

Lubbock Family Counseling Services

Group 9

? Population Served

- ? 1/2 mental health (outpatient 1-on-1 services) and 1/2 substance abuse services (group counseling)

? Services Provided

- ? "An Access place"
- ? In 2002 there were no services in Lubbock for mental health, LFC seeks to build access for a small amount of money
- ? An open door for clients to come in; appointment based; training clinic for most universities in this area
- ? \$0-\$150/hr - you will not be disqualified for any fiscal reason
- ? Also provide telehealth options
- ? Acts as a training site for mental health professionals

? Client Health Needs

- ? Giving them access to the services they need
- ? Mainly need mental health services since COVID-19 (100% increase)
- ? Still need substance abuse services though
- ? Need more Professional Clinicians: there are no waiting lists when student trainees are there but when they are gone/semester is off it is more difficult.
- ? Need more volunteer Psychiatrists: currently they don't have prescribers in house constantly (can sometimes get people to volunteer for sliding-fee scale services however this is currently unavailable)

? Client Health Information Needs

- ? Needs are multi-layered - difficult to coordinate care because Lubbock is not as big of a hospital system yet it is one system serving so many communities

? Advice for Physicians

- Pay attention to low income clients' needs
- Pay attention when prescribing SSRIs because even when if you don't specialize in Psychiatry you may still have to do it
- For substance abuse patients: it is important to know what not to prescribe. Chemical dependence is a bigger problem than the one the patient initially presented with.
- The 6 month window is very important for patients that are potentially more prone to substance abuse (more pertinent to substances like anti-anxiety meds).
- Patients presenting with depression are the easiest to prescribe for. It's about picking the right antidepressant and there are a lot to choose from so eventually you will find the right one. It's important to note that prescribing the wrong antidepressant is not a bad thing, because antidepressants generally don't cause harm and give patients a sense of hope.
- Work with psychiatrists more - try more/prescribe more/give more access because people really need it right now

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Group Members:

- 1 Austin Guadarrama
- 2 Connor Larson
- 3 Föster Ogu
- 4 Joseph Bayouth
- 5 Kaitland Dunham
- 6 Muhammed Shariff
- 7 Paige Livingston-Lopez
- 8 Shraddha Trehan
- 9 Tristin Chaudhury