The Hackett Center for Mental Health

Knowledge for Impact: Documenting Lived Experience of Behavioral Health in Harris County

Executive Summary

Behavioral health is a growing concern in Harris County, where many residents face challenges in accessing care. *Knowledge for Impact: Documenting Lived Experience of Behavioral Health in Harris County* explores the barriers individuals encounter, the resources they rely on, and opportunities to strengthen community-based behavioral health solutions.

While traditional behavioral health services—such as hospitals, counseling, and behavioral health care providers—are widely used, many individuals also turn to non-traditional supports, including faith-based organizations, social media, and outdoor activities. The study found that definitions of *traditional* and *non-traditional* care vary by personal experience, with some religious participants considering faith-based resources as traditional care. Opportunity youth (OY) expressed mistrust of Western medicine and utilized herbs, cannabis, and spiritual practices in place of clinical care. Despite widespread cannabis use, many lacked awareness of its potential risks.

Barriers to care emerged across multiple levels. Structural barriers, such as long wait times, unclear service pathways, and high costs, prevented many people from seeking help. Individual barriers, including limited knowledge of behavioral health symptoms and stigma, also discouraged access to care. Cultural barriers like linguistic mismatches, generational differences, and unfamiliarity with behavioral health systems were also reported frequently. Many participants reported negative experiences with providers, reinforcing a lack of trust in the behavioral health system.

Despite these challenges, community resources and strong social connections were identified as essential protective factors. Access to affordable, healthy food, job opportunities, and education ranked as top priorities for improving wellbeing. Participants called for behavioral health services to be integrated into primary care and community-based settings, including "one-stop-shop" centers offering mental health services, language assistance, and social support.

To improve our local system, we recommend: increasing place-based collaborations, expanding access through integrated care, developing more patient-centered care, reducing stigma, increasing behavioral health literacy, and expanding youth engagement and participation in behavioral health systems. These strategies will help ensure a more accessible, community-driven, and patient-centered behavioral health system in Harris County.

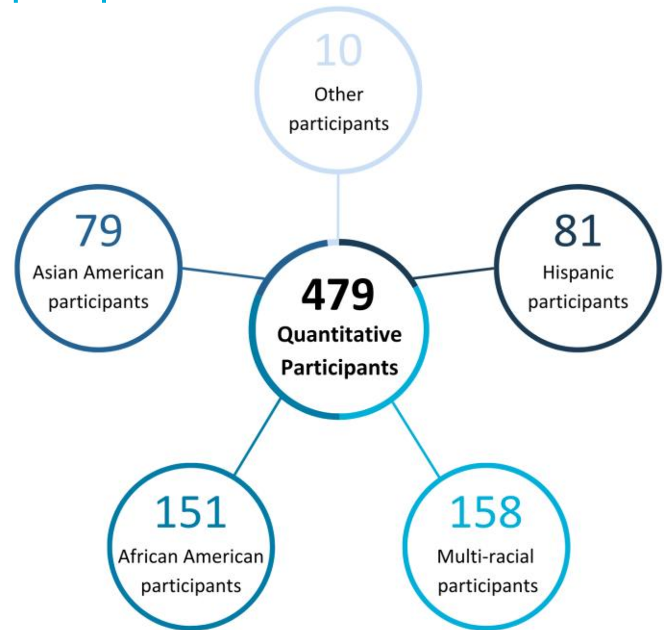
This effort was made possible through the generosity of our funders: The Cullen Trust for Health Care, The William Stamps Farish Fund, and Rockwell Fund, Inc. This study was conducted in collaboration with key community partners—Community Care Cooperative, Texas Network of Youth Services, Young Invincibles, Covenant House, Montrose Center, Harris County Resources for Children and Adults, The Hope Clinic, and Memorial Assistance Ministries. Lastly, we are grateful for the invaluable insights shared by Harris County residents who participated in focus groups and surveys. Their voices provide essential guidance for building a stronger, more accessible system of behavioral health care.

Methodology

A mixed methods approach consisting of focus groups and a quantitative survey utilizing convenience sampling was conducted. Between January and June of 2024, we conducted eight focus groups of up to 12 adults and three focus groups of up to 12 opportunity youth (OY), those aged 18-24 who are or were recently disconnected from traditional school or employment systems. A quantitative survey was administered to 479 individuals between April and August of 2024.

These findings offer important insights into community experiences and needs, which can inform strategies to enhance behavioral health care in Harris County.

Figure 1. Racial demographics of quantitative participants

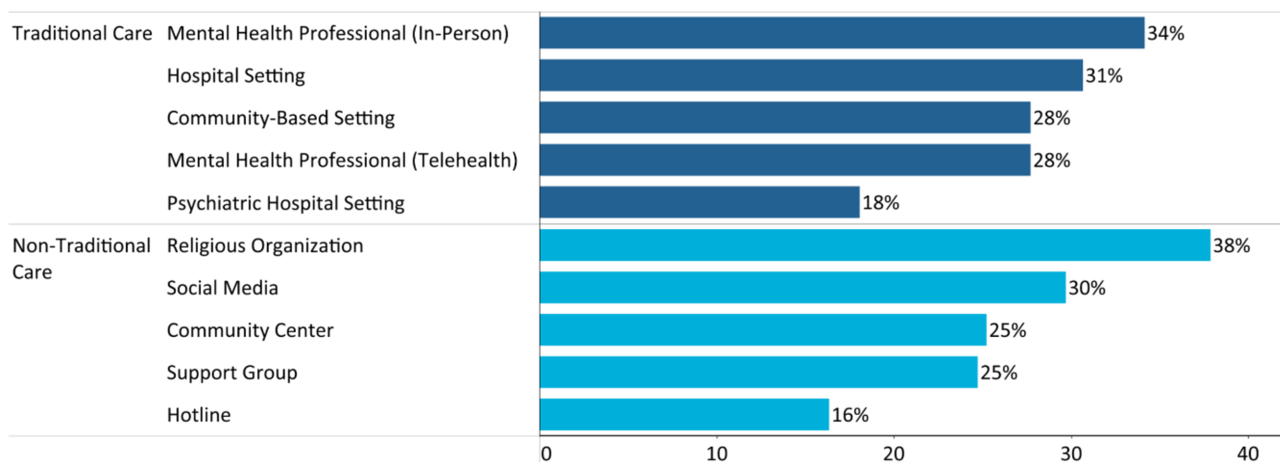


What We Learned

The use of traditional services is common but is highly supplemented by non-traditional care and strategies.

Respondents reported accessing traditional care like hospitals, behavioral health care providers, and counseling; however, many respondents also reported using religious organizations, or social media to promote their behavioral health. Survey and focus group participants also indicated high utilization of green space and outdoor activities to support their wellbeing.

Figure 2. Adult Participants' Utilization of Care



> ***"In the Asian community, there's nothing traditional in terms of services related to mental health at all…Not a concept that we have built for us ourselves"***
> **- Asian Community 2 Participant**

Shifting definitions of *traditional* and *non-traditional* care and a growing mistrust of Western medicine informed participants' care-seeking behaviors. In many cases, participants interpreted the meaning of *traditional* and *non-traditional* care through the lens of their personal experience. For example, more religious participants tended to view faith-based resources as *traditional* care. Furthermore, participants with limited exposure to behavioral health concepts considered clinical behavioral health care, such as therapy or counseling and urgent care clinics, to be *non-traditional*.

Notably, many OY voiced a lack of trust in Western medicine and preferred alternative practices, including the use of herbs, cannabis, and spending time in nature. This distrust stemmed from OYs negative experiences with certain side effects from prescribed medications and from the perception that the medical industry's top priority is profit, not providing good care. As a result, many group participants mentioned turning to drug dealers to address their behavioral health needs. Surprisingly, study participants lacked awareness of the adverse side effects associated with the use of cannabis and other illicit substances.

Pay attention to language

Focus group participants held diverse and contradictory beliefs on what constituted *traditional* and *non-traditional* care.

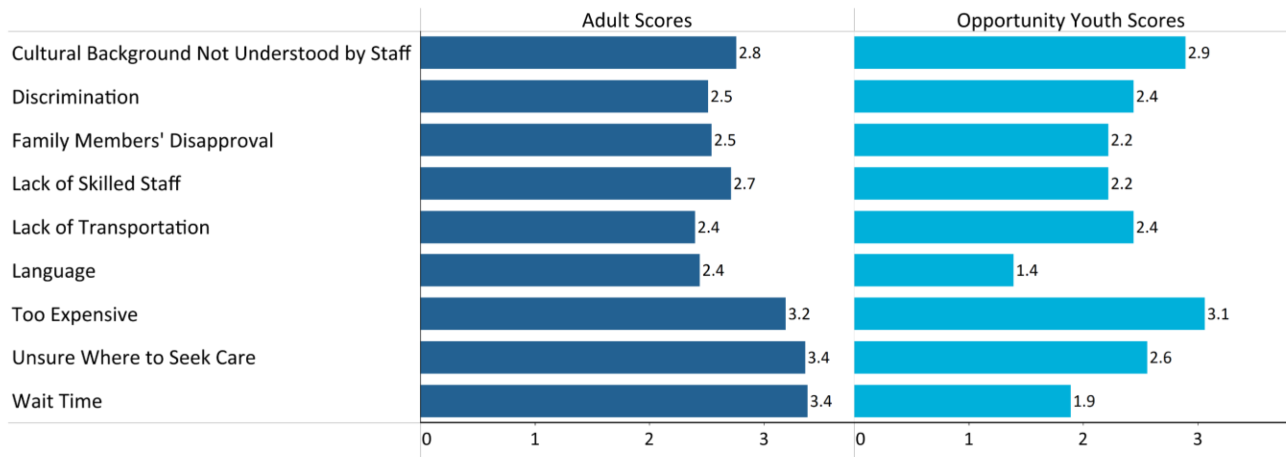
Common definitions of *traditional* care:	Common definition of *non-traditional* care:
• Community-based/ faith-based	• Community-based/ faith-based
• Medical or clinical	• Medical or clinical
• Ancient practices	• Spiritual or ancient practices
• Family support	• Tailored to individual needs
• "One size fits all" approach	• Individual coping mechanisms

Structural, individual, and cultural barriers prevented study participants from seeking care.

Structural barriers included long wait times, poor wayfinding, or a lack of clarity about how and where to access care, and high costs. These barriers existed regardless of health insurance status. Individual barriers included: limited understanding of behavioral health symptoms, de-prioritization of one's behavioral health symptoms, generational differences in attitudes, and stigma. Cultural barriers included unfamiliarity with the behavioral health system due to differing cultural concepts, linguistic mismatches, and feeling misunderstood by care staff in terms of participants' cultural background/ethnicity. Importantly, the order of how barriers were ranked differed by race,

ethnicity, immigrant status, and age. Among 18- to 26-year-olds, family discouragement was ranked as the top barrier. Also, when asked to describe their experiences trying to receive help for a behavioral health concern, *I didn't see my behavioral health concern as a problem* was the highest ranked statement among this younger group.

Figure 4. Adult and OY Barriers to Care



The scores depicted above represent how obstructive each barrier was for participants who were unable to receive care. Barriers with high scores significantly impacted participants attempts to receive treatment.

Stigma remains a complex barrier to accessing behavioral health care among diverse community study participants

> ***"There's a lot of stigma. So, a lot of stigma plays back into like why people, they want to get help, but they just can't. "***
> **- OY 2 Participant**

Attitudes toward seeking help appeared to be influenced by individuals' direct and indirect experiences with stigma, which seemed more significant in older generations, as younger participants were more open and willing to seek help. Many participants expressed fear of being judged by family members or their close-knit communities. Focus group participants noted that stigma was particularly strong in Hispanic and Asian American communities and among men in general. Many participants perceived stigma in health care environments and expressed concerns about the lack of compassionate and professional behavioral health providers, and several shared personal negative incidences, which in turn discouraged them from seeking further help.

The integration of behavioral health and physical health care was viewed as uniquely beneficial.

Participants saw the value in aligning behavioral health services with physical health care services. When asked to prioritize community investments that promote behavioral health, *behavioral health services offered in a primary care doctor's office* scored the highest. *Community clinics* was the next highest-scored investment, underlining a strong association with physical health and behavioral health. Furthermore, both adults and OY believed that community members were just as likely to seek behavioral health care from *a family doctor or general practitioner* as they were to consult a

specialized behavioral health care provider, indicating a general openness and appreciation of integrated care models.

Community resources were identified as essential to supporting mental and emotional wellbeing.

Access to affordable and healthy food, *long-term job opportunities*, and *educational opportunities* were the top three highest ranked resources among survey participants, reflecting a need for basic services and opportunities.

Focus group participants elevated the importance of creating spaces where people can meet to share resources, information, and personal stories to build trusted relationships. For community members who prefer languages other than English, an integrated "one-stop-shop" community center with professionals offering guidance would be particularly helpful in navigating behavioral health services.

Top Resources Requested by Adult Participants to Support Mental Health and Wellbeing

1. Access to Affordable and Healthy Food
2. Long-Term Job Opportunities
3. Educational Opportunities
4. Access to Nature or Outdoors
5. Mental Health Resource Guides
6. Money
7. Support Groups
8. Community Events
9. Self-Care Routines
10. Community Education Around Mental Health/Substance Abuse

Connection with others and close relationships stood out as important protective factors.

OY highlighted that family networks, peer support, and community groups are vital in fostering resilience. Both adults and OY indicated that community members were most likely to turn to a close family member, friend, or loved one when dealing with a behavioral health concern.

Figure 5. Participants' Perception

Diversity is an important factor in the region.

Respondents demonstrated diversity in self-identification across race, ethnicity, gender identity, sexual orientation, and age**.** In addition, many survey participants selected multiple racial and ethnic categories. Although this survey was conducted in both English and Spanish, survey participants identified ten distinct languages as their preferred language. OY participants asked for tailored services that are responsive to the racial and ethnic diversity in the region and highlighted the need for patient-centered professionals that speak other languages. Many participants identified the lack of patient-centered staff as a significant barrier to care.

Recommendations and Next Steps

To effectively address the complex behavioral health challenges in Harris County, a multi-faceted strategy is essential. The following recommendations are proposed based on key findings:

Promote place-based and collaborative partnerships

Participants recognize a strong connection between their wellbeing and access to essential resources. Findings highlight the value of local, place-based interventions, such as community centers that serve as "one-stop-shops" for meeting people's needs, behavioral health resources, language assistance, social connections, and social services. Expanding these centers should be a priority to improve accessibility and trust in behavioral health care.

- Service providers should establish strategic partnerships to integrate behavioral health services into their human services programs. For example, securing access to a behavioral health navigator for clients could help address many behavioral health needs more efficiently.
- City and County government should utilize their vast networks of community centers to bring one-stop-shops to communities. Organizing more service fairs and working towards permanent local collaboratives are good initial steps.
- Funders should encourage these collaborations not only through collaborative funding but also through their relationships with local non-profits and service providers.

Work towards more integrated care

Participants expressed a desire for more integrated care to meet their health care needs. *Integrated Care* refers to a continuum of approaches designed to bring access to mental health care into the primary care space. Integrated care can span from coordinated care, mental health care access programs (such as CPAN), to co-located care where a mental health clinician is located in a primary care office, to fully integrated care where the primary care provider and the mental health care provider work on the same team with a shared patient panel and EHR. While fully integrated care may not yet be feasible for all clinics, any progress along the integration continuum is meaningful – and efforts should strive to ultimately build toward evidence-based, population health models like the Collaborative Care Model (CoCM). Through sponsored research, funders and policymakers should aim to understand the extent to which patients have access to integrated care services at local clinics and provide funding and guidance on expanding access in high-need areas.

- Start-up costs are often considered the largest barrier to implementing integrated care, and these costs are conditional on clinic size, existing infrastructure, and the level of integration enacted or proposed. Analysis from the Meadows Mental Health Policy Institute has shown

wide variability in implementation costs across 10 U.S. sites. Engaging directly with local clinics and health systems is essential to understand and address these financial realities.
- Funders should support the dissemination of information on the Collaborative Care Model (CoCM) to local providers along with technical assistance to aid in implementation to help sustain the model effectively. CoCM remains one of the most rigorously studied and cost-effective models of integrated behavioral health care. It is associated with improved clinical outcomes, reduced total health care costs, and increased patient access to behavioral health treatment.
- Smaller clinics may face constraints in hiring or contracting with psychiatric providers. To address this, stakeholders should encourage partnerships with local academic institutions, shared staffing models, or telehealth-based consultation networks that expand access to psychiatric expertise and strengthen integration capacity.

Increase patient-centered communication and patient-centered supports.

Many participants identified linguistic mismatches and insensitive staff as significant barriers to care. Core themes included not feeling respected by health care providers and a lack of trust in the behavioral health system overall. While increasing bilingual staff would assist with some language challenges experienced by participants, given the workforce shortages, this may not be a realistic goal for many health care clinics. Thus, we recommend bolstering our existing behavioral health capacity to deliver responsive care in the following ways:
- Evidence suggests that the quality of intercultural communication can be improved when health care providers are trained in patient-centered design, which focuses on reciprocity, shared understanding, and shared decision making[1]. Funders should support training on and the adoption of patient-centered principles in the delivery of clinical care.
- Clinicians should avoid assumptions that patients share an equal understanding of mental health terms and concepts and seek to confirm that patients fully understand what they mean, and clinicians should seek to understand patients' understanding of verbiage.
- Funders and policymakers should expand the use of peer supports, community health workers, and navigators to help community members navigate these systems and advocate for the care they need.

Engage with the complexity of stigma in our multi-cultural region and tailor efforts to address it.

Perceptions of stigma are influenced by age, race, class, and other factors; therefore, attempts to address stigma should be aligned with a deep understanding of the beliefs and misperceptions of various diverse groups.
- Stigma should be addressed at a micro level with messages that are tailored to specific audiences.
- Health systems and funders should partner with community leaders and organizations to co-develop messaging that resonates with different cultural groups.
- Health systems need a strategy that operates at the clinic level to help providers understand their patients' perceptions of behavioral health, tailor interventions, and develop trainings for

[1] Paternotte, E., van Dulmen, S., van der Lee, N., Scherpbier, A. J., & Scheele, F. (2015). Factors influencing intercultural doctor–patient communication: A realist review. *Patient education and counseling*, *98*(4), 420-445.

providers to address stigma directly with patients.

Address public behavioral health literacy and navigation issues

Respondents indicated confusion with navigating health systems and with understanding their own behavioral health concerns. Their understanding of behavioral health and behavioral health interventions was complicated by social beliefs, general mistrust, and a desire to supplement or replace treatment with their own remedies (some of which are positive and some of which are harmful), such as convening with nature or engaging in illicit substance use.

- Significant steps should be taken by local providers to ensure patients understand the value of behavioral health care and the risks of non-adherence to treatment plans and illicit substance use through direct and transparent conversations.
- Health systems and other providers should consider including questions about social beliefs in patient screenings and questionnaires, so clinicians can better understand and address these concerns with patients.
- Health systems and providers should work to improve wayfinding, reduce long wait times, and enhance customer service to increase access and improve patient experience.
- Funders should support the development of more effective messaging related to helping individuals recognize symptoms and the importance of seeking care.

Expand youth engagement

OY and other young adults in Harris County have unique perspectives on behavioral health that influence their care-seeking behaviors. Thus, to improve access to care and adherence to care, services must be designed with young people in mind.

- Health systems should form youth advisory councils with the authority to provide feedback on policies, service design, and messaging. It's key that these councils are not perfunctory but have a genuine influence on internal decisions. Structured feedback loops should be established to ensure leadership reviews and respond to youth insights routinely. When feedback leads to changes, those updates should be clearly communicated to patients, staff, and the community.
- Funding and opportunity for employment is needed to train and employ more young people as Community Health Workers and Peer Coaches within the behavioral health field.
- Funders should support the development of more effective messaging for youth related to helping individuals recognize symptoms, the importance of seeking care, and dispelling misinformation. This messaging campaign should actively invite ongoing feedback and input from young people.

The Hackett Center for Mental Health is a regional center of the Meadows Mental Health Policy Institute, a nonpartisan, nonprofit organization that strives to improve mental health care for every individual. The Hackett Center's focus of "Putting Policy into Practice" supports the development and dissemination of best-practice mental health care, research, and implementation among health care leaders, organizations, and systems. The Hackett Center is uniquely positioned to support specific recommendations laid out in these findings. For more information about The Hackett Center and Meadows Mental Health Policy Institute, contact Quianta Moore, Executive Director at qmoore@mmhpi.org.