of these are for people who don't understand things, like how to have a conversation, how to approach strangers and so on; too simplified. Not helping with ups and downs of illness. The mix of folks who do not seem to be mentally ill isn't a good mix. This client doesn't feel needs are being met. They used to be able to discuss other subject matters than they are now. They have to stay on the subject from the book.

Client 3

Goes twice a week. Most meetings are regarding drug and alcohol - how to tell drug dealers no and so on. Meetings do not discuss the mental health issues of how they got to this place in their lives, said they need to be treated for drug and mental health issues. Hates roll playing. Feels everyone is different and at a different place in their lives so they cannot always participate in the session. If a person doesn't participate they are asked to leave. Group doesn't help the client feel good or comfortable or encouraged. This person has mood swings and at times doesn't feel free enough to discuss problems. The groups do not help in understanding their mental illness. After sessions are done, they start all over again from the beginning with the same subjects. It is monotonous.

Client 4

This client really likes the Women's Group on Thursday. But it is only once a week. It is the only place she can go for friendship and support. She feels even though she is going to this group she misses her ability to talk with her previous counselor who would help her when she would start to decompensate and sometimes noticed it before she did. She misses those whom she saw at meetings in the past. She at this time has no one to talk to. She feels she is slipping. She hears voices and it becomes difficult for her and sometimes needs extra help. She also wishes it was like it used to be. It was friendlier. She likes being able to talk to someone in confidence. She will not attend the other groups and knows others who will not attend.

Client 5

This client comes when she can. Has lots of problems. She forgets to attend sometimes . She has not come that often to really comment, but thinks they are all right. She is trying to take a class at the college but overwhelmed with personal problems and how to handle them. She forgets what day of the week it is. Sometimes she feels overwhelmed; very unorganized .

Client 6

This client hates the meetings and feels as though there is not enough help understanding the mental illness as well as the drug and alcohol problem. The groups are too simple. Doesn't like roll playing and the fact that even if you have nothing to say you must speak or interact when asked. Client said they used to be able to discuss what was on their minds at that given time and could participate if you had something to say. Wants more help with the mental illness issues. Doesn't feel the group is helpful.

Client 7

This client will not come to the groups. Did not like the mix in the group, did not like roll play. Was just recently invited to attend the Woman's group and likes that very much. Interviewer talked with her one day after the Woman's group and she could not remember what was discussed. Wants things back like they used to be. Misses everyone, needs friends, and it is the only place she can go.

Client 8

This client will not go the meetings. Doesn't like all the strangers, doesn't like roll playing. Said they are treated like they have no sense. Doesn't want to hear all the bad stuff. Doesn't like to answer a bunch of questions. When interviewer mentioned the club house may start up again, the client said he may go, will have to see what it is like. It used to be a good place to go and he wants it the way it was before. More socializing, activities to do together. Wants one group with everyone like it used to be.

Client 9

This client says he misses the way it was. He attends the session. Doesn't mind the roll playing. It is the only place he can come to be with people he said so he does what is asked.

Client 10

This client has been told he must come three days a week. He tries but misses some meetings because he is sick a lot, or may oversleep. Says he doesn't mind roll playing because the group and leaders say he is good at it.

Client 11

This client comes three days a week. Says it really addresses those who have little ability to have conversations with the doctor, or to deal with the everyday matters. People repeat things over and over again. Hates mandatory role plays. Feels it is wrong when someone doesn't participate and is told to

leave. Feels when someone doesn't participate it may be an experience they have never had so have no input so can not interact and should not be punished for it. This has not happened to this client but hates seeing it happen to the others who are very sensitive.

Client 12

Client says it is all OK. No other comment but the client stopped going. Interviewer asked if he had something else to do and was told he is too busy. But client is not taking classes and really has no structure in his life and is a client who needs a support system. Interviewer asked if anyone called to find out why he is no longer attending and he said no.

Client 13

This client says it is mildly stimulating. Goes to one or two meetings sometimes. Wants it back the way it used to be. No other suggestions. Says it is the only place he can go during the day.

Client 14

Has attended a couple of meetings . Liked it better when they would do more physical activities. Really liked the stress reduction class. Would really love to bowl again.

Woman's Group

There have been good positive feelings regarding the woman's group that meets on Thursday. The clients enjoy and really look forward to this group.

One client said she really enjoyed it but acted out and was told to leave. She agreed she should not have acted the way she did and has that problem. She behaved better at the second meeting but was still told she could not attend. She will no longer be going to the mental health clinic. She was told her meds could be given to her by her regular physician.

The Rant and Rave Group

This is a drop-in group but only two are attending. It is felt that perhaps if there is ranting and raving a person needs to be guided to some way to relieve those feelings in a more positive way.

Some of the clients who used to attend said this group scared them.