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# A Qualitative Exploration of Mothers' Experiences Receiving Mental Health Services in a Supermarket Setting

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**Abstract**
*Objectives* Innovative mental health care delivery models have been proposed as a method to address disparities in access and utilization. The aim of this study is to characterize patients' perspectives and experiences of participating in one such innovative delivery model, group cognitive behavioral therapy within a supermarket setting. *Methods* In this qualitative study, 16 mothers were interviewed to explore their experiences and perspectives of receiving group-based cognitive behavioral therapy in a supermarket setting, as part of their participation in an academic-community research collaborative whose mission is to address mental health needs within low-resourced communities. Data from semi-structured interviews were analyzed using inductive coding. *Results* Five themes related to receiving mental health services in a supermarket setting emerged from the data: (1) Participants reported a convergence of life stressors and their introduction to supermarket-based services; (2) Participants perceived the supermarket setting as convenient; (3) Participants perceived the supermarket setting as less stigmatizing; (4) Participants perceived services in the supermarket as an acceptable form of mental health treatment; and (5) Participants described the program staff as an influential component of their treatment experience. *Conclusions* Understanding patient experiences of various service delivery models is critical to improving access to treatment and addressing disparities in mental health service utilization and outcomes. This study supports the use of innovative delivery models to increase access to mental health services in low-resourced communities.

**Keywords** Community mental health · Cognitive behavioral therapy · Mental health disparities

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## Significance

This manuscript is a critical and necessary examination of patients' experiences receiving mental health services in a non-traditional community-based treatment setting. The one previous study examining outcomes of patients receiving mental health treatment in a supermarket setting was of a largely white rural population receiving individual treatment that did not use in-depth interviews. In contrast, our study (1) characterized experiences and perceptions of an urban-dwelling, largely African American population receiving group treatment, (2) used qualitative methodology, allowing for research participants to describe novel ideas and (3) examined a component of a community-based participatory research partnership between community leaders and researchers.

## Introduction

Despite the increasing availability of evidence-based mental health treatments, disparities in the utilization of services along racial, ethnic, and socioeconomic lines are widening (Alegría et al. 2002; Cook et al. 2014; Miranda et al. 2003; Kessler et al. 2005). Lack of treatment increases the burden of disease, increases the likelihood of comorbid illness, decreases productivity, and increases social marginalization (Birnbaum et al. 2010; Donohue and Pincus 2007; Morrison and Teta 1980; WHO 2004). For mothers with mental illnesses these disparities in treatment utilization can have negative consequences for their children (Hobfoll et al. 1995; Liu et al. 2016; Murray et al. 2011). The disparities in mental health care have been attributed to gaps in policy, service provision, and individual treatment perceptions and preferences (Alegría et al. 2016; Copeland and Snyder 2010).

To reduce inequities in access and the delivery of mental health services greater emphasis has been placed on reform initiatives that provide services in non-traditional settings. (Acri et al. 2014; Alegría et al. 2016; Wells et al. 2004). These strategies have been expanding with the use of mobile technology, mobile clinics, and telehealth (Alegría et al. 2018). Public health interventions are increasingly utilizing non-medical spaces—such as barber shops, hairdressers and supermarkets to address chronic medical conditions (Diez Roux and Mair 2010; Linnan et al. 2014; Winkler et al. 2016). Going outside of the traditional clinical setting into community locations to engage individuals is one method of increasing access and lessening the impact of stigma, which the U.S. Department of Health and Human Services considers to be "the most formidable obstacle to future progress in the area of mental illness and health" (U.S. DHHS, 1999). Understanding the views of intended participants engaging in these innovative treatment models can better inform factors influencing acceptability and implementation of these models for delivery of evidence-based practices.

Accordingly, this study uses in-depth qualitative interviews to characterize the perceptions and experiences of low-income, mostly African American mothers who received a cognitive behavioral therapy (CBT) intervention in a large-supermarket chain store. Given their proximity to residents, supermarkets may be especially fruitful as a neighborhood resource, a conduit for expanding social networks in low income neighborhoods, and an accessible, non-stigmatized setting for providing community-based mental health services (Allard and Small 2013). The one other study examining mental health service provision in a supermarket found an improvement in depressive symptoms and high levels of satisfaction for women receiving the services (Swartz et al. 2002). Twelve women enrolled in the study, and six, who completed the treatment, were surveyed to assess their attitudes towards receiving treatment in a supermarket setting. Whereas the previous study included largely white (92%) rural sample and provided individual mental health treatment, this study includes a larger and more diverse sample of depressed mothers in a group-based treatment suggesting feasibility of this approach in urban setting.

## Methods

### Setting

The MOMS (Mental health Outreach for MotherS) Partnership is a community-academic partnership designed to improve the mental health of low-income families in an urban, northeastern city. The Partnership created "Mom Zones" consisting of: (1) a Hub to provide centralized mental health and family economic success services; and (2) a neighborhood workforce of community mental health workers (referred to as Community Mental Health Ambassadors or CMHAs), who are local mothers with extensive mental health training (Smith and Kruse-Austin 2015). The supermarket hub in this study consists of: (1) a $12 \times 12$ space immediately upon entering the supermarket, which acts as initial point of engagement with CMHA or clinician and is located where there are frequent seasonal changes of merchandise, thus attracts attention; and (2) a confidential, secure space upstairs where the classes occur with space for childcare. A partnership was established with supermarket management to conduct community events on mental health and provide supermarket staff with information regarding treatment offerings. Management also provides incentives in form of coupons and giveaways.

The term "Stress Management Class" is used to describe the culturally adapted, group-based, manualized CBT for depression as it reflects the mothers' narratives of their experiences and helps to mitigate cultural and societal prejudice and stigma toward mental illnesses (Muñoz et al. 2000; Miranda et al. 2003; Singer 2012; Clement et al. 2015; Corrigan et al. 2014; Faye 2005). The treatment was implemented to serve women experiencing significant depression symptoms, as measured by a score of 16 or higher on the Center for Epidemiological Studies Depression Scale (CES-D) (Radloff 1977), which was completed at the initial screening. Mothers eligible for the class were contacted by a CMHA to schedule Stress Management Class. Each class is 90 min a week for 8 weeks. A light meal and child care services are provided during each class.

## Procedures

Mothers who completed the supermarket hub Stress Management Class between June 2015 and February 2016 were invited to participate in an in-depth interview about their experiences in the class. Twenty-four mothers were recruited via phone calls from the first author or hub staff, and flyers at the supermarket Hub location. Two mothers did not present for scheduled interview. Two mothers were ineligible due to error in designation of class site, and four mothers did not respond to recruitment calls and messages.

Semi-structured interviews were conducted by the lead author, who had no clinical relationship with study participants. The interview guide included topics related to recruitment into the class and the perceived benefits or detriments of participating in the group. Interviews lasted from 30 to 60 min, were audiotaped, and professionally transcribed. Demographic data were linked to each participant through the MOMS Partnership's participant database. All participants provided verbal and written informed consent. Participants received a $50 gift card to a local store for participation. All study procedures were approved by the University's Institutional Review Board.

## Participants

Sixteen mothers were interviewed (Table 1). A majority of participants identified as Black/Non-Hispanic (72%, n = 12), completed some high school education (62%, n = 10), and reported being unemployed (73%, n = 11). Participants' mean age was 37.5 (SD ± 8.76) years, and mean baseline CES-D score was 30.9 (SD ± 10.12). Four (25%) participants reported previously receiving mental health services.

**Table 1** Demographic and clinical characteristics of interview participants (N = 16)

| Characteristic | Mean (SD) | Range |
|---|---|---|
| Age (n = 15) | 37.47 (± 8.76) | 23–56 |
| Number biological children (n = 15) | 2.79 (± 1.53) | 1–6 |
| CESD Score at baseline (n = 15) | 30.93 (± 10.12) | 18–51 |
| | N | % |
| Race/ethnicity (n = 16) | | |
| White, Non-Hispanic | 1 | 6.25 |
| Black, Non-Hispanic | 12 | 72.0 |
| Black, Hispanic | 1 | 6.25 |
| Other | 2 | 12.50 |
| Education (n = 16) | | |
| Some high school | 10 | 62.5 |
| High school | 5 | 31.25 |
| 2 Years college | 1 | 6.25 |
| Prior mental health Services use (n = 15) | | |
| Yes | 4 | 26.7 |
| No | 11 | 73.3 |
| Employment status (n = 15) | | |
| Unemployed | 11 | 73.3 |
| Part time | 2 | 13.3 |
| Full time | 2 | 13.3 |

## Data Analysis

To ensure data validity, all transcriptions were checked by the lead author against the original audio for errors. The interviews were coded by a team of three researchers, including a child psychiatrist, a pediatrician, and program evaluation expert. Inductive coding was used to develop a coding schema and establish dominant themes (Creswell 2014; Strauss and Corbin 1997). The three researchers coded ten of the interviews independently and met to broker a coding scheme. Once the coding structure was established, each researcher independently coded transcripts and then met as a group to negotiate consensus on the codes. Keeping with the CBPR approach, transcripts were also reviewed by a community reading team consisting of a community-partner organizational leader, two members of the MOMS Partnership staff, and an independent university researcher. This reading team provided general feedback on the interviews and used their experiences to elucidate key themes. The lead author brought the reading team's feedback to the coding meetings to ensure the researchers were not missing or misinterpreting important elements of interviews. NVivo 11 qualitative data analysis software (QSR International) was used for the analyses.

# Results

Five primary themes emerged from the interviews related to participants' perspectives on accessing mental health services in a supermarket setting.

## Theme 1: Participants Reported a Convergence of Life Stressors and Their Introduction to Supermarket-Based Services

Participants reported that life stressors related to family relationships, financial hardship, physical illness, parental stress, homelessness, and personal struggles with addiction led them to participate in the Stress Management Class. One participant described her introduction to the program, "I actually was walking by one day, coming to get groceries, and I seen something for like if you need help with like shelter, and I stopped and I got information. And when I was

there, [the staff] told me that there was a class that I should take, you know, for stress management". Another participant learned about the Partnership while shopping and waiting for a dental appointment next door. She reported suffering from stress-related hypertension and feeling a sense of aid when she was called to enroll in the stress management class. At the time I really was stressed out. When they called I was like, "Really? How did y'all know? Who told y'all?" Really, I kept saying to my daughter, "Oh my God! My blood pressure is going up. This is the reason I stopped doing drugs. I'm not doing the same things I was doing. I'm not living the same lifestyle I was living. I should be stress-free, but I was dealing with not working and worrying about my income and how am I going to make it?"

Most mothers were not otherwise seeking mental health treatment in a formal setting and "stress-management" resonated with their needs. Using an acceptable concept of illness in a non-medical setting increased approachability. One participant spoke directly to the supermarket hub's ability to reach mothers and provide information about the services offered. "People need help. there's a lot of moms that come through here. Kind of shows that [supermarket] is involved in the community." Participants described their initial interest in participating in Stress Management Class as resulting from a referral by community service agencies, direct outreach from The Partnership's supermarket Hub staff, and their social network of friends and neighbors.

## Theme 2: Participants Perceived the Supermarket Setting as Convenient

Participants reported that the location of the group therapy session was valued because the supermarket was conveniently located in their neighborhood. Most participants walked or took public transportation. Participants expressed that the convenience of having the services within their neighborhood enhanced their ability to attend the sessions. One participant stated: "Well, it's in the neighborhood, you know what I'm saying? …It's easy for people to get to. Easy access." Another participant stated: "[The grocery store]… is really in the middle of [our city] so I think that's good for a lot of mothers. They can come and talk. You know, feel like they have somewhere to go to release some stress."

Participants spoke of the familiarity and universal accessibility of the grocery store: "…because everybody comes here. You know right there, that little booth right there, go in there and talk to one of the [CMHA] ladies." Participants found the experience of receiving services at the supermarket hub to be less administratively taxing than other service locations. "In the supermarket because we don't have a lot of issue or whatever like a hospital, you have a lot. Maybe you have to see the receptionist or check out, check in and everything, that kind of difference." The ease of the stress management course with no front desk waiting room and the use of a secluded area near the staff lounge for sessions made it less burdensome and more acceptable.

There was a mixed sense of the supermarket as a source of resources. One participant expressed, "I like it 'cause it's a supermarket, every time I would come I would shop before [class]. However, some mothers acknowledged that their ability to shop at this particular supermarket was restricted by limited financial resources. "I mean I shop here if I need it…I like to get my vegetables [here] because it's fresh and better… [but] it's too expensive."

## Theme 3: Participants Perceived the Supermarket Setting as Less Stigmatizing and Appreciated the Privacy within the Supermarket Setting

Participants described two ways in which the supermarket setting reduced stigma, including self-stigma or shame associated using mental health services and—associated with the privacy of supermarket setting—the decreased chance of negative judgment by others. Participants described the difference between mental health clinics and supermarkets regarding their internalized stigma. "Because the mental health [clinic] you walking around you see crazy people. [The grocery store] you walking by and seeing people shopping. It's a big difference." Participants expressed that they felt more "comfortable" in the Stress Management Class setting and spoke of how using the supermarket setting may reach more people who need help: "Maybe they will be more comfortable here. I think if you're going to a clinician building or something like that it kind of feels really like you're getting therapy. … It could be the stigma towards it. No one wants to admit that they need help."

In linking stigma and privacy, participants described the supermarket location as a preferable setting due to its multifunctionality. One mother said, "At first I was like, this is stupid, you know, but then I thought about it, like, this is very smart. Everyone has to come to the grocery store. Not everyone will go to you know, diaper banks, or other place where they need help. They will come to the grocery store to get food." Some participants viewed the supermarket as a "cover" for participating in the stress management course. "Well, I know there are a lot of women that are out there that have husbands that aren't very supportive of them as a person or what their choices are in life. They just don't have that support. Being able to tell their significant other that, 'Oh, I'm just going to go to the grocery store.'… it's no big deal and heck, you see somebody walking into the grocery store, you don't think nothing of it." Participants also noted the privacy of the session, themselves, "…so first thing you think is, 'I know we're not about to be sitting in the aisles …, or somewhere people can see us…' Some people may feel embarrassed, like 'oh my gosh, I'm sitting here in a class at

[the supermarket], you know?' Then you come upstairs and it's like, oh, yeah. I could do this."

### Theme 4: Participants Perceived Services in the Supermarket as an Acceptable Form of Mental Health Treatment

Some mothers viewed participation in the Stress Management Class as formal treatment and used the term "therapy" to describe their experience in the Stress Management Class. One mother said, "… to me it felt like therapy… the only difference was it was free… But other than that, I felt like we got all the attention… and all our needs met and we were able to voice our opinions, and express ourselves just like therapy." Contrarily, other mothers viewed the Stress Management Class as a therapeutic alternative to formal treatment—more like a gathering of peers to learn skills for coping with stress. "I'll take the stress management over any other group I've done. I've done groups [in the] community…[and] I'm gonna take stress management. I like the atmosphere. You don't feel like you're in a group." Participants described the group format as a way of bonding with other mothers and relieving isolation. "It's not really like I need therapy or counseling, it's just, you know, just want to be around other moms, you know?"

Some mothers identified specific mental health issues that they felt were addressed in class, such as depression, but others preferred maintaining the stress framework. The term "anxiety" was rarely used, and though, participants reported experiencing traumatic events, there was little recognition of the class as a treatment for symptoms related to those events.

### Theme 5: Participants Described the Hub Staff as an Influential Component of Their Treatment Experience

Another key factor that contributed to the acceptability of these services included the participants' interactions with staff and group leaders. Participants' first contact with The Partnership program at the supermarket hub was through the Hub staff, including the site manager, a CMHA, and a licensed mental health clinician. Participants described the staff as engaging and relatable. "[The staff] used to stand right at the door. I came in and it was like, a little booth. So, [staff member] told me about the [Stress Management Class]." Participants reflected that their exchange with the staff at intake and in class increased their comfort level with engagement in the Stress Management Class. The availability of the staff during store hours to engage mothers allowed for discussion of services offered and development of a positive rapport.

Additionally, the CMHA and therapist were able to deliver an evidence-based intervention while connecting to participants in a comfortable setting. Participants described feeling understood by the staff. "They [were] down to earth people and down to earth ladies and I respect that because you can't find people that run programs that be down to earth. [Other group leaders] just want to get the program done and send you about your business." Another participant noted, "They give some of their own personal experiences on how they stress and so we could relate to them and sometimes they can relate to us about certain things". One participant highlighted the impact of modeling; she said, "… [The CMHAs] are strong women. But at the same time, they show their softer side. So, you see that you can be a strong woman that you want to be and that you can still have that kindness and that sweetness."

## Discussion

Improving access and engagement in mental health treatment for low-income mothers, particularly from ethnic and racial minority groups, is essential to decreasing the burden of disease for mothers and preventing the potentially negative impact parental mental illness can have on children. This study explores the views of those who received group-based cognitive behavioral therapy in a supermarket setting. Analysis of the mothers' experiences and perceptions provided insight into several components of accessing mental health services that are related to placing evidence-based mental health services in a supermarket setting. The services were perceived by mothers as an acceptable and high-quality model of service provision and a feasible approach to clinical delivery of evidence-based interventions for mothers at risk for inequities in access to mental health services.

The five themes that emerged illustrate Levesque's four dimensions of service access—approachability (theme 5), accessibility (theme 2), accommodation (themes 3 and 5), and acceptability (themes 1 and 4) (Levesque et al. 2013). Participants valued the proximity of the supermarket location, which decreased transportation burden and increased perception of the supermarket Hub as a depot for community resources. Mental health services were promoted by trusted community affiliates of the Partnership and neighbors which contributed to the acceptability of services. The staff's willingness to talk with anyone increased transparency of the services provided. Mothers' comments about the affordability of the food at the supermarket highlight the potential role for food insecurity to serve as a source of parenting stress and a need for further partnering and research. These finding are valuable in understanding how implementation of such services are perceived by the intended user and areas needed improvement to provide effective patient-centered treatments (Damschroder et al. 2009).

The supermarket's multi-functionality and capacity to provide a separate meeting space for the class accommodated participants' need for privacy and confidentiality. Participants deemed the format and location in the private room within a supermarket as better for participants who may not wish to use diagnostic labels or more traditional clinic-based forms of treatment. One-fourth of the participants had engaged in mental health treatment previously though all had symptoms consistent with elevated risk of clinical depression (Radloff 1977). Participants' lack of enrollment in mental health treatment prior to enrolling in the Stress Management Class was consistent with previous findings of delayed help-seeking in the setting of symptoms within communities of color (Whaley 2001). The view of the Stress Management Class as a comfortable gathering with peers may decrease the perception of treatment as an additional burden in already stressful lives and mitigate some cultural and societal prejudice and stigma toward mental illness (Clement et al. 2015; Maynard et al. 1997). Participants may have enrolled more readily in this intervention because of the multifaceted ways in which the intervention attempted to reduce the effects of stigma, including: utilization of a convenient, non-stigmatized space to deliver services, introduction of Stress Management Class as a potentially effective intervention by Hub staff, and providing a comfortable setting to socially connect with other mothers, including the CMHA, with similar experiences (Link and Phalen 2001; Faye 2005; Corrigan 2011).

This study has several limitations. Though all mothers who participated in the Stress Management Class were invited, there may have been selection bias in the sample that agreed to be interviewed, who may have been more likely to view the class positively. Because study findings focus on mothers who participated in supermarket-based groups, our study does not evaluate the perspectives of intended users who did not engage in treatment within the supermarket setting. As the goal of qualitative data collection is to characterize a range of multiple perspectives and experiences and not necessarily representative ones, this study does not allow one to draw generalizable conclusions about the role of supermarket-based treatment but provides a unique examination of this population (Palinkas et al. 2015). Exploring experiences of participants at other non-traditional locations and those who chose not to participate would better define the unique value of the supermarket setting. Finally, this study included participants within the first year of establishing the Hub; additional interviews of subsequent class participants and outcome data at the completion and follow up of the Stress Management Class would provide further evidence of the long-term acceptability and effectiveness of the treatment model. This study does not include an evaluation of other components of the treatment model and does not allow one to draw conclusions regarding how each component influences the participants' experiences. Further research is needed to understand the unique qualities of various non-traditional settings and how core components of the MOMS Partnership model are best adapted for specific settings to better understand effective implementation of such interventions.

With recent recognition that screening adults for depression may be particularly beneficial in the early identification of depression among pregnant and post-partum women, there is a need for referral to and engagement in appropriate care which has long been the barrier to improving outcomes (Siu and USPSTF 2016). To address persistent mental health disparities among minority mothers in low-resourced communities, innovation in service delivery is needed. This study suggests that evidence-based mental health service delivery in a supermarket may be a possible method for addressing disparities in mental health service use.

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