

# Missed Opportunities in Behavioral Healthcare for Vulnerable Populations: Community Perspectives on Stigma



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# Thank you

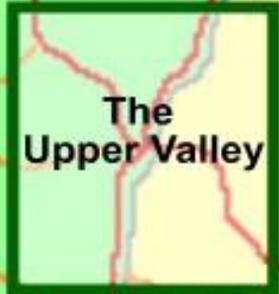


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**Vermont**

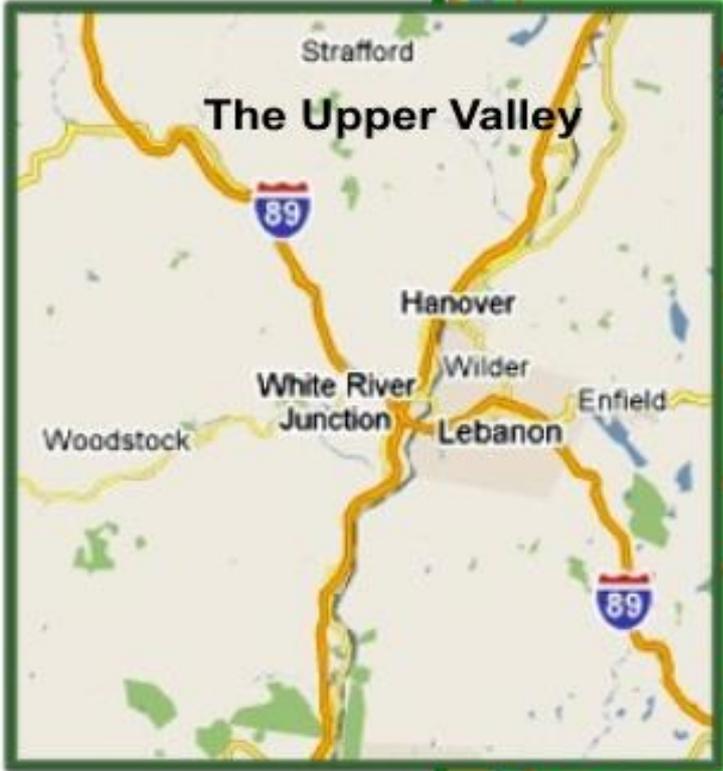
Montpelier



The Upper Valley

Concord

**New Hampshire**



**The Upper Valley**

Strafford

Hanover

Wilder

Enfield

White River Junction

Lebanon

Woodstock



# Why rural?



- **Hidden population**

- “America’s lost nation”
- Difficult to precisely measure
- Little known about homelessness and housing insecurity in rural areas.

# Why rural?



- Higher rates of suicide and depression
- Less likely to seek or receive mental health services

# Barriers to Help-Seeking in Rural Communities



- Shortages of mental health providers
- Transportation challenges
- Stigma in small towns
- Cultural expectations of self-reliance and stoicism

# Double-burden of stigma related to poverty and behavioral health challenges



- Expectations of self-reliance
  - *“My parents don’t have room for all of us”*
- Becoming homeless is viewed by others as a personal failure
  - *“People treat you like shit ‘cause you live in a homeless shelter”*
  - *“They wouldn’t let their kids play with my kids... They stopped answering their phones”*
- Maintaining privacy regarding hardships
  - *“I’m too ashamed”*
  - *“I can’t have a normal conversation with anyone because of our situation”*
- Isolation and loneliness in rural areas
  - *“There’s nothing to do here... I don’t have any friends. The only people I talk to are from the State.”*

# Paradox of Help-Seeking



- Families in the study were tenuously and haphazardly engaged with services despite being heavily burdened by mental health and addiction problems



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Community Services

# Paradox of Help-Seeking



- “Off the grid”
- “Going through the motions”
- “Grasping at straws”

# Paradox of Help-Seeking: Off the Grid



"I don't wanna go see a therapist and have her give me all these medications. I'm sure with my story she would, too. I don't want you to douse me with medications. I want a clear head. If I'm not happy when I wake up in the morning, what do I need to change?"

“They put a label on everybody these days with all this thing... Our society is like if you take this, you'll be this, you won't have heart attacks anymore. Your blood pressure will go down. Give me a break. I don't need any of that and that's the way I feel. I'm sorry but I think they try to shove it down our throats and I think it's ridiculous especially with mental health, I mean there isn't a medication out there that I haven't been on at one point or another and none of it works until you change your ways.”

# Paradox of Help-Seeking: Going Through the Motions



“I’ve been doing really good. I’m going to AA and NA, church every Sunday, church dinners every Friday.”

*ECS: Has going to AA and NA been helpful?*

“Naw, not really. It just gives me something to do.”

“[My case worker] keeps trying to push this counseling thing on me. She really wants me to go see a counselor.”

*ECS: Well, you were thinking about it before.*

“Yeah, just I don’t know. It is kind of weird talking to somebody that I don’t know about my f-ed up life.”

# Paradox of Help-Seeking: Grasping at Straws



“how many times I have spent *days* on the phone. I mean the phone battery dies because you’re trying to find a resource for this, a resource for that. And you can’t you can’t get anywhere.”

“I mean the system totally failed us. And then after failing us, turned around and basically, takes our family apart.”

# Barriers to Meaningful Engagement in Services: Needs are Not Being Met



“And I can think about all these visits with all these quote unquote ‘support people’ that stress me out, use my time, exhaust me. I don’t get anything outta it. But I’m exhausted, really. My life is more invaded, and I’m not heard.”

# Barriers to Meaningful Engagement in Services: Desire for Privacy



“...you feel really exposed... you wanna close in, wrap around tight around your family... you’re focusing so much on that survival. [You] don’t want more people involved. It’s not that you don’t want help...it’s—”

“You want some semblance of normalcy. You want some semblance of privacy.”

# Barriers to Meaningful Engagement in Services: Focus on Survival



“And I had so much going on, I felt like I didn’t have time or the money. Like you’re worrying about gas money, to go see a counselor [or] a therapist when, uh, you don’t have *heat*... I mean, it seems kinda senseless: why would I do that? That’s on the last of the list. And I did that for a really long time until I just felt absolutely pushed into, I was really gonna succumb with complete depression and anxiety...”

# Barriers to Meaningful Engagement in Services: Unrealistic Requirements



“Last week they told me that since I have so many appointments and everything’s always changing with us and I’m always adding [appointments] and blah blah blah, that now they have to have everything in writing by a fax machine. *We have no fax machine!*”

# Barriers to Meaningful Engagement in Services: Providers Can't Relate



“I’ve dealt with everything: abusive relationships, abusive parents. [Nancy]’s gone through the same stuff.”

*ECS: Have you guys ever talked to anybody about these things? Or not really?*

“We’re our own support group– talk to [deleted], another girl that we lived with. She’s been through the same things.”

“Like a therapist? No, it’s all about the money with a therapist.”

*ECS: Really?*

“Yeah, and they haven’t been through the same things, so it doesn’t help. They can say, ‘I understand,’ but they really don’t.”

# Barriers to Meaningful Engagement in Services: Monitoring by Professionals



“You’re afraid that if you say the wrong thing, it’s gonna get back to somebody somewhere.”

“And [the Dept. of Child and Family Services] tell[s] [the shelter advocate] to write a letter describing some of the difficulty so that they can sit down and really get some support going for us. And they turn around and use it against us.”

# Lessons for Services



- Every encounter is an opportunity
- Importance of building trust and continuity in clinical care
- Need for coordination of services
- “Big picture” perspective on meaningful outcomes
- Improving rural cultural competence to combat social class bias

# Designing More Acceptable Services



“I think a support person would come in and go, ‘You’re in a crisis. You’re not just making this up, you’re not just in bad shape. You’re in a crisis and you need support.’ Not, ‘You need *help*.’” You know when you say, “Really, you need help,” that makes you feel like a failure. You need *support*.”

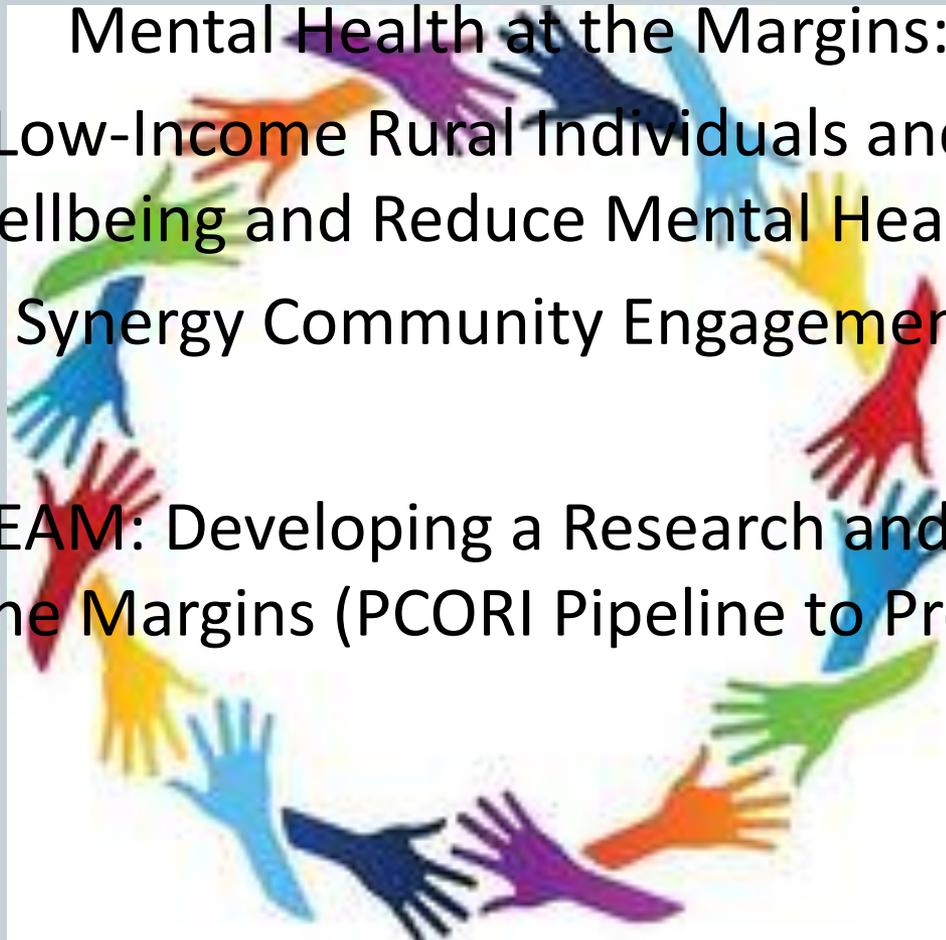
# Community Engagement Research



## Mental Health at the Margins:

Engaging Low-Income Rural Individuals and Families to Enhance Wellbeing and Reduce Mental Health Disparities  
(Dartmouth Synergy Community Engagement Pilot Award)

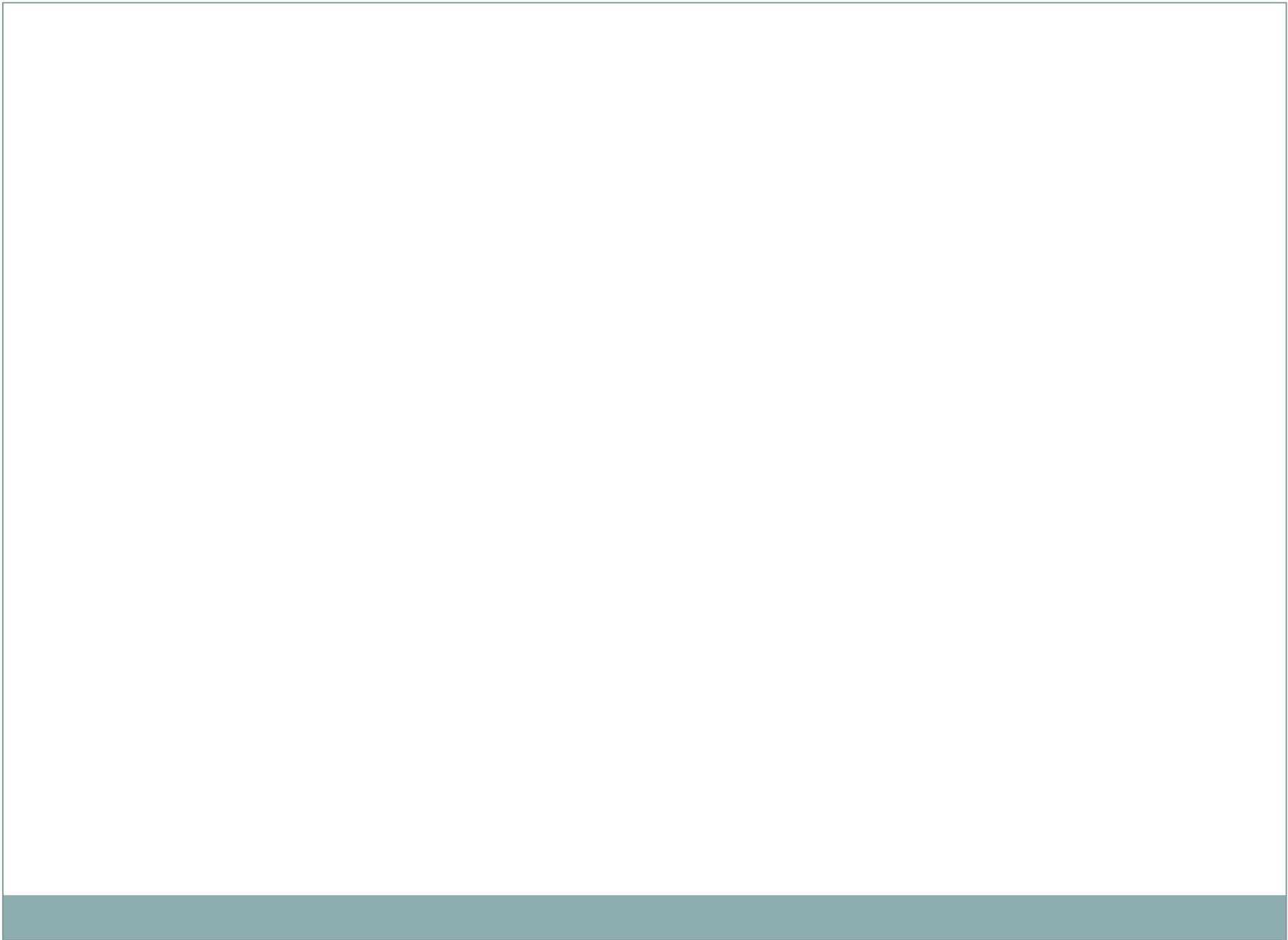
Project DREAM: Developing a Research and Engagement Agenda at the Margins (PCORI Pipeline to Proposal Award)



# Thank you!



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- The study examines the everyday lives of families who have experienced homelessness in central Vermont and New Hampshire
  - Multi-method qualitative study
  - Longitudinal ethnographic research with 5 families
  - Participants recruited through staff referral from homeless advocacy organization

# Description of Participants



- 5 families; mothers\* key informants
- Adult age range: 18-45
- Average of 3.6 children per family; range 2-8 children
- 3 married, 1 long-term partnership, 1 series of relationships
- 4/5 of women completed high school; 1 male B.A.
- 2 women worked outside the home
- Average household income: \$856.40/month
- Average out-of-pocket housing expenses: \$478/month

# Description of Participants



- Self-reported psychiatric diagnoses:
  - Depression (n=4)
  - Anxiety (n=3)
  - Bipolar Disorder (n=1)
  - ADHD (n=2)
  - PTSD (n=2)
  - TBI (n=1)