#### **Interview Schedule**

#### INTRODUCTION

Thank you for agreeing to take part in this interview for my study. As I described to you over the phone, we are looking for input on how to improve access to care for Latinos with depression at Clinic Olé. Your input will help guide programs at Clinic Olé, and possibly other clinics that also serve Latinos. The interview should last between 60-90 minutes and upon completion, you will receive a \$30 gift card to Target to thank you for your time. Before we begin, I'd like to review your rights and get your permission to do the interview. I will read this out loud to you and please stop me if you have any questions.

[READ INFORMED CONSENT. Pause for questions. Obtain signature. Remind pt they will get a copy to take home with them].

If it is alright with you, I'm going to start recording now so I can go over our conversation latter, ad I will double check that the recording device is working. [Test].

### **BIOGRAPHY**

- 1. So, how long have you lived in the area? Where were you born?
- 2. Tell me about your current employment? *Prompt:* Are you currently working? If so, full time of part time?

#### **CLINIC HISTORY**

- 3. How long have you been a patient at Clinic Olé? *Prompt:* How did you come to receive medical care here at Clinic Ole?
- 4. How do you feel about the health care you receive at Clinic Olé? *Probe:* Tell me more......Why? What makes you feel this way?

- 5. Do you have a regular provider that you usually see at Clinic Olé? *Prompt:* How would you describe your relationship with your health care provider?
- 6. Do other members of your immediate family receive care at Clinic Olé? *Prompt:* Why or why not?
- 7. Do you feel that you have been able to access the health care you need here at Clinic Olé? *Prompt:* Does anything ever get in the way of getting the medical care that you need? (e.g., transportation, child care, work hours, finances).

#### **DEPRESSION NARRATIVE**

TRANSITION: ("I'd like to talk with you a little bit more specifically about your experience with depression..."

At your last medical appointment you answered questions on a screening form that indicated that you have been experiencing symptoms of depression

- 8. Do you remember this? [the Qs asked about feeling sad, changes in your sleep, eating, activity, etc.]
- 9. Can you describe what depression feels like to you?

  \*Probe: tiredness, sadness, lack of energy, anxiety, anger, irritability, sleep disruption, etc.
- 10. Do you do anything to take care of your depression? *Prompt:* What makes you feel better? What makes you feel worse? (Tell me more about that)
- 11. Does your family know you have symptoms of depression? *Prompt:* Can you describe how they have reacted to your symptoms?
- 12. Do you ever feel concerned about what others might think about your depression? *Prompt:* Why or why not?

#### **DEPRESSION TREATMENT**

- 13. On the day your provider became concerned about your depression symptoms, why had you gone to the clinic? *Probe:* family, symptoms, functioning Expectations of the visit?
- 14. Prior to coming into the clinic, how had you been feeling? *Probe:* Why now? Sought treatment elsewhere? Tried other remedies/sources of support (e.g. church, friend, family)?

15. How would you describe the quality of your relationship with the health.... How would you describe your interaction with your health care provider that day?

Prompt: Was it your usual care provider? How would you describe your comfort level with that provider?

16. Did your health care provider talk with you about depression at that visit? *Prompt: Do* you recall him/her saying anything about depression?

#### REFERRAL

Transition: At Clinic Ole, we have a team of specialists or counselors that help treat depression. Many times patients are referred to a counselor for depression treatment.

17. Tell me about that visit day when your doctor referred you for a counseling appointment for depression. *Prompt:* What was your experience like?

Did your doctor say anything about the counseling program?

18. Sometimes our health care providers bring in a specialist or counselor to talk with patients about depression symptoms: how did your provider connect you with a counselor? (IF no warm handoff- got to 19b)

Prompt: Who did he/she send in?

How was that person introduced to you? What did that person speak with you about?

19a. What was it like meeting with the specialist?

*Prompt:* Did you understand why you were meeting with the counselor?

Did it make sense to you?

19b. What was your understanding of why you were being referred to a counselor?

19. How did you feel about seeing the counselor for your depression?

*Probes:* Hopeful about psychotherapy treatment? Feelings about medication vs psychotherapy vs alternate treatment, hx of previous counseling/psychotherapy?

## PATHWAYS/DECISION TO FOLLOW-UP

TRANSITION: I'd like to ask you specifically about your decision to follow up or not to see the counselor after your provider referred you

- 20. Did you visit/not visit the specialist/counselor? Why or why not?
- 21. Did you have any expectations about the appointment with the counselor?

*Prompt:* What did you think would happen at the visit?

Any concerns or worries about seeing the counselor?

Any hopes about seeing the counselor?

22. Did you talk with your family about being referrals to the counselor? (Why? Why not?)

23a. If yes, How did your family react about you seeing a counselor about depression?

- 23b. If no, how do you think they would react?
- 23. How did your friends react to the idea of you talking with a counselor about depression?
- 24. Ditto

# **COOL DOWN**

TRANSITION: Thank you for talking with me

- 25. Is there anything else do you think I should know about your experience with depression or depression care?
- 26. In thinking about Clinic Olé, how might services be improved for people experiencing depression?

THANK YOU!

Table 5: Qualitative Themes and Excerpts

THEME	EXAMPLE A	EXAMPLE B
1. Illness Narrative	Depression, I felt like powerless to resolve my problems, that I would try to resolve my economic problems, my problems of f- family, well let's say to survive, of where to live, and uh, oh, and I felt like I had to hide in a place where no one could see me. Well if I owed anyone money, that they didn't see me, because I did not have a way of paying them back. Or, uh, or, or to be thinking "Tomorrow how am I going to come up with so much money to pay what is the, the, the rent, food, and all of that?" And uh, and, and at times I would think about, to myself I would say, I'm thinking of sleeping and not waking up tomorrow.	And when you are left alone, because your children leave, because they leave us, and you start to feel that you are older, that you are old, ugly, used up, you begin to feel the depression Well, that is when you think, you start to think about yourself, right?  About yourself as a woman, in how you feel, how you're doing, right? And, and you start to feel alone. Alone. Then, uh, that's when you start to feel the depression, because you start to feel that emptiness, that loneliness, even though you might sometimes be surrounded by the ones you love, you feel, you have that feeling inside.  Anabel (Spanish-speaker)
1a. How to heal from depression	-Matias (Spanish-speaker)  Q: What is the best way to treat depression?  A: The medication because the doctor prescribes it to us. And counseling you need to let out everything that you feel inside, like, all of our feelings, what you want, what you, uh, don't want, what has happened to us, what we, what we have lived, like, yes, I feel like that helps us relieve, about what you, what you feel, do you understand? So I want for you all to help me, well, like to feel in peace with myself, so that, so that my feelings could be different, so that I can see life differently. Like, I need that type of help. And I feel that a Psychologist is the person most suited for this, because they are prepared to help usAnabel (Spanish-speaker)	Q: What do you do to treat, or to reduce your depression? What makes you feel better?  A: Mmm. Well the best thing that makes me feel, like, talking about economic issues, try to fix the economic problems. Like, to have- to have someone here so that, if that person, example, it has, has happened to me, I owe money, there has to be a problem. There is a lot of help here, I think of, going to court, I make, them put me on a payment plan for you or something, but so that that person is not after you daily, you understand me? Like, definitely fix the problem  -Matias (Spanish-speaker)
2. Connection to the Clinic		
2a. Perception of the clinic	So, obviously I'm Hispanic but English is my	It's convenient for me. As I told you, this

	first language. I think that if, and maybe this is just me, I don't know But I think the confusion may come when you put a primary [English-speaking patient], and you put him with, uh, a medical assistant whose primary language is Spanish. There is a lack of communication. I had a hard time understanding her [the medical assistant]. I'm not I can't speak for her, if she had a hard time understanding me, but I did. The accent was way too strong, and yeah. So, maybe there's confusion in there? And whether you're Russian or German or Hispanic, and speak Spanish, if your accent's that thickI can't really understand it.  - Claudia (English-speaker)	clinic gives me confidence, mostly because we are, there are Latinos, Latino people like us, that speak Spanish and everything, right? So I feel a confident coming hereAnabel (Spanish-speaker)
2b. Patient-provider relationship	You know the nurses, they're very friendly, and the doctor that I have today, she's very caring. Like, she actually it feels like she cares about what I'm going through, so it's not just a touch-and-go type of thing. It's nice to have that good communication with her.  -Maria (English-speaker)	But I don't think that, at least with the first guy [doctor], he understood the whole depression part of it all because I don't think he cared. I guess that's the best way to put it. Like, I don't know, like I tried to tell him you know they ask you these questions when you first come in, you know, "Have you been down for like two weeks?" or, you know, and all of the answers were pretty much "Yes." And I guess I kind of thought maybe he would elaborate on that, you know, like he like, "This isn't normal," you know, "How long have you been feeling this way?" And it was never a conversation or anything like thatClaudia (English-speaker)
2c. Experience of referral	Well, they don't give me medicine to calm me down or anything When I went [to Clinic Olé] they, they didn't want to attend	I actually got the [behavioral health] appointment that day; that was the same day I came is the same day I spoke to the

	to me. They gave me medicine for – for another thing, but not for depression The nurse[medical assistant] just gave me a little piece of paper She told me, here the, here she said "you are going to see this one" She told me you are coming, to uh, to this one [behavioral health consultant]  -Lola (Spanish-speaker)	doctor. They kind of like, took me out of the room and said I can you know, talk to her, and that's where I started feeling okay, like this is okay to do this because it's someone that it's a one-on-one and I can let her know how I was really feeling, so yeah.  Rosa [BHC] is good, I mean I like the way she talks to me and I I'm feeling safe about it here so she made me feel good.  -Maria (English-speaker)
2d. Matching	And I think maybe, you know, three to six visits maybe would work for somebody. But I think like in my caseI think it's taken eight months[of outside therapy] to get where I am now. You know, I think there's-I think there's different levels of depression, you know what I mean? I just have a lot of problems, you know? I just don't think three to six visits is enough.  - Claudia (English-speaker)	She [the doctor] told me to go see one of the counselors. I thought, frankly, I've already seen the counselors, but what they tell me is: "Relax, um, go for a walk". And as I said I'm studying right now, sometimes I don't have time to go for a walk That is why right now I haven't seen any counselor.,, frankly, what you want is out of depression. Perhaps yes, I would have accepted [behavioral health treatment] if Let's say, she would have given me the pills and the counseling at the same time. That way I could have help in the short term and long-termRoberto (Spanish-speaker)
3. Readiness	Q: What made you decide to come to your behavioral health appointment? A: Because I felt so bad. I thought that I, I had to get all the help out there. It could get worse in the future, and you have to think how to deal with it because, no, we don't want our kids well, I wouldn't want my kids to see me like this, since I've always been able to help them in anything they need, and you know that with depression and a lot of diseases, well, you can't even take care of yourself, not to mention your kids.	The doctor gave me an option she, she really did like you know 'you can meet with behavioral health um this is something that I recommend but it's up to you to do it' and by, by that time in January this last time I was like I'm willing to do anything because I'm tired of it [depression].  -Paola (English-speaker)

	- Rosario (Spanish- speaker)	
3a. Support from family and friends	Q: Had you told your husband about your depression?  A: Yeah he knew, he's like you look exhausted you know like you're not, you go to work you come home and you don't talk like something's wrong, what's wrong with you? And I'm like well I don't know, and he's like something's wrong you need to go see a doctor  Q: Was his urging part of your decision to seek medical attention for depression?  A: I think his urging helped too because if, if he wouldn't have pointed it out so much I probably would have been like I'm fine you know like you're the crazy one to think I'm crazy you know? Um so yeah it was definitely like a joint decision.  - Paola (English-speaker)	The truth? Um, they [my family] know I suffer from it [depression], but no, I don't tell them how I feel, because um, they also have their own problems and that's why I don't let them know. For example, I feel, when I feel the symptoms of depression increase at night, and they, well they are asleep and only well, well I, um, I feel, I battle with my depression No, no, I don't want to worry them with that issueRoberto (Spanish-speaker)
4. Everyday Barriers	They called me to say to come to my appointment, not to forget about it. I said yes, but they said it was going to be twenty dollars. I said, no, [my doctor] told me I didn't have to pay because I can't right now; I can't; I don't have enough. She said, you can pay later. I said, no If I feel bad and I want to keep talking to that person to feel better, I won't be able to do it. Why? Because I have to be paying and paying. So it's better to cancel the appointment; I don't want anything. Cancel it. And my son said, well, mom, if they're charging you, why do	Q: Can you tell me why you decided not to attend your behavioral health visit? A: Because, um, they cancelled it on me. Because I apparently, she wasn't gonna make it. So um, they never rescheduled another one with me. They said they were, but they never did. They just cancelled it, so I never came to talk to herSandra (English-speaker)

you go? Instead of that, go for a walk. So I cancelled it, and I haven't been able to see any counselor. I haven't.	
-Rodelia (Spanish-speaker)	