



A Qualitative Report on Perceptions of Mental Health of the Fresno Residents Council

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The Children's Movement Residents Council

The Fresno County Department of Behavioral Health (DBH) approached The Children's Movement (TCM) to conduct a qualitative study on perceptions of mental health access by its members. The 76-member council is comprised of BIPOC individuals that are both rural and urban, 26% youth ages 15-24, Latino/Hispanic, Hmong, Black, Syrian, with five different languages spoken. With such diversity, the goal is to learn how those of different cultures perceive mental health access, barriers to use of needed services in Fresno County, and ideas for more culturally sensitive delivery of services.

Members of the two-year-old Fresno Residents Council (FRC) are actively engaged in their five identified community issues for organizing and advocacy. First is affordable housing and second is mental health. Not only will this report assist DBH, but it may also provide insight for its members as they determine a direction to pursue within the area of mental health.

Methodology

A consultant designed a short quantitative survey familiar with mental health issues for both Fresno County adults and youth and was reviewed by DBH. Demographic questions were designed as required by the State of California. Respondents had opportunities for qualitative responses within the survey. Of the 76 FRC members, 67 responded to the quantitative survey (88%) conducted November through December 15, 2023. All 20 youth responded and 47 of 56 adults.

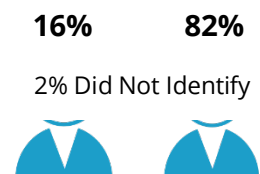
In addition, five focus groups through "house parties" brought together by FRC members from their own networks discussed five questions by ethnicities/groups of Latino/Hispanic (in Spanish), Hmong (in Hmong), Black/African American race, Arabic-speaking Syrian refugees, and youth/young adults ages 15-24 with a mix of Black, Hispanic, and Hmong participants. The focus groups conducted in November and December 2023 ranged in size from seven to eleven individuals. TCM provided focus group participants with \$20 gift cards.

Limitations

The demographic questions did not include whether a person had insurance and what type, such as Medi-Cal, commercial, or none. Since some responses in both the survey and the focus groups noted "insurance does not cover it[the mental health service]," this was an important limitation to the analysis. Focus group leaders were also not advised to ask a follow-up question about what type of insurance an individual had when a comment was made about insurance not

covering a service. Consequently, data was unable to be analyzed by insurance type to determine any differences in perceptions of participants.

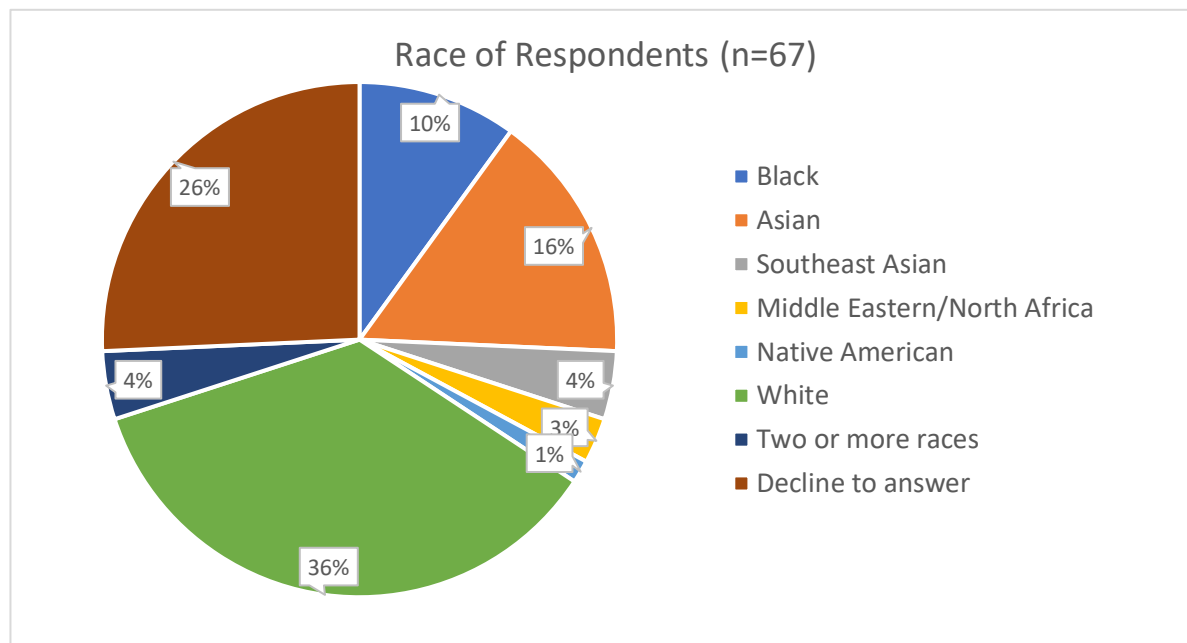
Survey Demographics

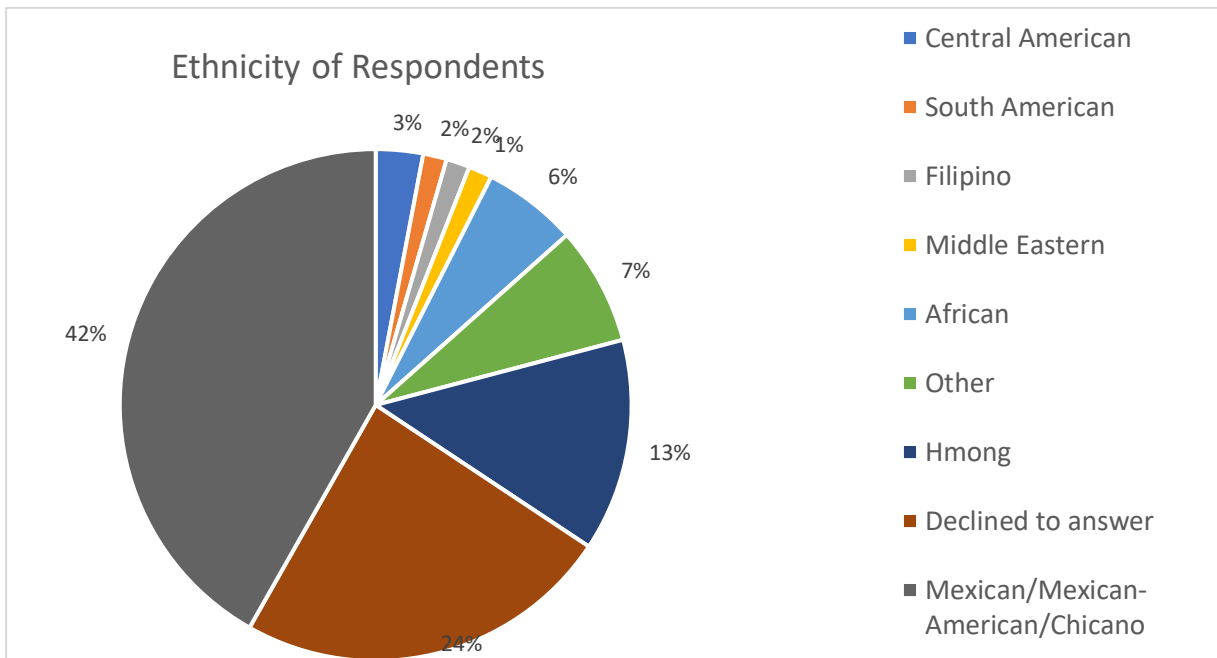


General Location (Zip code list in Appendix)	Respondent Percent	Number
City of Fresno or Clovis	66%	43
Rural West Fresno County	11%	7
Rural East Fresno County	18%	12
Outside of City Limits but Not Rural	8%	5

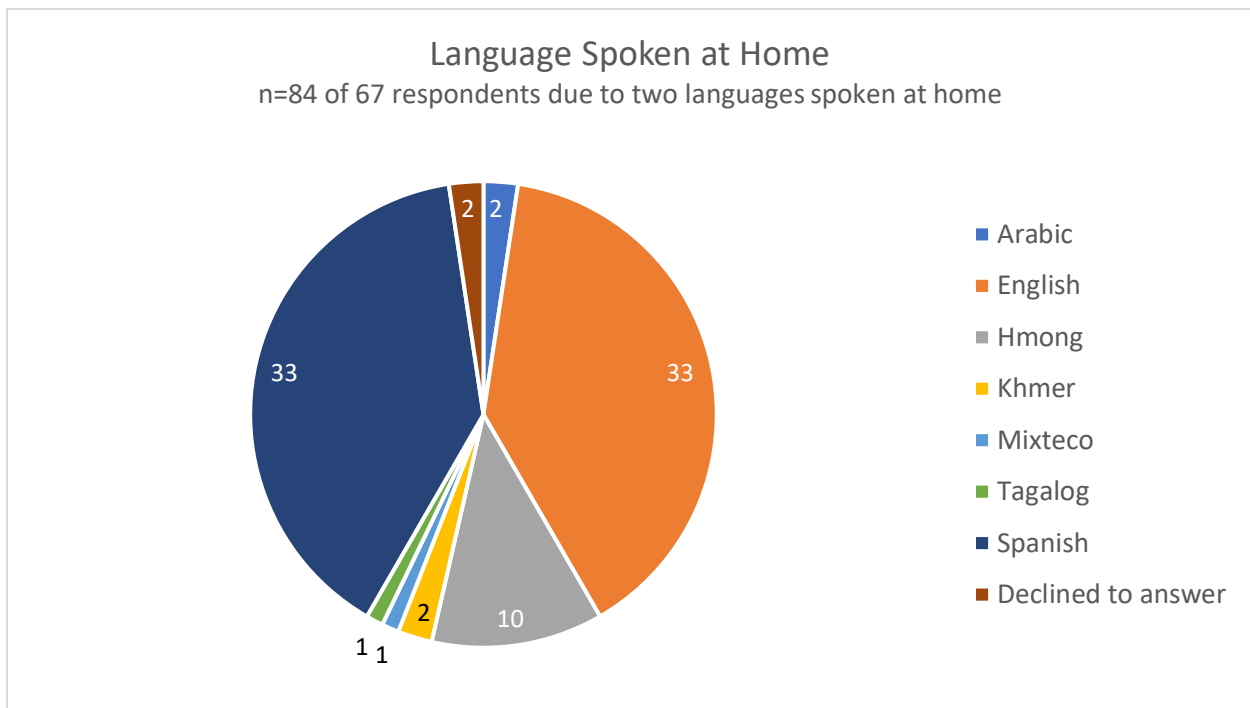
The location of residents in FRC mirrors the county 30% rural, 70% urban demographics overall and is predominantly female.

Although 26% declined to answer race and 24% declined to answer ethnicity, it is a diverse group.





In keeping with that diversity, they speak seven different languages at home with 21% speaking both English and their first language.



Nine respondents identified having a disability (14%), 85% did not, and 1% declined to answer. There were no veterans in the group. Four individuals (7%) identified as

bisexual, 10% did not wish to identify a sexual preference, and the vast majority identified as heterosexual or straight.

Survey Findings

Almost half of respondents (48%) had direct experience with accessing mental health in some way for themselves, children, or family members. A larger 55% knew friends or family members who had tried to access mental health services. Hearing others talk about their experiences accessing mental health services occurred for 48%. Only 22% had no direct experience.

Concerns about Mental Health Access

Respondents selected as many concerns as applied to them from a list of ten, with the option to add more. The top five concerns selected by all 67 respondents:

- 85% said people don't know where to go or who to call.
- 60% said people don't have insurance to pay for it.
- 49% said appointment wait times are too long.
- 33% said children go to All 4 Youth at schools but then get sent elsewhere because they don't qualify.
- 28% said they don't like using telehealth.

See the Appendix for full survey results.

There were variations according to different sub-groups in rank order or including a different concern. With one exception, the top three ranked remain in that order for adult, Fresno/Clovis, and age 14-24 sub-group respondents. The exception is for rural respondents the top two ranked remain the same, but the third ranked is "children go to All 4 Youth and then get sent elsewhere."

When viewing results by race or ethnicity, only the first concern remains constant. Rank order by race/ethnicity:

Black Rank Order (n=9)

1. People don't know where to go or who to call. (71%)
2. People don't have insurance to pay for it.
3. Children go to All 4 Youth and then are sent elsewhere.
4. Triple Tie - Appointment wait time is too long, transportation to get to an appointment takes too long, and people don't like using telehealth.

Hmong Rank Order (n=9)

1. People don't know where to go or who to call (100%)

2. Tie - The clinician doesn't speak my language; people don't have insurance to pay for it.
3. People in my area can access only via telehealth but we have no internet connection, or the speed is too low to handle it.
4. Tie - The wait time for an appointment is too long; children go to All 4 Youth and then are sent elsewhere.

Latino/Hispanic Rank Order (n=31)

1. People don't know where to go or who to call (90%)
2. The wait time for an appointment is too long.
3. People don't have insurance to pay for it.
4. People don't like using telehealth.
5. Tie - The nearby clinic doesn't have mental health services; children go to All 4 Youth and then are sent elsewhere.

"When you have insurance, you cannot afford copays for mental health." Age 14-24 female

Race/ethnicities with one or two individuals or who did not specify are not included above.

Best Method to Learn About Mental Health Services

"I feel we have a lot of resources and ways to get information, but the advertisement for it is not there. Unless you are asking for the information, I feel it is not advertised as it should be." Rural resident

Learning about mental health access is desired from multiple sources by a very wide margin from using just one source. The top method across all groups is learning about it from a trusted CBO, with the minor exception of Hmong, which ranked it a close second to learning about it from their doctor. The most pronounced differences were among racial/ethnic groups, rather than location or age. Ties in number of responses are indicated by repeating the rank order number.

Best Way to Learn about Mental Health Wellness and How to Access

All (n=65)	Black (n=6)	Hispanic (n=30)	Hmong (n=9)
1. Trusted CBO 2. My doctor 3. Church, temple, etc 4. Workshops 5. Health plan or insurance	1. Trusted CBO 2. Workshops 3. My doctor 3. Church, temple, etc. 3. Health plan or insurance 3. Website	1. Trusted CBO 2. Church 3. My doctor 4. Workshops 5. Health plan or insurance	1. My doctor 2. Trusted CBO 3. Church, temple, etc. 3. Call center or 2-1-1 4. Schools

	3. Social media		
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Those identifying Black ranked learning from workshops second, Latinos ranked it fourth, and Hmong had only one response for workshops because mental health is considered a private matter in the culture. Social media ranked in the top five for the Black respondents only because of a five-way tie for #3 ranked. Surprisingly, youth ranked social media and websites near the bottom. Learning from health plans was ranked fifth across the board except for Hmong, which did not select it at all.

Best Way to Learn about Mental Health Wellness and How to Access

Adult (n=46)	Age 14-16 (n=19)	Rural (n=19)	City & outside limits (n=47)
1. Trusted CBO 2. My doctor 3. Church, temple, etc 4. Workshops 5. Health plan or insurance	1. Trusted CBO 2. My doctor 2. Church, temple, etc. 3. Health plan or insurance 3. Call center or 2-1-1 4. Workshops	1. Trusted CBO 2. My doctor 3. Church, temple, etc. 3. Workshops 4. Health plan or insurance 5. Call center or 2-1-1 5. Social media	1. Trusted CBO 2. My doctor 3. Church, temple, etc. 4. Workshops 5. Health plan or insurance

Understanding of Specialty and Non specialty Mental Health Services

The following description was provided in the survey to determine people's level of knowledge and how different severity levels changed where to go for services. The scale was 0 to 100, with 100 being very knowledgeable.

There are two levels of mental health services - Specialty and Non specialty. Specialty is to help people with severe illness that affects their ability to function, such as psychosis, major depression that recurs, or severe anxiety making it hard for them to work or go to school. Non specialty mental health is for mild to moderate levels of need, perhaps the result of the loss of a loved one or anxiety that affects school attendance.

Specialty mental health needs are provided through the Fresno County Department of Behavioral Health or All 4 Youth at school sites. Non specialty mental health needs are provided by a person's health insurance such as CalVIVA or Anthem Blue Cross or employer insurance.

Survey respondents were asked how knowledgeable they were about the differences prior to reading the description. The average number on the scale for all respondents is 46, which means that most indicated they “sort of knew but weren’t clear.” The range moved from three people at 0 to a high of three people at 100. The median was 50.

“I am 44 years of age and barely finding out and seeking help.”
Native American Male, City

Survey participants were then asked how knowledgeable they were about where to find a mental health provider prior to reading the description. The average number was 48 or that they “they sort of knew but weren’t sure.” The range on the scale again had three people at 0, six people at the highest 100, with the median again at 50.

Cultural Views of Addressing Mental Health Wellness

“They have two extremes: they are either extremely biased toward mental health and stigmatize it [or] they are extremely open about it and free to discussion about resources.” Latina female, age 15-24.

The above quotation from a respondent demonstrates the overall bifurcation in response to the open-ended question about how their cultural group addresses mental health wellness. The 62 responses indicate that stigma exists and that it is slowly improving. From adults and all race/ethnicities, concern about children was common.

The Latino/Hispanic responses repeatedly mentioned that people don’t seek help because they don’t want to be labeled “crazy” and that there is a lot of misinformation. Hmong

“The Hmong people believe in our own culture and only doctor when it comes to health problems.” Adult Hmong Female, City

consider it a very private matter, do not feel comfortable discussing it in public and that it

should stay within their own cultural group. Younger adults may be more comfortable seeking help, especially if there is a clinician speaking their own language. A Black response

“En mi cultura es como un tabú no se atreven a asentar que hay un problema por miedo a ser juzgados como locos.” (In my culture it is like a taboo, they do not dare to state that there is a problem for fear of being judged as crazy.)
Adult Latina, City

“Willingness to access services is improving. Getting services without the run-around is rare and has deterred many to give up their search for services.” Adult Latina, City

acknowledged that in the past their culture did not feel therapy was necessary, another had no idea what others thought, and others indicated it was important and an ongoing concern. Youth mentioned the concern about therapy being viewed as “feminine,” feel the stigma is lessening, and that there is still a lot of work to be done around stigma.

“My culture seems to have little to no awareness of mental health. This is almost like a culture shock when you speak of mental health terms. I am also noticing that it is the same for my community. A large group of people that I mentor are embarrassed to admit that they might need mental health services.” Rural Adult Female

Most Comfortable Way for Cultural Groups to Address Mental Health Wellness

“Talk to someone they trust and feel comfortable with. Talk to someone who understands their culture and background. Talk to someone who speaks the same language.” Hmong Female Adult

Building awareness in non-threatening ways and spaces with opportunities to interact appears to be the common theme. There were many ideas that mirrored the quantitative selections and added more depth. Many concentrated on more informal, community methods.

- Focus groups/house party where they could learn more.
- A coffee time in the community where they could learn.
- School workshops, community workshops, or informational meetings
- Peer support groups where the same language was spoken.
- One suggested bringing in an expert to help educate on mental health and the effects of not addressing it.
- Another suggested testimonial by those with lived experience be part of education because “if you send them directly to a psychologist, they feel sad and don’t want to go.”
- Another said to continue with social networks, radio, and television as they are beneficial.
- Provide mental health screenings in homes or schools, with the possibility of primary care doctors screening children prior to entering kindergarten.

Most Important Area to Begin to Improve Communication or Knowledge About Mental Health

The great majority of respondents had the greatest number of responses for Non-specialty Children/Youth services (27) followed by Specialty Children Services (25). Adult services dropped significantly in importance in number to 7 for Specialty and 4 for Non-specialty. Non-specialty children/youth services listed as “somewhat important” were 20 in number. Due to reported confusion with the question design when using cell phones to complete the survey (which was fixed with a third of responses submitted), choices for important or somewhat important may be slightly inaccurate.

“Addressing the language barrier is important from the initial contact in information about mental health provider(s), costs. Insurance options/coverage, scheduling, to the service itself so families understand.” Adult Female, City

This renders the weighted average less useful as shown in the chart in the Appendix. However, when combining both “important” and “somewhat important” numbers, the total number shows non-specialty children/youth services clearly the priority.

There were few differences between races/ethnicities, age, or location. Only those ages 14-24 indicated specialty youth services should be addressed before non-specialty youth services by a margin of 2 to 1 (13 responses to 6). It is not clear if the phone input issue affected their answers.

Focus Group Findings

There were five focus groups: Black/African Americans (11 participants), Hispanic/Latino (11), Hmong (7), Syrian Arabic speaking refugees (8), and Youth Ages 14-24 (9). Most, if not all, of the focus groups were learning sessions for some participants as well as providing their perspectives.

The Hispanic/Latino group had the fewest identifying they had family members, themselves, or friends who had concerns about mental health. The Hmong and Black groups had all participants identifying personal experience or concerns of themselves or others. All groups identified children and adults who they knew needed help. The Youth group mostly knew of other friends or family members. The Arabic speaking refugees all had issues but first need to learn how to identify their feelings as mental health has not been a part of their culture.

Overall, concerns centered around the themes of 1) Economic and environmental stress impacting mental health; 2) Non specialty services; 3) Barriers to Access; 4) Cost/Health Insurance; 5) Resources – mental health and social services; and 6) Options to Help. Each group had distinctive concerns of importance.

Black/African American Group

The focus group was held at a church in southwest Fresno, with most participants living in the area and comprised of three men and eight women, most working individuals. All of them had personal experience with mental health issues, whether grieving from losses, children-related or children they worked with or mentored, and personal or family members with traumatic backgrounds. They described using levity or normalizing words like “crazy” to avoid looking at the issue in depth or the lack of discernment when a person is joking vs. the need to address real mental health issues.

“You can’t be African American and not have mental health issues. Trauma, violence, racism, parents on drugs...[but] problems stay hidden. We have trouble talking about it.”

Many in the group had positive experience with therapeutic mental health support but told stories of having to confront the perception of friends and family that therapy “is for white people.” They described good doctors leaving, revolving therapists, and mostly the difficulty in finding the few Black therapists and, when found, them being booked solid, even when having excellent employer insurance. “Blacks have the biggest percentage of mental health issues. We need mental health professionals.” They want therapists that look like them, but are open to others if genuine learning about the Black culture for context to an individual’s issue(s). Other barriers include cost, socio-economic level, and no therapists or support in their part of town.

Participants also took some of their own people to task, citing a lack of accountability of parents when someone tells them their child’s classroom behavior is ADHD and a psychiatrist writes a medication prescription, which allows the parent to receive more money for the child from foster care or other government sources. Further discussion spearheaded by two knowledgeable members talked through options that many people do not realize could first occur to address an issue like ADHD before jumping immediately to medication.

One participant working with parents in early education would refer preschool children to child-serving mental health organizations and most parents would take

"I don't want my child labeled," is what a child educator would hear from African American parents when attempting a referral.

them. "I only heard this from African American parents: 'I don't want my child labeled.' There is a lot of fear associated for parents that the child will be labeled for the rest of their school life."

The pastor of the church raised the issue of "church trauma," described as a split from other churches and their governing bodies bring long-lasting feelings into the new church. There are also the issues of power dynamics or physical and sexual abuse within the church that can damage attempts to experience faith. "The church has always been an important part of African American culture" and this type of trauma is hurtful and painful. He noted local African American churches are in the beginning stages of introducing mental health to their congregations.

Ideas to address barriers:

- Have workshops in churches, community, and/or schools to educate people on "the different stages of mental health." The workshops should have resources in person available at the end so that people could talk to them about services if they identify a need as a result of the workshop.
- Before a prescription for medication is written for a child, there should be a protocol to make sure that a parent knows and the child has had a full evaluation and discussion of options, such as an ACE screening, mental health screening, a therapist talking with the school psychologist and teacher for background, talk therapy, etc.
- We need to see more targeted advertisements for their culture at schools, bulletin boards, billboards, or church with lists of things that could be helped and where to get help. The brochures may be at a school, but some things should be mailed home instead of just putting into a child's backpack that a parent may never see.
- Develop peer to peer outreach for youth with a professional to train them.
- Kids love to perform, so develop ways for them to share the message, even if just at their school.
- Advocacy for legislation so that more money gets to those who are Black instead of administration and so that Medi-Cal payment doesn't take three years for therapists or organizations.

Hispanic/Latino Group

This group of eleven focused their attention on the need for children in schools to have therapy with just about every person mentioning it. Schools were their focus on where to receive services in the languages of English and Spanish. One

“Que den mas informacion der tema er la escuela.” (Give more Information about the topic at school.)

expressed the need to give information for therapists outside of school with a phone number provided. They wanted more education about mental health. They spent

time talking about the need for school safety as it causes anxiety for students and parents. More bilingual staff was desired, more information on food resources, more police to take care of the schools, healthy food for school lunches, and they wanted to be heard and taken seriously by school officials. It appears that when a teacher holds a student accountable in a tone or way that is perceived as abusive, it circulates widely. While some of what was discussed does not seem to be related to mental health wellness, the anxiety caused reinforces their experience and affects mental health. As one individual said, “There are many ideas that can help us, but we have to trust those who help.”

“Hay muchas ideas que nos pueden ayudar pero las personas tienen que tener conficancon a los que quinen ayudor.” (There are many ideas that can help us, but we have to trust those who help.)

Ideas provided were:

- “Que alla uniforme erlas escuela para que no hagan bullying por su nopu er la escuela.” (Uniforms so that they [students] don’t get bullied, because [when that happens] they don’t go to school.)
- Workshops on mental health at schools were suggested.
- Family therapy.
- Two wanted to know the symptoms of depression.
- One parent appears to be struggling with student isolation at home, “Se ensern en el cuarto e no salon par platcar” (They go to their room and don’t come out to talk.)
- People who may not accept help because they are afraid they will be judged.
- They want language availability, as one person noted she speaks Mixtec and knows very little Spanish.
- They want “apoyo moral” or moral support.

Although their early identification of those they know with mental health concerns were primarily adults, their conversation afterwards centered on children, demonstrating a path forward.

Hmong Group

This group of six women and one man also took a holistic approach to mental health regarding resources needed. While the culture in general was said to lack education about mental health, especially older adults, each person in this group identified someone they knew needed help which indicates greater awareness. One was a grandchild, another a mother-in-law isolated at home, themselves, and family members.

"Mental health is sometimes very taboo in our community. It's sometimes hush hush and hidden away. I believe educating people would help." Hmong Female

Multiple questions about where to go to learn about depression, how to help children struggling in school, patient rights, disability rights, and how lack of language access at hospitals, Department of Social Services (DSS), Social Security Administration (SSA), and clinics impacts them negatively.

This group had more mention of financial concerns and inflation than the Hispanic group, but like them, needed knowledge on where to go for food, health, adequate transportation, housing resources, translators, and not understanding or knowing about or where to find available resources. Written comments by participants primarily were in English, although their comment sheet questions were in Hmong.

"People who provide services [at schools or doctor offices] are not educated or trained to help people when they ask for it." Hmong City participant

Taking care of the elders or adults with limited English and their need for Hmong language was commented upon frequently. The lack of feeling safe and not enough sidewalks and public parks were mentioned. Calls to a mental health provider are changed from person to person; 9-1-1 puts them on hold, both of which

result in stress. When they feel comfortable talking with someone at school (a teacher or an office receptionist) or doctor's office staff, they want that person to refer them to someone or at least tell them the place to go to find out. One person noted "People who provide services are not educated/trained to help people when they ask for it." The front-line people are trained for their own work but are not knowledgeable about where to send someone outside of their own sphere, which is the Hmong perception of an appropriate expectation.

Ideas to address barriers:

- Training - for elders on mental health, for staff about mental health and where to obtain help, for people with limited English to know their right to access health care and other public resources, and how to access social services and mental health programs.
- Funding for CBOs, which are “more used [by] community members due to they are the trusted messengers.”
- Create internship programs for youth.
- Language support is easily available and accessible at hospitals, DSS, SSA, and clinics.
- Community events to share our culture.
- More funding to support the elders with limited income.
- More financial help.

Arabic Syrian Refugee Group

This group is one of just a small, but growing, number of refugees from different countries arriving in the county. Since the community-based organization (CBO) Fresno Interdenominational Refugee Ministries (FIRM) became a formal resettlement agency for the Central Valley about a year ago, 122 individuals in 30 families have resettled here knowing no English when they arrive. For 90 days, FIRM helps them with housing, resources, school, Medi-Cal, signing up with adult school to learn English (although there is no Arabic interpreter), teach them how to use public transportation, find jobs, and more. They have arrived from Afghanistan, Syria, Armenia, Venezuela, Honduras, Guatemala, Burma (Myanmar), Democratic Republic of Congo, Belarus, and Somalia speaking ten different languages. FIRM has been approved by the federal government to receive 175 people in FY 2024, an increase from 101 people welcomed in FY 2023. The children in these families are attending schools in Clovis Unified, Fresno Unified, and Central Unified in Fresno County, with several more attending in other counties.

The focus group leader for the Arabic speaking group is herself a refugee from Syria eight years ago. She is one of the very, very few Arabic interpreters in Fresno

“An Arabic speaking therapist is needed in Fresno County.”

Christine Barker, Executive Director, FIRM

County. FIRM’s Executive Director, in a background conversation for context around the focus group, believes that an Arabic speaking clinician is greatly needed to handle the traumatic experiences and culture shock of

refugees in their own language. She noted that there is an Arabic speaking psychiatric resident at UCSF-Fresno and that is the only one to her knowledge.

This focus group was comprised of two men, six women, and three youth ages 16-24 who arrived in April/May of 2023. All of them have concerns about mental health, especially due to the challenges, lack of English, and culture shock of a new country and the concern for children being bullied in school. All the children of participants attend Clovis Unified schools where they receive an hour of English a day, which “is not enough,” according to focus group participants.

Participants want to know more about or need:

- Interpretation services to learn English.
- A better understanding of mental health systems and what it looks like in the United States.
 - In their home country, there is no understanding of mental health – it is just that life is hard - and if they talk about it, authorities could view it negatively. It would be viewed as complaining and they could be questioned by authorities in their home country. To avoid that perception, they say “I’m fine.” There is a fear of judgement if they share their feelings with anyone.
 - They don’t know the difference between being “mentally sick” and “mentally tired.” Adults don’t know how to recognize their feelings. Guidance counselors at schools help students work through this, especially when they are being picked on or bullied.
 - Unsurprisingly, stress is a large factor for adults and children.
 - Although they are on Medi-Cal, there are issues with cost, whether it be co-pays, transportation, or childcare.
- Lack of knowledge in navigating the education system.
- Lack of teachers or the district educating themselves or other students on the culture so that Syrian or Arabic speaking students are not bullied. Examples include the wearing of a hijab (head covering) and fasting during holidays such as Ramadan which means they don’t eat during the day at school.

“They don’t know the difference between being “mentally sick” and “mentally tired”. Adults don’t know how to recognize their feelings.”
Arabic Focus Group Lead

Families relieve their stress now through smoking, prayer, cooking, and family discussions. The systemic barrier solutions proposed are:

- Increasing the number of competent interpreters.
- Small groups together learn about feelings and how to express themselves in safe spaces.
- Improving teaching practices to learn English; “sink or swim” practices such as one hour a day are not often effective for those older.
- Professionals and specialists learning how to establish trust for those in this culture.

Youth Ages 14-24

The nine youth in this group included Black, Hispanic/Latino, and Hmong. They indicated others – family members or friends – who could benefit from mental health services but not themselves. This group expressed the same racial and ethnic issues described earlier according to their culture. Being nervous and not knowing what to expect if you want therapeutic help was expressed. This group was interested in knowing about alternative methods to therapy and medications. They want to know “what type of therapy would work best for them,” so somehow, they know that there are different therapeutic types. They are interested in coping methods.

One didn’t like the “push for a digital appointment” and another didn’t know about online therapy via Zoom. Inaccessibility of therapists, especially to find someone in person after business hours, the time it takes to find a

therapist with the “right fit”, and the lack of continuity with therapists were mentioned. This group expressed the most concern about therapy being perceived as “feminine,” i.e. being vulnerable, especially for boys and men, and especially those who were Latino. This included feeling judged if they reached out to family members. Not having insurance or cost were cited, along with not knowing where to look. One said Medi-Cal does not cover.

"Comedic relief is always used to repress mental health issues. Abrupt behavior is something commonly used as a way to mask mental health issues." Age 14-24

The youth and young adults had some concrete suggestions for improvement.

- Mental health rallies at school campuses (especially during finals) was mentioned frequently.

- Include information on mental health in school emergency packets at registration.
- Identify mental health issues at an earlier age. Teach social-emotional skills and coping skills earlier.
- Have parent workshops on how to help children. Have joint parent and student workshops that can help with working on solving mental health issues at home.
- Have a CBO mental health resource fair. Learn which CBOs have resources where they can reach out.
- Utilize social media AND also have a way to stay anonymous if responding to a post.
- More signs at school with information about how to access therapy services on campus.
- Hold support groups for students to receive support/vent/talk after school.
- Mental health education in elementary and middle school and develop emotional regulation skills. Talk about it more than once. Implement it into our curriculum.
- Health clubs at school.
- Take a mental break and talk to someone.

Conclusion

Mental health is seen as an issue for both survey and focus group participants. In most cases, the level would be described as mild to moderate level initially, rather than severe. Stigma impacts all races and ethnicities, although it has lessened to a degree, likely due to the pandemic. However, the stigma manifests differently in cultures. It was clear that race/ethnic culture had more impact on mental health issues being addressed than location. Accessibility for in person sessions is more difficult for rural residents and they have more internet related issues for telehealth.

For help with non specialty mental health needs, trusted CBOs were at the top of almost every group. It was also acknowledged that they need more funding and training. Suggestions were often made to work more with schools for youth with less severe needs and to help educate parents. Incorporating mental health and coping skill development into all grades of K-16 was suggested, and there is an

opportunity to “normalize” addressing mental health by holding mental health rallies for students, “venting” groups after school or peer outreach, and offering parent workshops.

The first focus is asked to be children and youth non specialty services access.

It is evident in all cultures that mental health is not being talked about, with improvement occurring now in varying degrees of awareness

and willingness. The most difficult of the groups involved were the Arabic refugees, who first need help identifying feelings, preferably with an Arabic speaking and culturally knowledgeable therapist. Each identified group has different needs and methods that will work better for that culture. That level of specificity isn’t easy in a county where therapists accepting Medi-Cal are difficult to maintain, and where commercial insurance, Medi-Cal health plans, and DBH do not have enough therapists speaking the needed languages so that those seeking help can comfortably express themselves.

No one group, department, or system can be responsible for improvement. Working collaboratively across sectors and agencies is likely needed.

Multiple methods to educate people were provided and the first focus is asked to be for children and youth non specialty services access. Given the holistic needs identified, no one group, department, or system can be responsible for improvement. Working collaboratively across sectors and agencies is likely needed to improve mental health and wellbeing.

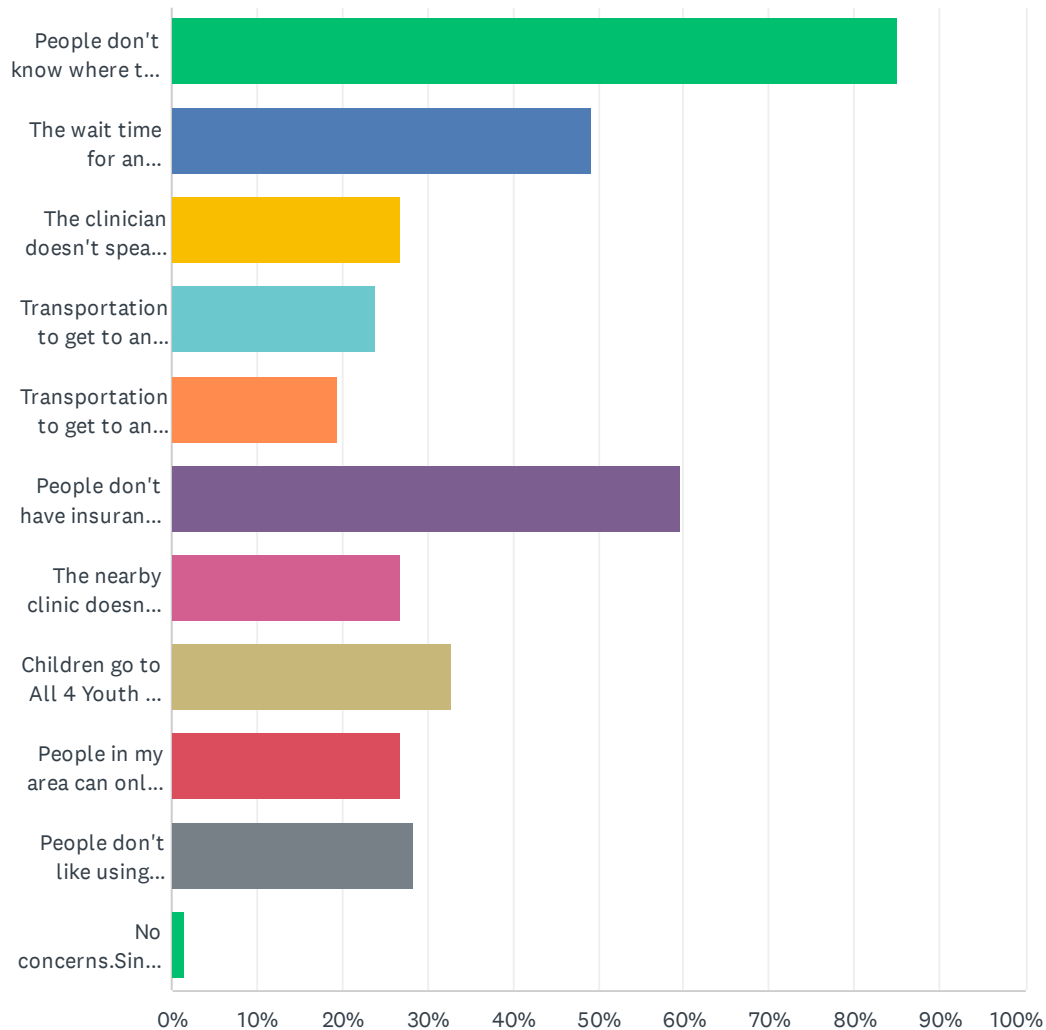
Appendix

The following survey results represent an aggregate of 67 respondents. For specific data cuts by race, ethnicity, rural, city, adult, or youth ages 14-24, please contact The Children's Movement. They are available, but the length to include was considered. All comments to individual questions are included.

Surveys were provided in an English/Spanish format and a Hmong format. Three surveys utilized the Hmong format and their answers were input into the 64 English/Spanish responses for a total of 67 responses shown.

Q1 What concerns you about mental health access? (Check as many as apply.) ¿Qué le preocupa sobre el acceso a la salud mental? (Marque todos los que correspondan).

Answered: 67 Skipped: 0



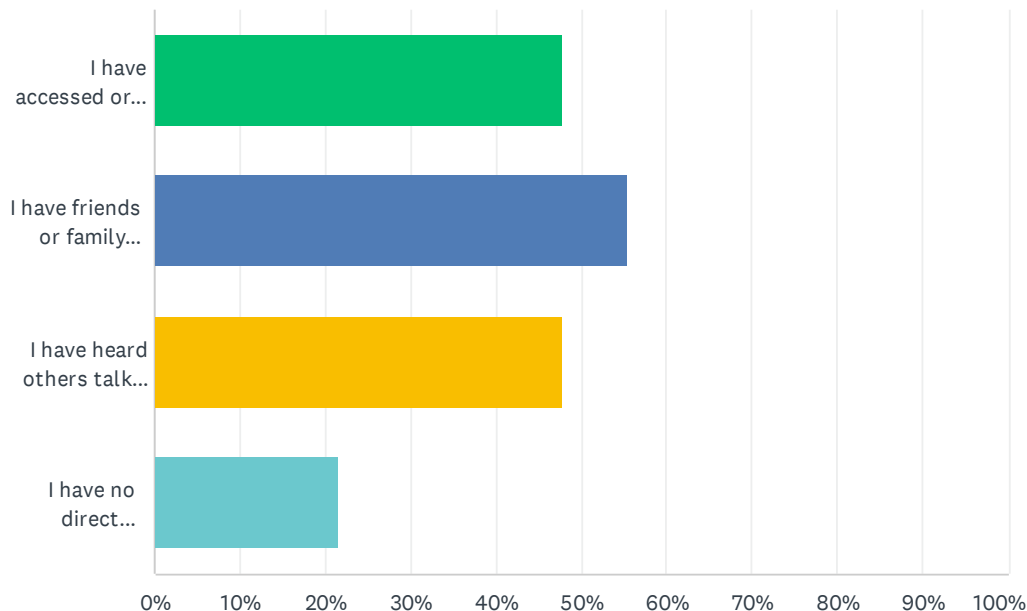
TCM Residents Mental Health Survey de Salud Mental de Residentes de TCM

ANSWER CHOICES	RESPONSES	
People don't know where to go or who to call for services.La gente no sabe adónde ir ni a quién llamar para solicitar servicios.	85.07%	57
The wait time for an appointment is too long. El tiempo de espera para una cita es demasiado largo.	49.25%	33
The clinician doesn't speak my language. El médico no habla mi idioma.	26.87%	18
Transportation to get to an appointment takes too long.El transporte para llegar a una cita tarda demasiado.	23.88%	16
Transportation to get to an appointment is too hard to find. Es muy difícil encontrar transporte para llegar a una cita.	19.40%	13
People don't have insurance to pay for it.La gente no tiene seguro para pagarlo.	59.70%	40
The nearby clinic doesn't have mental health services there. La clínica de salud cercana no cuenta con servicios de salud mental.	26.87%	18
Children go to All 4 Youth at schools but then get sent somewhere else because they don't qualify.Los niños van a las escuelas All 4 Youth pero luego los envían a otro lugar porque no califican.	32.84%	22
People in my area can only access via telehealth but we have no internet connection or it is too slow to handle the appointment.Las personas en mi área solo pueden acceder a los servicios a través de telesalud (computadora o teléfono) pero no tenemos conexión a Internet o es demasiado lento para manejar la cita.	26.87%	18
People don't like using telehealth.A la gente no le gusta usar la telesalud.	28.36%	19
No concerns.Sin preocupaciones.	1.49%	1
Total Respondents: 67		

#	OTHER (PLEASE SPECIFY) / OTROS (ESPECIFICAR)	DATE
1	When you have insurance you can not afford copays for mental health services. 2.) most of the mental health services provided my state insurances (such as medical) do not offer a lot of help for people experiencing severe mental illness	12/6/2023 6:41 PM
2	Lack of cultural awareness when providing therapy.	12/6/2023 6:25 PM
3	Our community feels shame requesting mental health services.	11/21/2023 10:22 PM
4	All 4 Youth screening is complicated and I feel it excludes someone that may not fall into a severe case.	11/21/2023 1:00 PM
5	People have a hard time finding the right therapist fit for themselves	11/21/2023 10:40 AM

Q2 What is your experience in accessing mental health services? (Check as many as apply.) ¿Cuál es su experiencia al acceder a servicios de salud mental? (Marque todos los que correspondan).

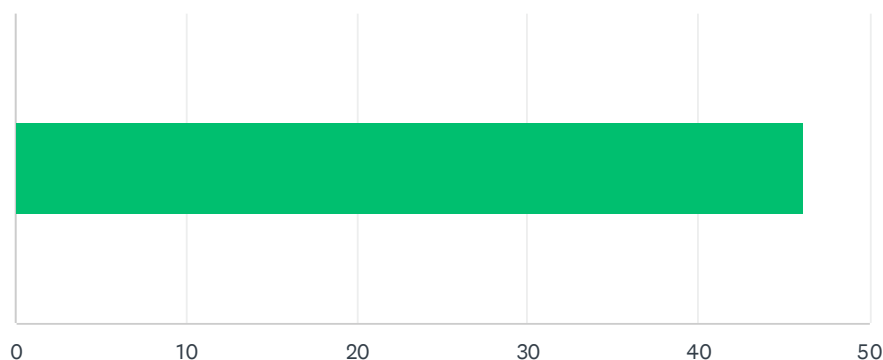
Answered: 65 Skipped: 2



ANSWER CHOICES	RESPONSES	
I have accessed or tried to access services for my child, a family member, or myself. He accedido o intentado acceder a servicios para mi hijo, un miembro de mi familia o para mí.	47.69%	31
I have friends or family members that have accessed or tried to access services. Tengo amigos o familiares que han accedido o intentado acceder a servicios.	55.38%	36
I have heard others talk about services. He escuchado a otros hablar sobre servicios.	47.69%	31
I have no direct experience. No tengo experiencia directa.	21.54%	14
Total Respondents: 65		

Q3 Before you read the description of levels of mental health services, how knowledgeable were you about the difference? Antes de leer la descripción de los niveles de servicios de salud mental, ¿qué conocimiento tenía sobre la diferencia?

Answered: 66 Skipped: 1



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	46	3,048	66
Total Respondents: 66			

#		DATE
1	52	12/13/2023 7:08 AM
2	51	12/13/2023 6:53 AM
3	50	12/13/2023 6:48 AM
4	95	12/8/2023 11:53 AM
5	47	12/7/2023 9:48 PM
6	61	12/7/2023 9:32 PM
7	60	12/7/2023 8:09 PM
8	41	12/7/2023 5:07 PM
9	97	12/7/2023 3:53 PM
10	45	12/7/2023 1:54 PM
11	52	12/7/2023 12:25 PM
12	64	12/7/2023 8:45 AM
13	48	12/7/2023 7:29 AM
14	100	12/6/2023 6:41 PM
15	27	12/6/2023 6:25 PM
16	70	12/6/2023 4:43 PM
17	45	12/6/2023 4:31 PM

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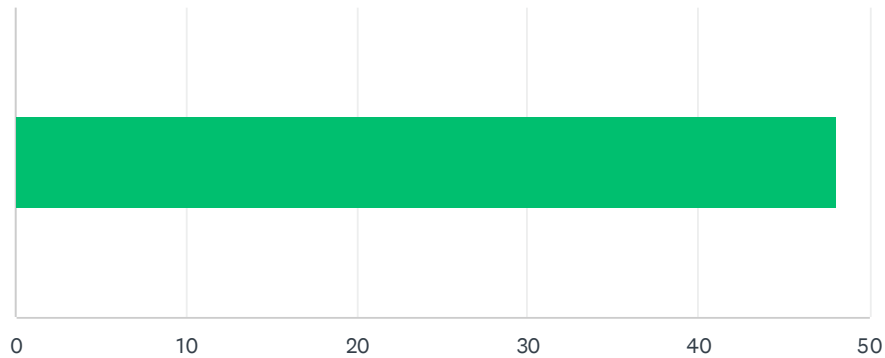
18	45	12/6/2023 4:23 PM
19	50	12/6/2023 4:18 PM
20	63	12/6/2023 4:10 PM
21	60	12/6/2023 4:04 PM
22	2	12/6/2023 3:19 PM
23	47	12/6/2023 2:12 PM
24	9	12/6/2023 12:40 PM
25	53	12/6/2023 12:31 PM
26	47	12/6/2023 11:50 AM
27	72	12/6/2023 10:51 AM
28	39	12/6/2023 12:19 AM
29	50	12/5/2023 8:47 PM
30	55	12/5/2023 7:25 PM
31	59	12/5/2023 6:28 PM
32	7	12/5/2023 6:16 PM
33	100	12/4/2023 2:25 PM
34	51	12/2/2023 9:09 PM
35	14	12/2/2023 5:55 PM
36	45	12/2/2023 5:49 PM
37	0	12/2/2023 5:41 PM
38	3	12/2/2023 5:27 PM
39	47	12/2/2023 5:23 PM
40	0	12/2/2023 5:22 PM
41	0	12/2/2023 5:15 PM
42	58	12/2/2023 5:02 PM
43	56	12/1/2023 7:06 PM
44	55	12/1/2023 6:50 PM
45	49	12/1/2023 2:08 PM
46	99	11/30/2023 12:07 PM
47	53	11/29/2023 12:57 PM
48	43	11/25/2023 8:51 PM
49	100	11/24/2023 1:56 PM
50	75	11/21/2023 10:22 PM
51	48	11/21/2023 9:08 PM
52	1	11/21/2023 8:27 PM
53	64	11/21/2023 7:36 PM
54	50	11/21/2023 7:21 PM
55	12	11/21/2023 2:59 PM

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56	12	11/21/2023 1:00 PM
57	2	11/21/2023 12:53 PM
58	9	11/21/2023 12:06 PM
59	46	11/21/2023 11:44 AM
60	25	11/21/2023 11:27 AM
61	54	11/21/2023 11:19 AM
62	75	11/21/2023 11:13 AM
63	67	11/21/2023 11:10 AM
64	14	11/21/2023 10:42 AM
65	3	11/21/2023 10:40 AM
66	55	11/21/2023 10:36 AM

Q4 Before you read the description of mental health services, how knowledgeable were about where to go to find a provider to help? Antes de leer la descripción de los niveles de servicios de salud mental, ¿qué conocimiento tenía sobre dónde encontrar un proveedor que le ayude?

Answered: 66 Skipped: 1



ANSWER CHOICES	AVERAGE NUMBER	TOTAL NUMBER	RESPONSES
	48	3,173	66
Total Respondents: 66			

#		DATE
1	59	12/13/2023 7:08 AM
2	51	12/13/2023 6:53 AM
3	50	12/13/2023 6:48 AM
4	88	12/8/2023 11:53 AM
5	33	12/7/2023 9:48 PM
6	100	12/7/2023 9:32 PM
7	100	12/7/2023 8:09 PM
8	45	12/7/2023 5:07 PM
9	53	12/7/2023 3:53 PM
10	40	12/7/2023 1:54 PM
11	6	12/7/2023 12:25 PM
12	64	12/7/2023 8:45 AM
13	25	12/7/2023 7:29 AM
14	88	12/6/2023 6:41 PM
15	69	12/6/2023 6:25 PM
16	66	12/6/2023 4:43 PM
17	66	12/6/2023 4:31 PM

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18	45	12/6/2023 4:23 PM
19	50	12/6/2023 4:18 PM
20	39	12/6/2023 4:10 PM
21	44	12/6/2023 4:04 PM
22	3	12/6/2023 3:19 PM
23	49	12/6/2023 2:12 PM
24	48	12/6/2023 12:40 PM
25	14	12/6/2023 12:31 PM
26	17	12/6/2023 11:50 AM
27	8	12/6/2023 10:51 AM
28	29	12/6/2023 12:19 AM
29	80	12/5/2023 8:47 PM
30	55	12/5/2023 7:25 PM
31	61	12/5/2023 6:28 PM
32	9	12/5/2023 6:16 PM
33	100	12/4/2023 2:25 PM
34	32	12/2/2023 9:09 PM
35	51	12/2/2023 5:55 PM
36	41	12/2/2023 5:49 PM
37	0	12/2/2023 5:41 PM
38	0	12/2/2023 5:27 PM
39	86	12/2/2023 5:23 PM
40	0	12/2/2023 5:22 PM
41	100	12/2/2023 5:15 PM
42	61	12/2/2023 5:02 PM
43	54	12/1/2023 7:06 PM
44	54	12/1/2023 6:50 PM
45	43	12/1/2023 2:08 PM
46	100	11/30/2023 12:07 PM
47	49	11/29/2023 12:57 PM
48	37	11/25/2023 8:51 PM
49	50	11/24/2023 1:56 PM
50	60	11/21/2023 10:22 PM
51	50	11/21/2023 9:08 PM
52	1	11/21/2023 8:27 PM
53	40	11/21/2023 7:36 PM
54	7	11/21/2023 7:21 PM
55	97	11/21/2023 2:59 PM

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56	24	11/21/2023 1:00 PM
57	2	11/21/2023 12:53 PM
58	5	11/21/2023 12:06 PM
59	32	11/21/2023 11:44 AM
60	52	11/21/2023 11:27 AM
61	55	11/21/2023 11:19 AM
62	90	11/21/2023 11:13 AM
63	100	11/21/2023 11:10 AM
64	62	11/21/2023 10:42 AM
65	31	11/21/2023 10:40 AM
66	53	11/21/2023 10:36 AM

Q5 Please tell us how your community or cultural group views addressing mental health wellness. Díganos cómo ve su comunidad o grupo cultural abordar el bienestar de la salud mental.

Answered: 62 Skipped: 5

#	RESPONSES	DATE
1	Nws pab tau ntau ya ko peb nxtua tub paub txog teb kev Kaj siab los yog nyob nyab xeeb ntawm kev xav.	12/13/2023 7:08 AM
2	Don't really communicate.	12/13/2023 6:53 AM
3	Something that we are not addressing in public.	12/13/2023 6:48 AM
4	We have created clubs and programs to help teens stay involved to learn self love and mental stability	12/8/2023 11:53 AM
5	Como una situacion dificil que en ocasiones no encuentran la ayuda necesaria en nuestro idioma.	12/7/2023 9:48 PM
6	My community view, addressing mental health wellness as a very important thing.	12/7/2023 9:32 PM
7	My community speaks about it and has places for people to go if they need help.	12/7/2023 8:09 PM
8	I think we would like to help others that those have it hard and it would help them move on, in a stronger and positive way	12/7/2023 5:07 PM
9	I'm comfortable and well versed in mental health. There is just little access here in fresno.	12/7/2023 3:53 PM
10	They view it as important.	12/7/2023 1:54 PM
11	Muy poco!!	12/7/2023 12:25 PM
12	At one point in time our cultural view was we do not need to go to therapy	12/7/2023 8:45 AM
13	It helps by u talking about it actually relieve a lot of pain and stress	12/7/2023 7:29 AM
14	This is a difficult question to answer. I came from a low income background where mental health was not addressed. As an adult, I have gained a BA in psychology and am going to graduate school to become a mental health therapist, where mental health is glorified. There are many communities that I belong to each with a different perspective.	12/6/2023 6:41 PM
15	Mental health is treated like it isn't a real thing in the Latine community. There's no need to go see a therapist or psychiatrist. It's better not to take medication.	12/6/2023 6:25 PM
16	For the Hmong people i feel as they don't really view mental health important those who are older may be Bias towards mental health and might mistake their illnesses as superstition in which they don't seel out care for the mentally challenged people in their family.	12/6/2023 4:31 PM
17	My community shows that we aren't alone especially in mental health, especially at schools we have our teachers, schools talking about mental health.	12/6/2023 4:23 PM
18	Mucha desinformación	12/6/2023 4:18 PM
19	Mental health is taken very seriously. We all have some type of experience or close to individuals that have had or currently receive some type of mental health service. We believe that mental health is just as important as physical health.	12/6/2023 4:10 PM
20	My culture just says ponte Las pilas.	12/6/2023 4:04 PM
21	Ya hay servicio de salud mental pero es tardado p agarrar una cita	12/6/2023 3:19 PM
22	Qué no saben mucho de la salud mental y no saben las consecuencias que esto tiene al no ser tratado como se debería	12/6/2023 2:12 PM

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23	La gente es cerrada en este tema y no estamos educados o no tenemos conocimiento sobre salud.	12/6/2023 12:40 PM
24	Les falta mucha información para los pasos a seguir.	12/6/2023 12:31 PM
25	Mucha gente se pone a la defensiva cuando les mencionas salud mental, y que hay muchos síntomas pero lo miran normal.	12/6/2023 11:50 AM
26	My culture seems to have little to no awareness of mental health. This is almost like a culture shock when you speak of mental health terms. I am also noticing that it is the same for my community. A large group of people that I mentor are embarrassed to admit that they might need mental health services.	12/6/2023 10:51 AM
27	There's a lot of sick kids in my community	12/6/2023 12:19 AM
28	Mental Health is very important and an ongoing topic of concern.	12/5/2023 8:47 PM
29	Willingness to access services is improving. Getting services without the run-around is rare and has deterred many to give up their search for services	12/5/2023 7:25 PM
30	Pienso que ya hay más comunicación en cuanto a lo que es la salud mental y dónde buscar ayuda.	12/5/2023 6:28 PM
31	No	12/5/2023 6:16 PM
32	No lo consideran fiable y que sea necesario tomar estas terapias de salud mental.	12/4/2023 2:25 PM
33	Más o menos	12/2/2023 9:09 PM
34	En mi cultura es como un tabú no se atreven a asentar que hay un problema por miedo a ser juzgados como locos	12/2/2023 5:55 PM
35	Tienen pena hablar sobre eso	12/2/2023 5:49 PM
36	Mental health is taboo in my culture	12/2/2023 5:27 PM
37	Much more open to services	12/2/2023 5:23 PM
38	Growing up you were taught you didn't need that. Only rich people could afford that.	12/2/2023 5:22 PM
39	There's stigma and many barriers to accessing quality mental health services	12/2/2023 5:15 PM
40	Pues muchos no saben cómo poder encontrar ayuda y las barreras que encuentran al no tener una aseguranza o medical	12/2/2023 5:02 PM
41	In my community they don't addressing mental health wellness very well because they are thinking mental health people are crazy.	12/1/2023 7:06 PM
42	increasing but still below average	12/1/2023 6:50 PM
43	The Hmong people believe in our own culture and only doctor when it comes to health problems.	12/1/2023 2:08 PM
44	Sin mucha información	11/29/2023 12:57 PM
45	En mi cultura casi no nos preocupamos por nuestra salud mental por falta de información y educación.	11/25/2023 8:51 PM
46	Por ignorancia, no saben como lidiar con este problema. Por su estado migratorio temen pedir ayuda. Y mas.	11/24/2023 1:56 PM
47	Talk about in the minimum.	11/21/2023 10:22 PM
48	Muy interesados.	11/21/2023 9:08 PM
49	Mucha gente.no sabe donde ir a pedir ayuda para la Salud mental.	11/21/2023 8:27 PM
50	INDIFERENTE	11/21/2023 7:21 PM
51	There are not as many stigmas today	11/21/2023 2:59 PM
52	In my cultural group, there is a stigma on mental health, if you seek help or need help you are labeled crazy.	11/21/2023 1:00 PM

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53	I'm not sure with most but some of my community friends have a lot concerns about it for their children	11/21/2023 12:53 PM
54	Not server. They thought it was normal but was not. People didn't take mental health seriously.	11/21/2023 12:06 PM
55	I don't really know what their views are on mental health.	11/21/2023 11:44 AM
56	Un buen comienzo para saber sobre la salud mental	11/21/2023 11:27 AM
57	Siempre estamos propensos a que afecte la salud mental, pues al retirarnos de nuestras raíces nos hace vulnerables ante las citaciones de lo desconocido.	11/21/2023 11:19 AM
58	My cultural group views addressing mental health wellness as an important part of dealing with the whole person. However, there is disproportionality in the providers mostly being from my cultural group and not enough bilingual and service providers of color.	11/21/2023 11:13 AM
59	My culture does not believe in mental health services. There is a lot of stigma surrounding mental health and proper treatments.	11/21/2023 11:10 AM
60	My community is fairly empathetic and understanding of mental health. There is still work to be done to reduce stigma and fully understand others with mental illnesses.	11/21/2023 10:42 AM
61	They have two extremes: they are either extremely biased towards mental health and stigmatize it. Otherwise, they are extremely open about it and free to discussion about resources.	11/21/2023 10:40 AM
62	Unfortunately, mental health needs are still a taboo issue in my Hispanic culture....people are not always open-minded to get the necessary help that they need 😞	11/21/2023 10:36 AM

Q6 What is the most comfortable way for your cultural group to get mental health wellness addressed? ¿Cuál es la forma más cómoda para que su comunidad o grupo cultural aborde el bienestar de la salud mental?

Answered: 60 Skipped: 7

#	RESPONSES	DATE
1	Peb yuav tsum mus peb teb tsev ua pab rau ko nyob nyab xeeb ntawm kev xav thiab nrog teb doctors Tam.	12/13/2023 7:08 AM
2	Privately.	12/13/2023 6:53 AM
3	Talk in privately	12/13/2023 6:48 AM
4	reaching out	12/8/2023 11:53 AM
5	Dejando que nuestra comunidad si le ayudan y si no ellos tratan de hacer lo que pueden.	12/7/2023 9:48 PM
6	The most comfortable way for my cultural group to get mental health wellness address is talking to someone they trust.	12/7/2023 9:32 PM
7	Privately talk to someone they trust.	12/7/2023 8:09 PM
8	I think talking it out with one another is one way to help	12/7/2023 5:07 PM
9	Make it affordable and continue a conversation in the community about mental wellbeing	12/7/2023 3:53 PM
10	Talking to people who know about it.	12/7/2023 1:54 PM
11	Atraves de las Escuelas o clínicas de salud en la comunidad.	12/7/2023 12:25 PM
12	people coming in to address mental health. It is the awareness that helped us.	12/7/2023 8:45 AM
13	I would say ask you one on one first to see if u comfortable	12/7/2023 7:29 AM
14	Hard to say. See question 5.	12/6/2023 6:41 PM
15	I'm not sure because my family is educated by from the looks of other's i am not so sure but, I feel as they do "rituals" to "Cope" with the mental illness	12/6/2023 4:31 PM
16	The most comfortable way for mental health to be addressed is when it's talked about and not talked about in a bad way, in a good way, talking about it like it isn't a problem.	12/6/2023 4:23 PM
17	Obteniendo más información	12/6/2023 4:18 PM
18	Most comfortable be by a primary doctor or online resources recommended by said doctor.	12/6/2023 4:10 PM
19	In church.	12/6/2023 4:04 PM
20	Q no de pena buscar la ayuda Porq aveces por eso la gente no busca la ayuda	12/6/2023 3:19 PM
21	Que un especialista del tema les pueda proveer información sobre salud mental y  y lo grave que es al no ser tratado con tiempo	12/6/2023 2:12 PM
22	Escuchar testimonios de otras personas o experiencia vividas, por que si los mandas directamente a un psociólogo les da pena o no quieren ir.	12/6/2023 12:40 PM
23	Grupo de enfoque y aprendizaje	12/6/2023 12:31 PM
24	en una escuela de formacion primaria hay mas posibilidad de tener a mas padres de familias, pero es bien importante tener el compromiso con la administracion para asegurar que lospadres lleguen.	12/6/2023 11:50 AM
25	I feel that there should be services appointed to each family in public schools or directly to homes in the community. Maybe an assessment with primary doctors with children prior to enrolling into kindergarten.	12/6/2023 10:51 AM

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26	Parent classes and meetings as well as 1 on 1's educating families about Mental Health. I believe having open, safe, transparent conversations about what our families and community is struggling with as it pertains to Mental Health. Also having current knowledge and readily available resources!	12/5/2023 8:47 PM
27	School informational meetings.	12/5/2023 7:25 PM
28	Trabajando más con toda la comunidad lo que es la salud mental y que es importante buscar ayuda.	12/5/2023 6:28 PM
29	Language	12/5/2023 6:16 PM
30	Seguir informando en redes sociales, radio y televisión que es mucho el beneficio.	12/4/2023 2:25 PM
31	En las escuelas juntas	12/2/2023 9:09 PM
32	Yo pienso que haciendo grupos de enfoque familiar o de vecinos que estén interesados en involucrarse en el tema	12/2/2023 5:55 PM
33	Clases	12/2/2023 5:49 PM
34	Word of mouth.	12/2/2023 5:41 PM
35	I don't know	12/2/2023 5:27 PM
36	In person is best	12/2/2023 5:23 PM
37	I am 44 Years of age and I'm barely finding out and seeking help.	12/2/2023 5:22 PM
38	Addressing the language barrier is important from the initial contact in information about mental health provider(s), costs. Insurance options/coverage, scheduling, to the service itself so families understand	12/2/2023 5:15 PM
39	Sería muy bien tener un grupo de apoyo donde se hable de salud mental y donde se hable el mismo idioma para que puedan entender mejor	12/2/2023 5:02 PM
40	Usually they talk to someone that they trust with.	12/1/2023 7:06 PM
41	One on one and physically	12/1/2023 6:50 PM
42	Hmong do jingle such as calling back the souls and eat Hmong herbs.	12/1/2023 2:08 PM
43	Como no es aún pero es necesario	11/30/2023 12:07 PM
44	Teniendo reunión personal en centros de la comunidad y haciendo cafecitos	11/29/2023 12:57 PM
45	Dando información de la importancia de la salud mental y lugares donde ir.	11/25/2023 8:51 PM
46	Acercarse a las comunidades para informar, educar y apoyarlas sobree este tema.	11/24/2023 1:56 PM
47	Per support groups	11/21/2023 10:22 PM
48	Virtual.	11/21/2023 9:08 PM
49	Como que alguien los guie.	11/21/2023 8:27 PM
50	PRESENTACIONES Y GRUPOS DE ENFOQUE PARA LA COMUNIDAD Y ESCUELAS	11/21/2023 7:21 PM
51	Through a doctor	11/21/2023 2:59 PM
52	I'm sure they would be fine with a one on one	11/21/2023 12:53 PM
53	Talk to someone they trust and feel comfortable with. Talk to someone who understands their culture and background. Talk to someone who speaks the same language	11/21/2023 12:06 PM
54	I don't know.	11/21/2023 11:44 AM
55	Estar bien informada	11/21/2023 11:27 AM
56	Proporcionando la información	11/21/2023 11:19 AM
57	The most comfortable way to get mental health wellness addressed for my cultural group is to make it known the resources and services available and letting people make the choices of	11/21/2023 11:13 AM

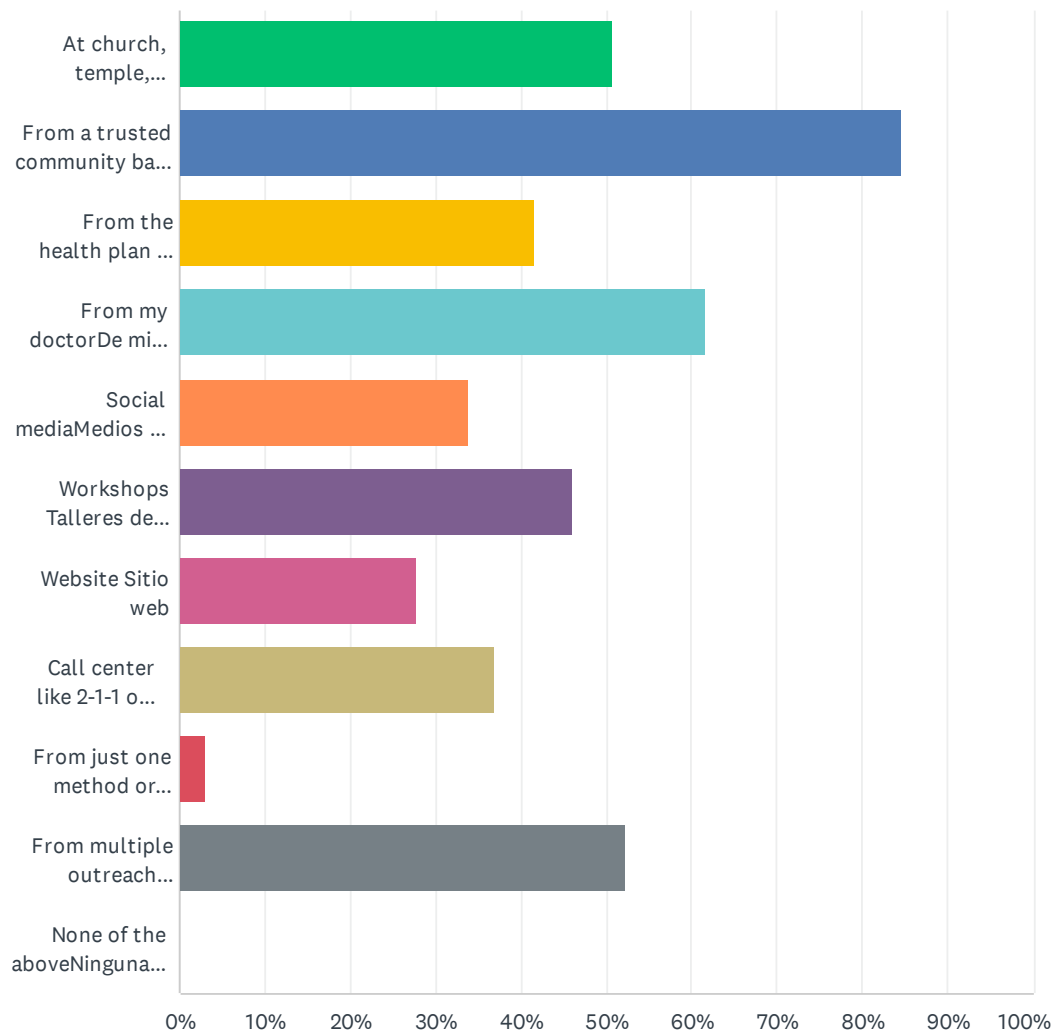
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what they want.

58	A one-to-one discussion, stressing how significant mental health wellness is.	11/21/2023 11:10 AM
59	I would say the most comfortable way is through presentations or television advertisements/episodes that provide more awareness about it.	11/21/2023 10:40 AM
60	Making workshops that are intended for people that have any type of mental health need....Once people are there, they will realize that they're definitely NOT the only one's going through that...they won't feel like they're the only one's struggling....	11/21/2023 10:36 AM

Q7 What is the best way in your community to learn about mental health wellness and how they can access different types of services? (Check as many as apply.) ¿Cuál es la mejor manera en su comunidad de aprender sobre el bienestar de la salud mental y cómo pueden acceder a diferentes tipos de servicios? (Marque todos los que correspondan).

Answered: 65 Skipped: 2



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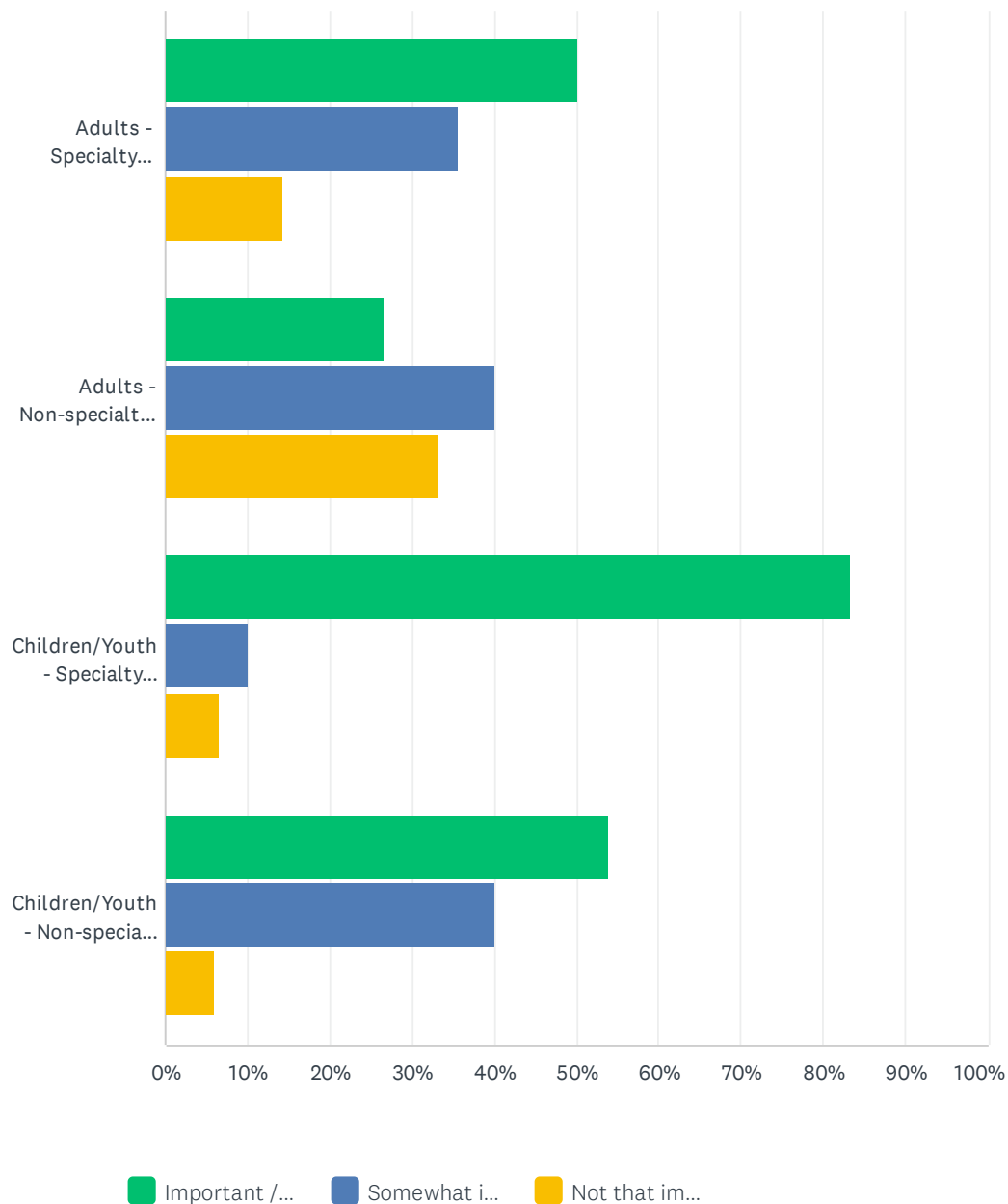
ANSWER CHOICES	RESPONSES
At church, temple, synagogue, or other faith-based groupsEn la iglesia, templo, sinagoga u otros grupos religiosos	50.77% 33
From a trusted community based organizationDe una organización comunitaria confiable	84.62% 55
From the health plan or insuranceDel plan de salud o seguro	41.54% 27
From my doctorDe mi doctor	61.54% 40
Social mediaMedios de comunicación social	33.85% 22
Workshops Talleres de trabajo	46.15% 30
Website Sitio web	27.69% 18
Call center like 2-1-1 or a Mental Health Help Line Centro de llamadas como 2-1-1 o una línea de ayuda de salud mental	36.92% 24
From just one method or placeDe un solo método o lugar	3.08% 2
From multiple outreach methodsDe múltiples métodos de divulgación	52.31% 34
None of the aboveNinguna de las anteriores	0.00% 0
Total Respondents: 65	

#	OTHER (PLEASE SPECIFY) / OTROS (ESPECIFICAR)	DATE
1	De organizaciones que se identifican con la comunidad.	12/7/2023 9:48 PM
2	School	12/7/2023 9:32 PM
3	School	12/7/2023 8:09 PM
4	Escuelas.	12/7/2023 12:25 PM
5	Escuelas de nuestros hijos	12/6/2023 12:40 PM
6	Neighborhood	12/2/2023 9:09 PM
7	School	12/2/2023 5:15 PM
8	I feel we have a lot of resources and ways to get information but the advertisement for it is not there. Unless you are asking for the information I feel it is not advertised as it should be.	11/21/2023 1:00 PM

Q8 If there are improvements to be made about communication or knowledge of mental health services, what type of services is most important to address first? (Please pick 3, one as important, one as somewhat important, and one as not that important. You may pick only two, but not all.) Si es necesario mejorar la comunicación o el conocimiento de los servicios de salud mental, ¿qué tipo de servicios es más importante abordar primero? (Elija 3, uno como importante, uno como algo importante y el tercero como no tan importante. Puede elegir solo dos, pero no todos).

Answered: 67 Skipped: 0

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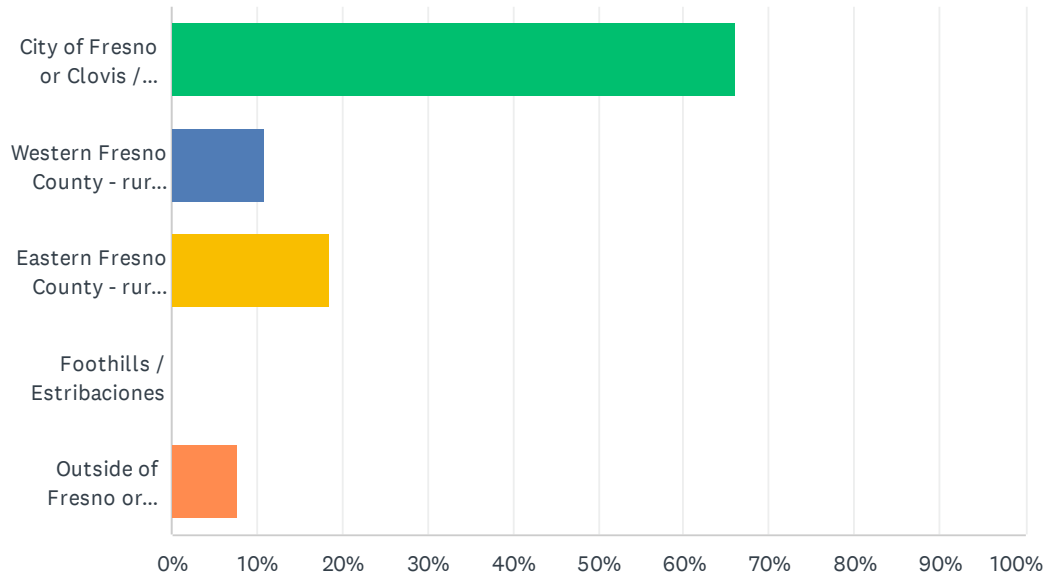
	IMPORTANT / IMPORTANTE	SOMEWHAT IMPORTANT / ALGO IMPORTANTE	NOT THAT IMPORTANT / NO TAN IMPORTANTE	TOTAL	WEIGHTED AVERAGE
Adults - Specialty (severe mental health needs that affects ability to function)Adultos: especialidad (necesidades graves de salud mental que afectan la capacidad de funcionamiento)	50.00% 7	35.71% 5	14.29% 2	14	1.64
Adults - Non-specialty (mild to moderate)Adultos – No especializados (leve a moderado)	26.67% 4	40.00% 6	33.33% 5	15	2.07
Children/Youth - Specialty (affects ability to function)Niños/Jóvenes – Especialidad (afecta la capacidad de funcionamiento)	83.33% 25	10.00% 3	6.67% 2	30	1.23
Children/Youth - Non-specialty (mild to moderate)Niños/Jóvenes – No especializados (leve a moderado)	54.00% 27	40.00% 20	6.00% 3	50	1.52

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#	COMMENTS FOR "ADULTS - SPECIALTY (SEVERE MENTAL HEALTH NEEDS THAT AFFECTS ABILITY TO FUNCTION)ADULTOS: ESPECIALIDAD (NECESIDADES GRAVES DE SALUD MENTAL QUE AFECTAN LA CAPACIDAD DE FUNCIONAMIENTO)"	DATE
1	Very important to help parents and future parents that way we can stop the chain of mental health issues.	11/21/2023 1:00 PM
#	COMMENTS FOR "ADULTS - NON-SPECIALTY (MILD TO MODERATE)ADULTOS – NO ESPECIALIZADOS (LEVE A MODERADO)"	DATE
	There are no responses.	
#	COMMENTS FOR "CHILDREN/YOUTH - SPECIALTY (AFFECTS ABILITY TO FUNCTION)NIÑOS/JÓVENES – ESPECIALIDAD (AFECTA LA CAPACIDAD DE FUNCIONAMIENTO)"	DATE
	There are no responses.	
#	COMMENTS FOR "CHILDREN/YOUTH - NON-SPECIALTY (MILD TO MODERATE)NIÑOS/JÓVENES – NO ESPECIALIZADOS (LEVE A MODERADO)"	DATE
1	Problema de salud mental no es solo problema individual sino social	11/24/2023 1:56 PM

Q9 Please let us know the general area where you live. Por favor, háganos saber el área general donde vive.

Answered: 65 Skipped: 2



ANSWER CHOICES	RESPONSES	
City of Fresno or Clovis / Ciudad de Fresno o Clovis	66.15%	43
Western Fresno County - rural / Oeste del condado de Fresno – rural	10.77%	7
Eastern Fresno County - rural / Este del condado de Fresno – rural	18.46%	12
Foothills / Estribaciones	0.00%	0
Outside of Fresno or Clovis city limits but not ruralFuera de los límites de la ciudad de Fresno o Clovis, pero no en zonas rurales	7.69%	5
Total Respondents: 65		

#	WHAT IS YOUR ZIP CODE? / ¿CUÁL ES SU CÓDIGO POSTAL?	DATE
1	93706	12/13/2023 7:08 AM
2	93606	12/13/2023 6:53 AM
3	93725	12/13/2023 6:48 AM
4	93706	12/8/2023 11:53 AM
5	93662	12/7/2023 9:48 PM
6	93725	12/7/2023 9:32 PM
7	93725	12/7/2023 8:09 PM
8	625- 69- 9386	12/7/2023 5:07 PM
9	93703	12/7/2023 3:53 PM

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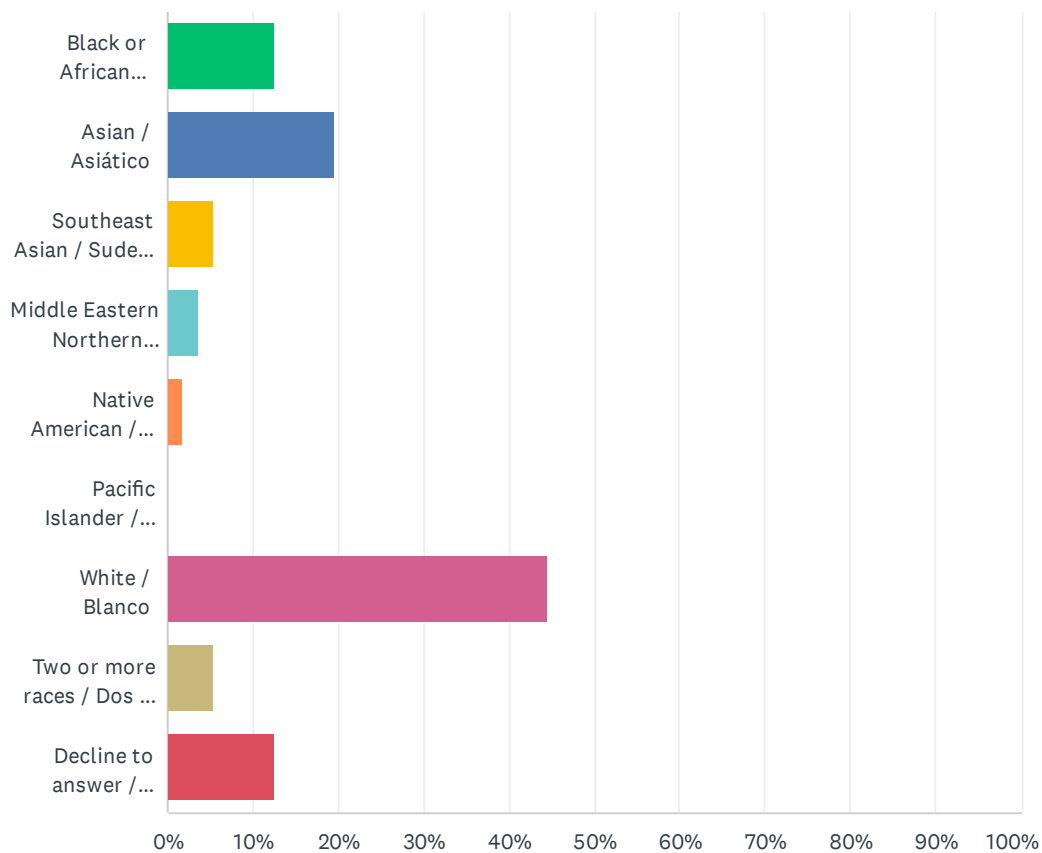
10	93725	12/7/2023 1:54 PM
11	93640	12/7/2023 12:25 PM
12	93706	12/7/2023 8:45 AM
13	93728	12/7/2023 7:29 AM
14	93710	12/6/2023 6:41 PM
15	93727	12/6/2023 4:31 PM
16	93662	12/6/2023 4:23 PM
17	93702	12/6/2023 4:18 PM
18	93728	12/6/2023 4:10 PM
19	93662	12/6/2023 4:04 PM
20	93738	12/6/2023 2:12 PM
21	93706	12/6/2023 12:40 PM
22	93706	12/6/2023 12:31 PM
23	93606	12/6/2023 11:50 AM
24	93706	12/6/2023 12:19 AM
25	93722	12/5/2023 8:47 PM
26	93705	12/5/2023 7:25 PM
27	93640	12/5/2023 6:28 PM
28	93727	12/5/2023 6:16 PM
29	93662	12/4/2023 2:25 PM
30	93654	12/2/2023 9:09 PM
31	93722	12/2/2023 5:55 PM
32	93657	12/2/2023 5:49 PM
33	93657	12/2/2023 5:41 PM
34	93702	12/2/2023 5:22 PM
35	93611	12/2/2023 5:15 PM
36	93727	12/2/2023 5:02 PM
37	93737	12/1/2023 7:06 PM
38	93611	12/1/2023 6:50 PM
39	93727	11/29/2023 12:57 PM
40	93702	11/25/2023 8:51 PM
41	93611	11/24/2023 1:56 PM
42	93611	11/21/2023 10:22 PM
43	93702	11/21/2023 9:08 PM
44	93662	11/21/2023 8:31 PM
45	93701	11/21/2023 8:27 PM
46	93728	11/21/2023 7:36 PM
47	93706	11/21/2023 7:21 PM

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48	93725	11/21/2023 2:59 PM
49	93646	11/21/2023 1:00 PM
50	93706	11/21/2023 12:53 PM
51	93640	11/21/2023 11:19 AM
52	93636	11/21/2023 11:13 AM
53	93728	11/21/2023 11:10 AM
54	93722	11/21/2023 10:42 AM
55	93720	11/21/2023 10:40 AM
56	93611	11/21/2023 10:36 AM

Q10 How do you identify your race? ¿Cómo identificas tu raza?

Answered: 56 Skipped: 11

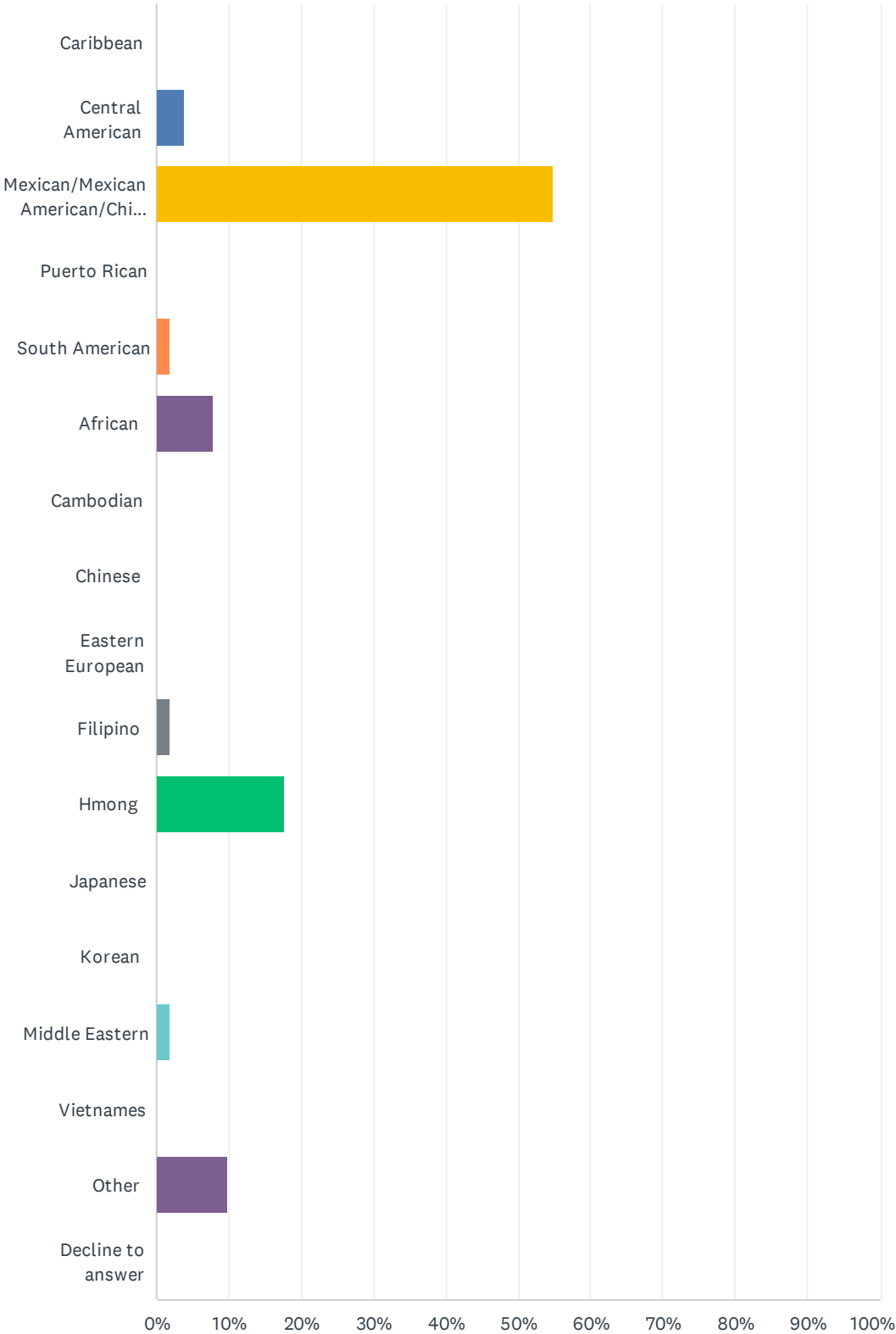


ANSWER CHOICES		RESPONSES	
Black or African American / Negro o afroamericano		12.50%	7
Asian / Asiático		19.64%	11
Southeast Asian / Sudeste Asiático		5.36%	3
Middle Eastern Northern African (MENA) / Medio Oriente y Norte de África (MENA)		3.57%	2
Native American / Nativo americano		1.79%	1
Pacific Islander / Isleño del Pacífico		0.00%	0
White / Blanco		44.64%	25
Two or more races / Dos o mas carreras		5.36%	3
Decline to answer / Negarse a contestar		12.50%	7
Total Respondents: 56			

#	SELF-IDENTIFIED ETHNICITY / ETNIA AUTOIDENTIFICADA:	DATE
There are no responses.		

Q11 Ethnicity / Etnicidad

Answered: 51 Skipped: 16

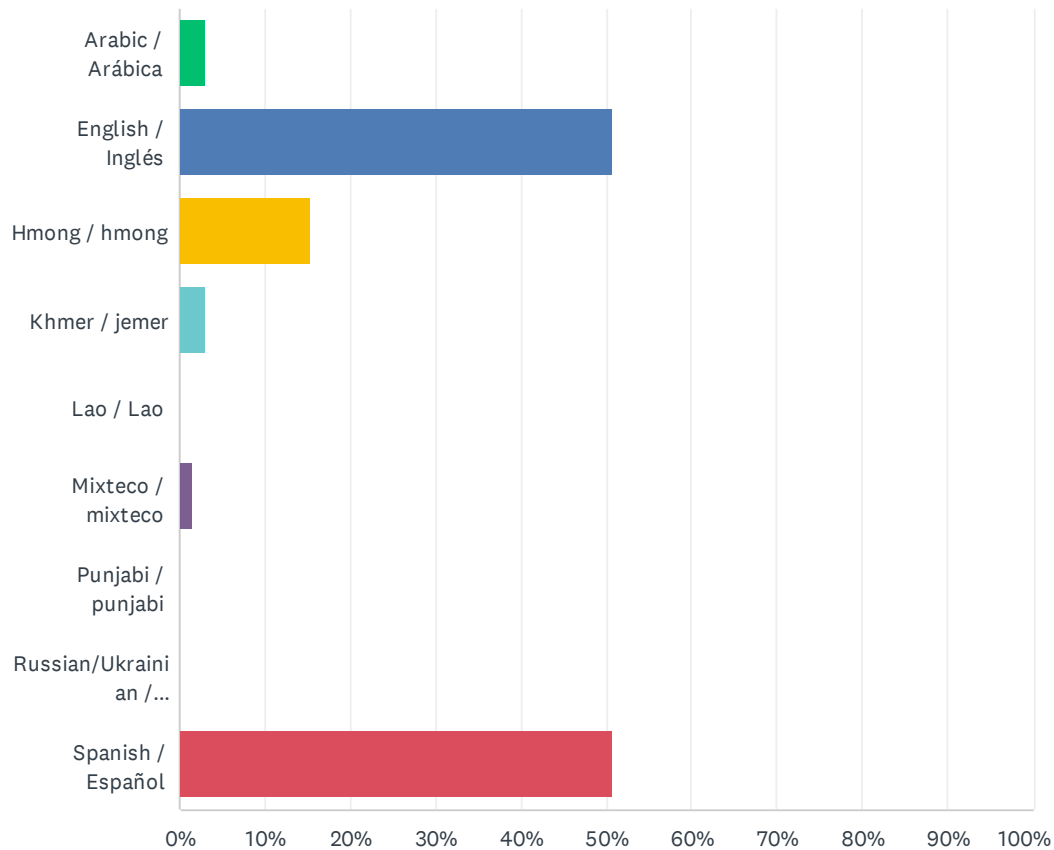


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ANSWER CHOICES	RESPONSES	
Caribbean	0.00%	0
Central American	3.92%	2
Mexican/Mexican American/Chicano	54.90%	28
Puerto Rican	0.00%	0
South American	1.96%	1
African	7.84%	4
Cambodian	0.00%	0
Chinese	0.00%	0
Eastern European	0.00%	0
Filipino	1.96%	1
Hmong	17.65%	9
Japanese	0.00%	0
Korean	0.00%	0
Middle Eastern	1.96%	1
Vietnames	0.00%	0
Other	9.80%	5
Decline to answer	0.00%	0
TOTAL		51

Q12 Please share the language used at home

Answered: 65 Skipped: 2

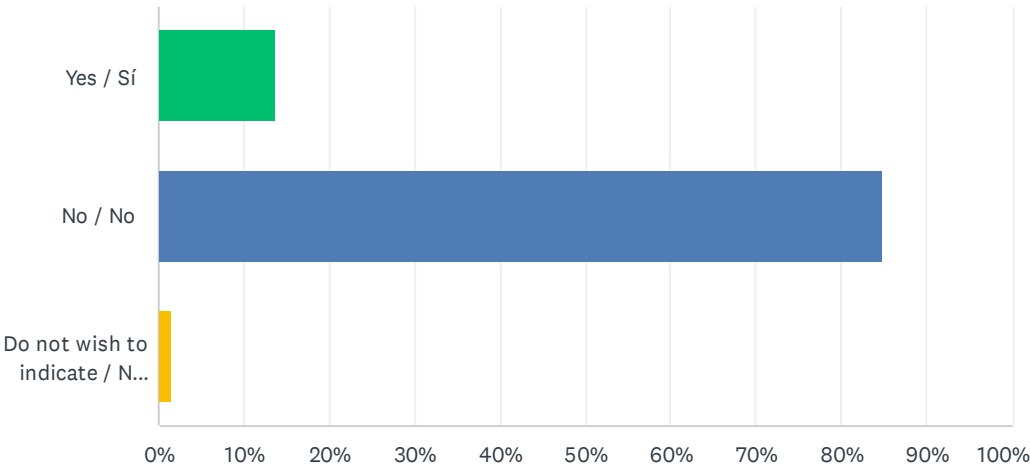


ANSWER CHOICES	RESPONSES	
Arabic / Árábica	3.08%	2
English / Inglés	50.77%	33
Hmong / hmong	15.38%	10
Khmer / jemer	3.08%	2
Lao / Lao	0.00%	0
Mixteco / mixteco	1.54%	1
Punjabi / punjabi	0.00%	0
Russian/Ukrainian / ruso/ucraniano	0.00%	0
Spanish / Español	50.77%	33
Total Respondents: 65		

#	OTHER (PLEASE SPECIFY) / OTRO:	DATE
1	Tagalog	12/5/2023 6:16 PM

Q13 Do you have any sort of disability? / ¿Tiene algún tipo de discapacidad?

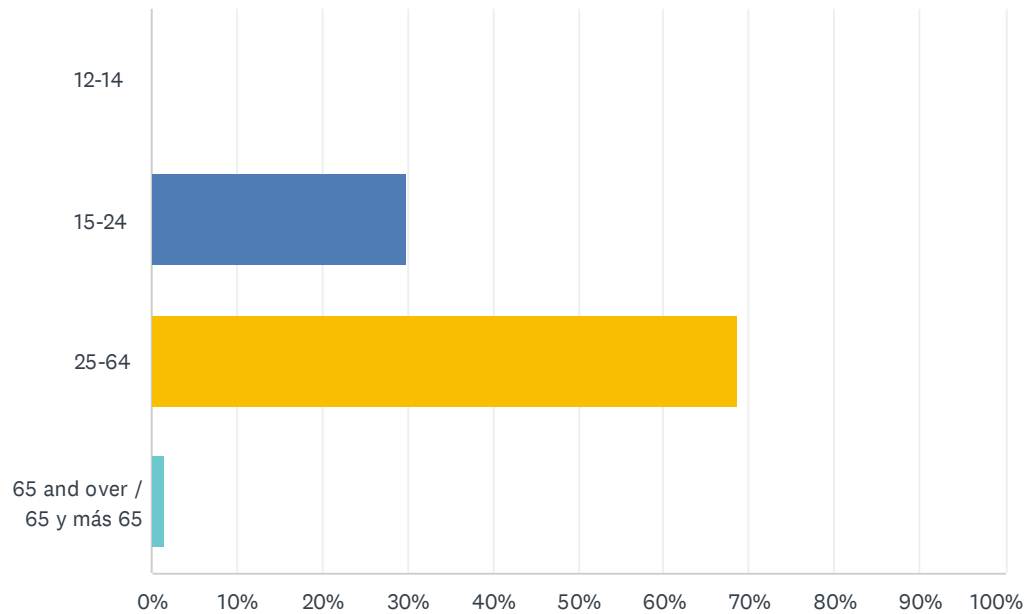
Answered: 66 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes / Sí	13.64%	9
No / No	84.85%	56
Do not wish to indicate / No deseo indicar	1.52%	1
TOTAL		66

Q14 What is your age range? / ¿Cuál es tu distribución de edad?

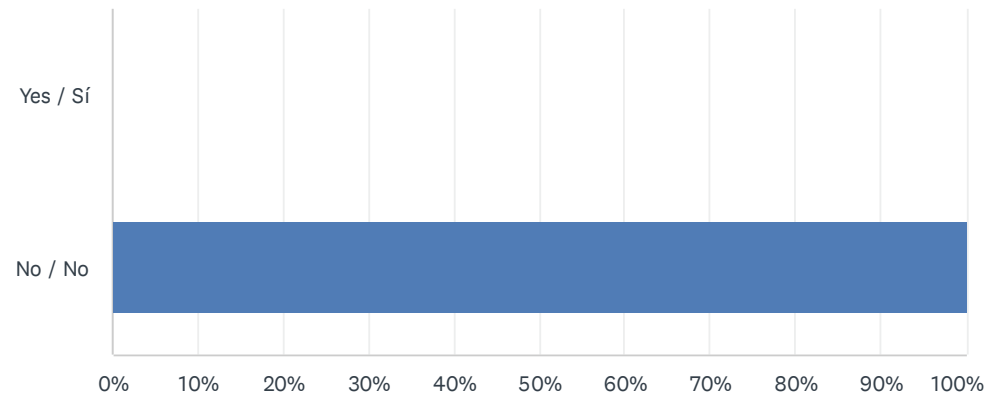
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
12-14	0.00%	0
15-24	29.85%	20
25-64	68.66%	46
65 and over / 65 y más 65	1.49%	1
TOTAL		67

Q15 Are you a veteran? / ¿Eres un veterano de las fuerzas armadas?

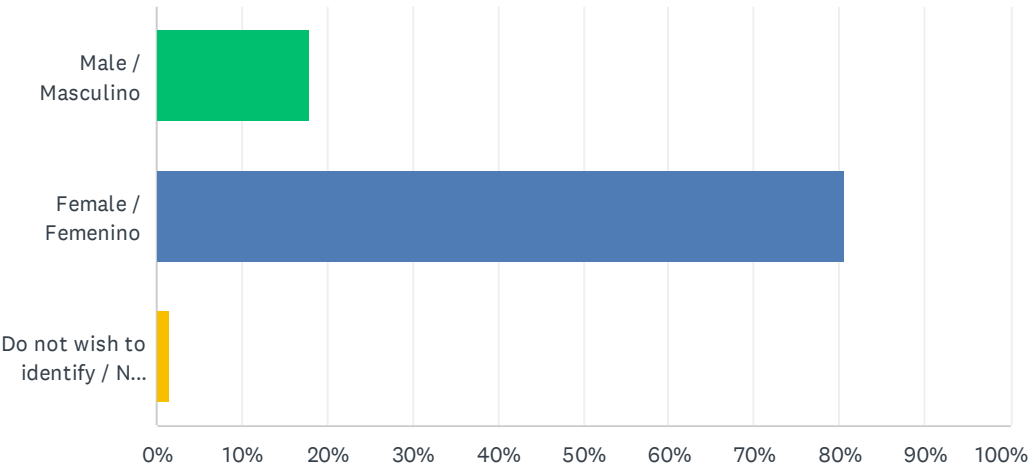
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes / Sí	0.00%	0
No / No	100.00%	67
TOTAL		67

Q16 What was your gender assigned at birth?¿Cuál fue su género asignado al nacer?

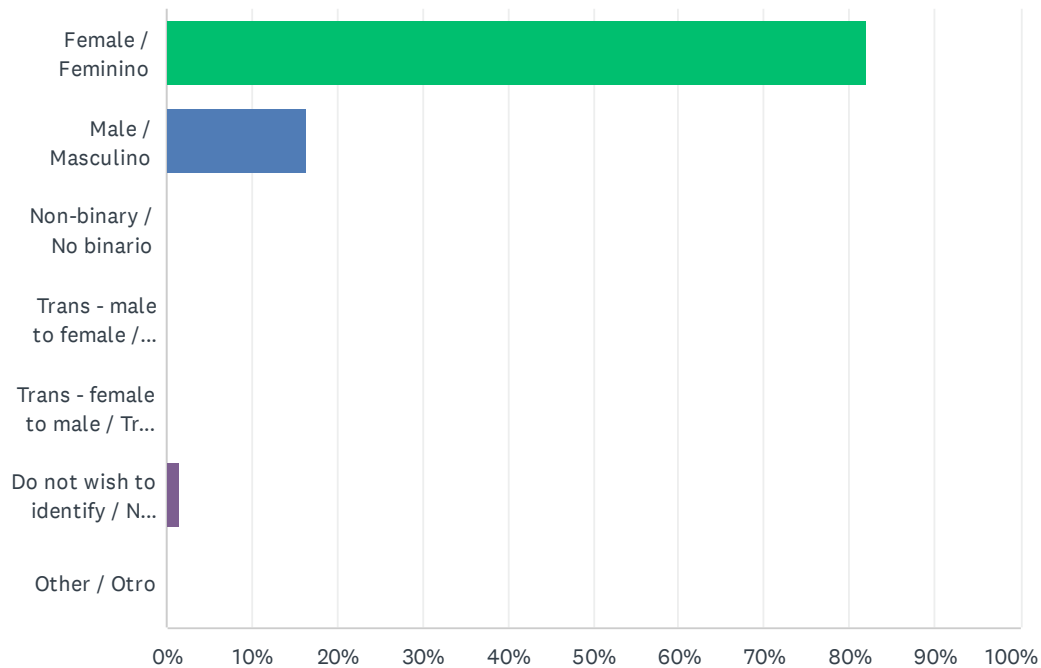
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Male / Masculino	17.91%	12
Female / Femenino	80.60%	54
Do not wish to identify / No deseo identificarme	1.49%	1
TOTAL		67

Q17 How do you currently identify your gender? / ¿Cómo identificas actualmente tu género?

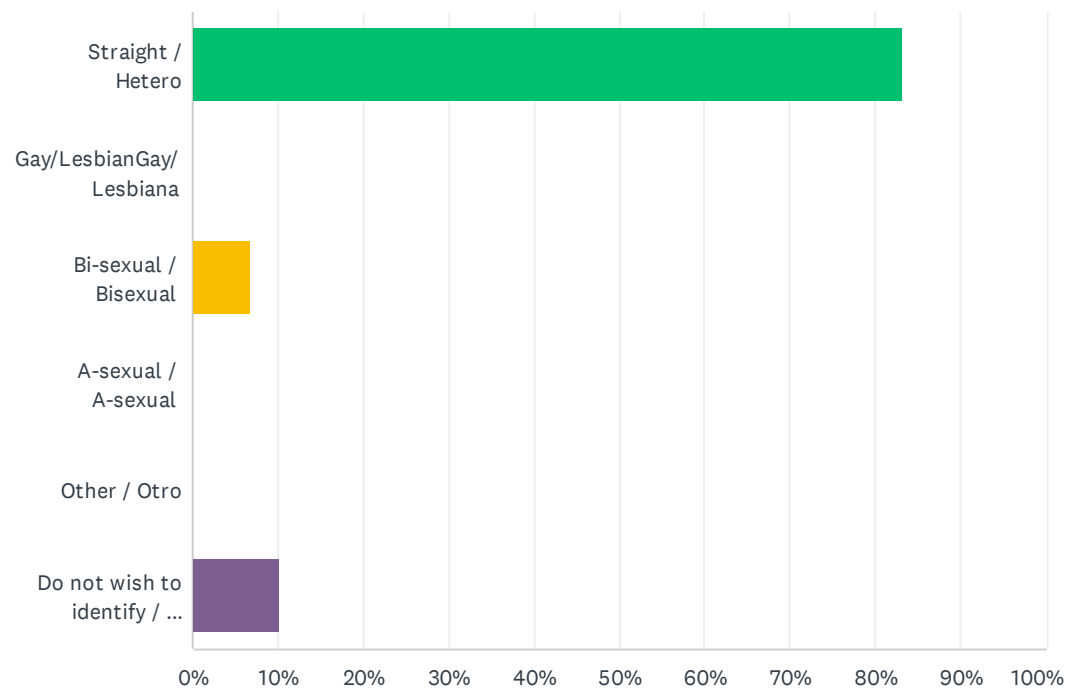
Answered: 67 Skipped: 0



ANSWER CHOICES	RESPONSES	
Female / Feminino	82.09%	55
Male / Masculino	16.42%	11
Non-binary / No binario	0.00%	0
Trans - male to female / Trans – hombre a mujer	0.00%	0
Trans - female to male / Trans – mujer a hombre	0.00%	0
Do not wish to identify / No deseo identificarme	1.49%	1
Other / Otro	0.00%	0
TOTAL		67

Q18 Sexual orientation / Orientación sexual

Answered: 59 Skipped: 8



ANSWER CHOICES	RESPONSES	
Straight / Hetero	83.05%	49
Gay/LesbianGay/Lesbiana	0.00%	0
Bi-sexual / Bisexual	6.78%	4
A-sexual / A-sexual	0.00%	0
Other / Otro	0.00%	0
Do not wish to identify / No deseo identificarme	10.17%	6
TOTAL		59

Q19 Please insert the email address to receive the report below. Introduzca la dirección de correo electrónico para recibir el informe a continuación.

Answered: 51 Skipped: 16

#	RESPONSES	DATE
1	Panhiaseng1@gmail.com	12/13/2023 7:08 AM
2	xiongshengyang35@gmail.com	12/13/2023 6:53 AM
3	phailin890@gmail.com	12/13/2023 6:48 AM
4	traceyy0613@gmail.com	12/8/2023 11:53 AM
5	tapatio1968@yahoo.com	12/7/2023 9:48 PM
6	Chonnikornyang1@gmail.com	12/7/2023 9:32 PM
7	pazoodaraporn@gmail.com	12/7/2023 8:09 PM
8	Ysabelle.rosales@gmail.com	12/7/2023 3:53 PM
9	elmerblanco74@yahoo.com	12/7/2023 12:25 PM
10	ymurrill@live.com	12/7/2023 8:45 AM
11	starroberts0@gmail.com	12/7/2023 7:29 AM
12	I'm putting a note here instead of my email. I think this survey should have been made by a mental health professional. I also believe there should have been a notes section as well as more identifiers related to education and background.	12/6/2023 6:41 PM
13	chrisvang287@gmail.com	12/6/2023 4:31 PM
14	ashley.xo559@gmail.com	12/6/2023 4:23 PM
15	Sandra1974.Ortiz@gmail.com	12/6/2023 4:18 PM
16	nayely01b@gmail.com	12/6/2023 4:10 PM
17	yahirreyes3211@gmail.com	12/6/2023 4:04 PM
18	roseliamadera@yahoo.com	12/6/2023 3:19 PM
19	Otiliaortigoza86@gmail.com	12/6/2023 2:12 PM
20	Patysalcedo2099@gmail.com	12/6/2023 12:40 PM
21	priscilaalberdin@gmail.com	12/6/2023 12:31 PM
22	diazcecilia497@gmail.com	12/6/2023 11:50 AM
23	nandycruz00@gmail.com	12/6/2023 12:19 AM
24	jstrongallday@gmail.com	12/5/2023 8:47 PM
25	mariana_1721@yahoo.com	12/5/2023 6:28 PM
26	eileen_jane@yahoo.com	12/5/2023 6:16 PM
27	Chepi66@icloud.com	12/2/2023 5:55 PM
28	Bernag975@gmail.com	12/2/2023 5:49 PM
29	Sapphiresyl559@gmail.com	12/2/2023 5:27 PM

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30	annaortiz0707@gmail.com	12/2/2023 5:23 PM
31	Manuel41579@yahoo.com	12/2/2023 5:22 PM
32	bettygmontez@gmail.com	12/2/2023 5:15 PM
33	Fadymax80@gmail.com	12/1/2023 6:50 PM
34	xiongy29@yahoo.com	12/1/2023 2:08 PM
35	Lopezlabrada48@gmail.com	11/30/2023 12:07 PM
36	suarezdearguello@gmail. Com	11/29/2023 12:57 PM
37	hugo_alex_gomez@yahoo.com	11/24/2023 1:56 PM
38	Dalya@firminc.org	11/21/2023 10:22 PM
39	Lilia@familiasenaccionfresno.org	11/21/2023 9:08 PM
40	mojicacesar731@gmail.com	11/21/2023 8:27 PM
41	robertsjanine72@gmail.com	11/21/2023 7:36 PM
42	g.molina199121@gmail.com	11/21/2023 1:00 PM
43	lemoriawoods66@gmail.com	11/21/2023 12:53 PM
44	Nengyang334@gmail.com	11/21/2023 12:06 PM
45	patricianievesarias@gmail.com	11/21/2023 11:27 AM
46	Lorenasalgado2811@gmail.com	11/21/2023 11:19 AM
47	jon.clark@fresno.edu	11/21/2023 11:13 AM
48	dianna.m.alvarez2004@gmail.com	11/21/2023 11:10 AM
49	talia7887@gmail.com	11/21/2023 10:42 AM
50	GabrielleYeager005@gmail.com	11/21/2023 10:40 AM
51	barajasrana@yahoo.com	11/21/2023 10:36 AM