

Draft Discussion Guide for Respondent Information Gathering

The purpose of the key informant discussion will be to solicit feedback on the state of women and girls mental health disparities, possibly inform future efforts for the development, implementation, evaluation and sustainability of innovative programs addressing the mental health needs of women and girls across the life course.

Introduction [for all respondent types]:

[Interviewer introduces themselves and others on the call (e.g. note taker, any other colleagues)]

NORC at the University of Chicago is a not-for-profit research organization and we are working with the Department of Health and Human Services, Office on Women's Health on a project focused on mental health in women and girls. Interviews with stakeholders like yourself are one component of our work to develop a gender informed framework to address mental health in women and girls. The purpose of this call is to discuss your knowledge and experience with programs focused on the mental health needs of women and girls.

A few things before we get started:

- We've scheduled this meeting to last 45 minutes. Your participation is voluntary you may decline to answer any question. You can end the interview at any time without any negative consequences. There are no risks in participating in this project beyond those experienced in everyday life.*
- We will not identify you or your organization; your answers will be summarized and reported in aggregate with other people's answers. While we will not use your name or any others in this report, and we will attempt to minimize the use of identifiable information, it may be possible to identify you through your position or through other details that you share in your interview.*
- A member of our team will be taking notes. We'd also like to make an **audio recording** to help make sure we capture the entire discussion. The notes and recording will only be used by NORC project staff to summarize what we hear today. **Is that ok?***
- If any questions come up after the call today, please feel free to contact me or the Project Director for the study, Elizabeth Mumford at Mumford-elizabeth@norc.org.*

Do you have any questions before we begin?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0459. The time required to complete this information collection is estimated to average 45 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Introduction and background

1. Please tell us a little bit about yourself and your role within your agency/organization/university.
2. As you know, the focus of this project is on understanding mental health needs (including prevention, diagnosis and treatment) for women and girls. In your own words, can you share your view of the unique mental health needs that women and girls may experience?
 - a. What about the way women and girls get diagnosed?
 - b. Access mental health care?
 - c. Or the treatment options offered or available?

Identification of successful programs and approaches

3. We would now like to turn our discussion to the focus on your organization/agency/research. Could you spend a few brief minutes sharing how your agency/organization/research's programs and initiatives address the needs of women and girls' mental health?
 - a. **[if yes] PROBES:**
 - i. Can you tell us a little on the background of how these programs were formed? Were these programs developed for a specific need?
 - ii. Who is the target audience (e.g., adolescents, adult women, older women)?
 - iii. Are they focused on prevention or treatment? What are the key components of the programs?
 - iv. How are these programs administered? What role do you play?
 - v. How do you measure success of the programs?
 - vi. What challenges do you experience implementing these programs? What can be improved?
 - b. **[if not aware of programs]** Do you think having programs targeted towards women and girls with mental health needs are valuable? Why or why not?

[Other probes] What is the focus on the organization? Do they offer any gender related programs that are not mental health focused? Are they aware of other programs outside of their organization that would or does focus on women and girls?

4. (If applicable) : When thinking about treatment options or access to care for women and girls, can you tell us a little more about your organization's focus on medication/psychopharmacology specific to women?
 - a. PROBES: What recent research/work/funding priorities around medication options to treat women's mental health are you aware of? What about options to treat girl's mental health?
 - i. Are there priorities within your organization for looking at effectiveness of medications for treating women and girls specifically? And differences through the life course: what medications could be used for a woman in reproductive age? During puberty? Breastfeeding? Menopause? Childhood?
 - ii. Does your organization focus on other treatment options, such as individual, group, and family therapy or peer supports that might be tailored to women and girls?

5. We reviewed programs in general and would like to now focus a few minutes discussing subgroups within women and girls that programs may target. What mental health prevention or treatment programs focused on specific needs of subgroups of women and girls are you aware of? For example, LGBTQ focused programs? Race or ethnicity? Cultural or religious specific?
 - a. Or perhaps combined with other health or social concerns?
 - b. Are there considerations around subgroups of women and girls within groups and across lifespan?

Identification of other successful programs and approaches

We now want to turn to your thoughts on programs outside of your agency/organization. Some programs may have documented success in the mental health literature. We're interested in any programs that may come to mind that you find particularly promising.

6. Beyond programs implemented by your office or agency, are you aware of any evidenced based programs and/or approaches that address the mental health needs of women and girls?
 - a. **[If yes]** What is the focus of the program? Who administers the program? How was this program established? How does the program measure success? What do you think makes this program successful in particular for the needs of women and girls' mental health? Where can we learn more about this program?
 - b. **[if no]** If not aware, what would be helpful? What are needs you see for women and girls where a program could be beneficial?
 - c. **[if applicable]** Are you aware of any curriculums available to service providers to identify and treat mental health consequences?
7. Beyond programs implemented by your office or agency, are you aware of any promising programs and/or alternative approaches that address the mental health needs of women and girls? What about newer, innovative models that are still worth further development and refinement?
 - a. **[If yes]** What is the focus of the program? Who administers the program? How was this program established? How does the program measure success? What do you think makes this program successful in particular for the needs of women and girls' mental health? Where can we learn more about this program?
 - b. **[if no]** If not aware, what would be helpful? What are needs you see for women and girls where a program could be beneficial?
8. Are you aware of any unsuccessful programs and/or approaches that address the mental health needs of women and girls? [PROBE IF NEEDED: *May be models that have tried, failed, and been discarded.*]
 - a. **[If yes]** What is/was the focus of the program? What do you think made this program(s) unsuccessful? Could the program be adjusted to be successful? Where can we learn more about this program?
9. What types of programs/approaches do you think would be successful in addressing in the mental health needs of women and girls? *PROBE: Not just for women and girls, but also for vulnerable subpopulations of women and girls.*

- a. How would programs/approaches need to be different across the life course?
 - b. How would programs/approaches measure success?
10. Are you aware of approaches that engage patients in prevention, research, and treatment of mental health needs?
- a. What strategies can be used to increase patient engagement?
 - b. What strategies can be used to strengthen the relationship between mental health care providers and patients?

Policies

We are also interested in gathering information on how policy may shape this arena.

11. Can you identify any national, state, or local policies that impact women's mental health?
- a. Please describe.
 - b. Would any policies serve as best practices to address women's mental health?
12. Can you describe any health care system protocols or ACA guidelines that impact women's mental health?
- a. Would any of these protocols or guidelines serve as best practices to address women's mental health?

Measuring

Now we would like to understand a little bit about measures and the types of data that may be captured from [name of agency/organization/university].

13. Does your agency track any indicators that monitor the mental health needs of women and girls?
PROBE: overall and/or for at risk subgroups?
14. Can you identify any data sources that would facilitate measurement of the mental health needs of women and girls? *PROBE: overall and/or for at risk subgroups?*
15. What indicators do you think programs addressing mental health in women and girls should monitor?
- a. *Should the indicators measure access to programs?*
 - b. *Should the indicators measure the number of women and girls who received screening through the program?*
 - c. *Should the indicators measure the number of women and girls who received treatment through the program?*

Barriers

We are now interested in learning more about barriers to effective health care from your perspective.

16. Do you think there are gaps or barriers when it comes to programs addressing mental health needs of women and girls?
- a. For Patient Representative: Thinking about what you have garnered from patients/caregivers experiences what are the first thoughts that come to mind when

thinking about the programs and services they may have encountered and how could they have been better?

17. Are there specific sub-groups of women/girls that experience significant barriers to care? *PROBE: LGBTQ, racial and ethnic groups, religious groups, groups across the lifespan, combined with other health or social concerns?*
 - a. What strategies have been developed and evaluated to reduce barriers to care? For example, telemedicine and computer-aided approaches, brief treatment approaches, and behavioral and pharmacological interventions.

Conclusion

We covered a lot of information during this discussion and appreciate the time you took with us today. As you know we are just starting this process of gathering information from a diverse group of stakeholders.

18. Are there other ideas or comments you would like us to capture about this topic? Are there helpful resources or information you could point us to for more information?
19. You are one of the first stakeholders we have reached out to for this study and hope to continue to gather information across a broad network of stakeholders. Are there are stakeholders to whom you suggest we reach out to have similar discussion?

Thanks very much for your time today!