

Evaluating Physical and Mental Health in San Diego County

June 2014



BARRIERS TO PHYSICAL HEALTH FOR ADULTS IN SAN DIEGO

The County of San Diego Health and Human Services Behavioral Health Division has put forth several initiatives focused on improving the health of San Diego County residents. Additionally, in 2010, the County of San Diego launched the Live Well, San Diego! campaign, a 10-year strategy to improve the health and wellness of the San Diego region. The ultimate goal of Live Well, San Diego! is to achieve the vision of a healthy, safe and thriving San Diego County. A primary goal of the Live Well campaign is to increase awareness and access to health-related services for San Diego residents.

In an earlier report, the physical health care needs of San Diego adult mental health clients (ages 18-59 years) were explored with survey data collected in Fall 2009 (N varied from 1300-1353) and Fall 2012 (N varied from 450-713). The same data were again collected in Fall 2013 (N varied from 823-1109) and are compared in the current

“Mental health disorders have a serious impact on physical health and are associated with the prevalence, progression, and outcome of some of today’s most pressing chronic diseases, including diabetes, heart disease, and cancer.”¹

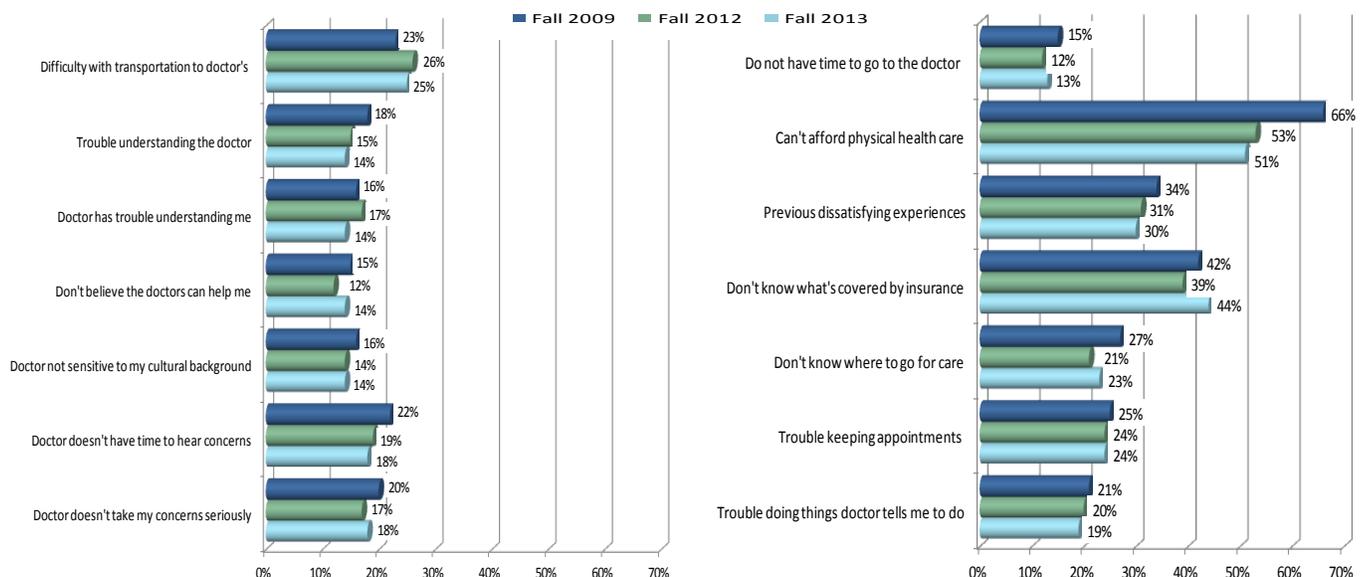
Thus, addressing both mental health and physical health problems is important for clients’ well-being.

1. U.S. Department of Health and Human Services (2014). *Healthy People 2020: Mental Health*. Retrieved from <http://www.healthypeople.gov/2020/LHI/mentalhealth.aspx>

report. There were variations in the sample sizes due to items that were not completed on the survey. In all surveys, clients reported several barriers to accessing physical health care including financial barriers, lack of information, and poor client/provider rapport.

The greatest decreases from the previous years to 2013 were seen in the percentage of clients reporting that they could not afford physical health care (66% vs. 53% vs. 51%, respectively) and that the doctor didn’t have time to hear concerns (22% vs. 19% vs. 18%, respectively). Other notable changes across the years were seen in the percentage of clients reporting that they did not know what is covered by insurance (42% vs. 39% vs. 44%, respectively), and that they did not know where to go for care (27% vs. 21% vs. 23%, respectively).

Barriers to accessing adequate PHYSICAL HEALTH care



San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009, Fall 2012, Fall 2013

ADULT CLIENTS' PHYSICAL HEALTH

Data on clients' self reported physical health, diagnosis of chronic diseases, and smoking habits were collected in 2009 and 2012. The same information was again collected from clients in 2013. Overall, the physical health of San Diego mental health clients remained about the same from 2009 to 2013.

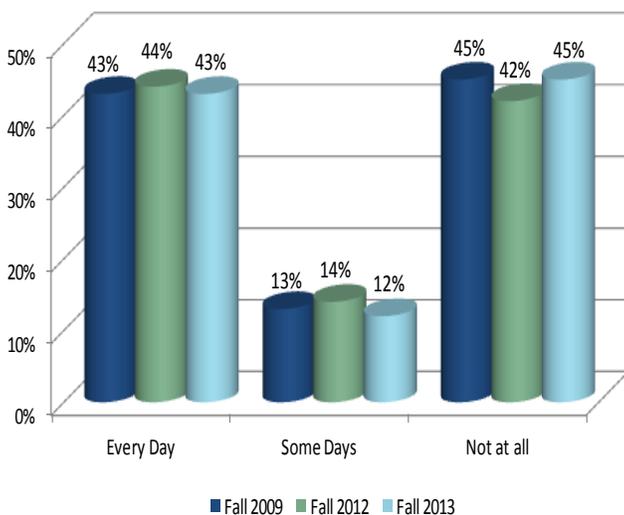
San Diego adult mental health clients were asked whether they agreed with the statement "I am in good physical health." In 2009, 48% of clients agreed with this statement. The percentage of clients who reported they are "in good physical health" increased to 54% in 2012 and 55% in 2013.

There was an increase in the percentage of clients who agreed with the statement, "I am in good physical health."

San Diego mental health clients in 2009, 2012, and 2013 were asked if they had ever been told by a doctor that they had diabetes, high blood pressure, high cholesterol, or another chronic physical condition. Comparing diagnoses at all three time points shows similar rates of chronic illness. The percentage of clients diagnosed with high blood pressure and high cholesterol slightly decreased from 2009 to 2012 and then went back up in 2013. The percentage of clients diagnosed with diabetes slightly increased from 2009 to 2012 and remained the same in 2013. Conversely, there was a slight decrease in the percentage of clients diagnosed with another chronic illness from 2009 to 2012 and stayed the same in 2013.

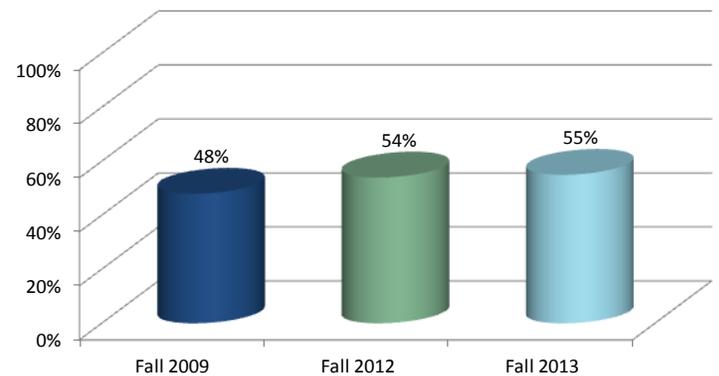
The smoking habits of mental health clients in San Diego were similar from 2009 to 2013.

"How much do you smoke?"

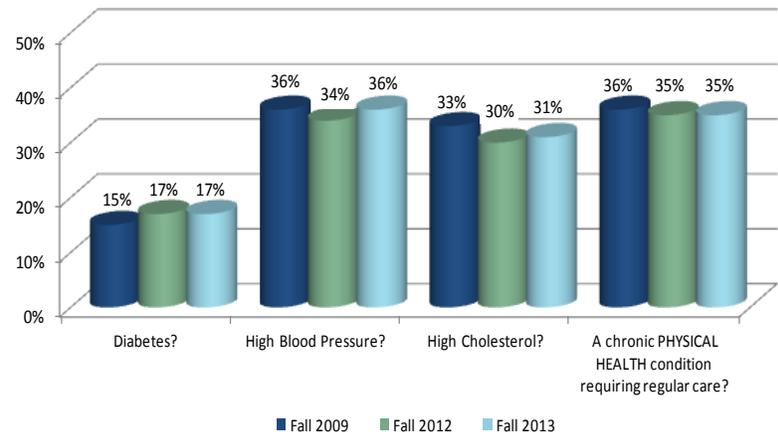


San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009, Fall 2012, Fall 2013

Percentage agreement with the statement, "I am in good physical health"



Percentage of people ever diagnosed with diabetes, high blood pressure, or high cholesterol



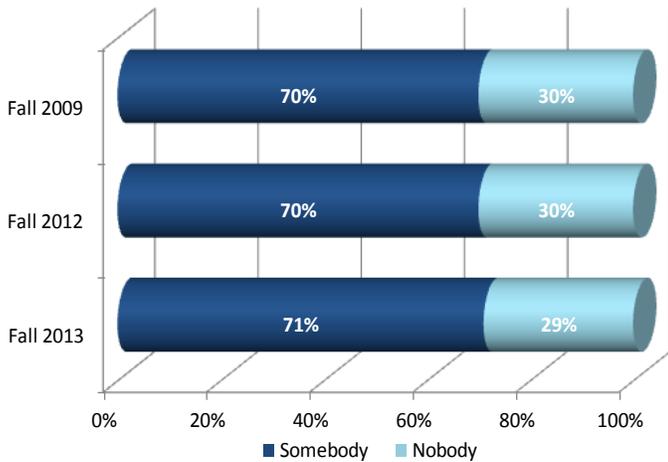
ADULT CLIENTS' ACCESS TO PHYSICAL HEALTH CARE AND SERVICES

Comparison of San Diego mental health clients' access to physical health care and services revealed many similarities from 2009 to 2013. For example, approximately 70% of respondents indicated in all three surveys that they seek help from somebody (versus nobody) for a physical health problem. However, there was a change in clients' ease of access to health care. In 2009, 66% of clients reported that it was easy for them to get help for a physical health problem. The percentage of clients reporting easy access to healthcare for physical health problems increased to 68% in 2012 and 71% in 2013.

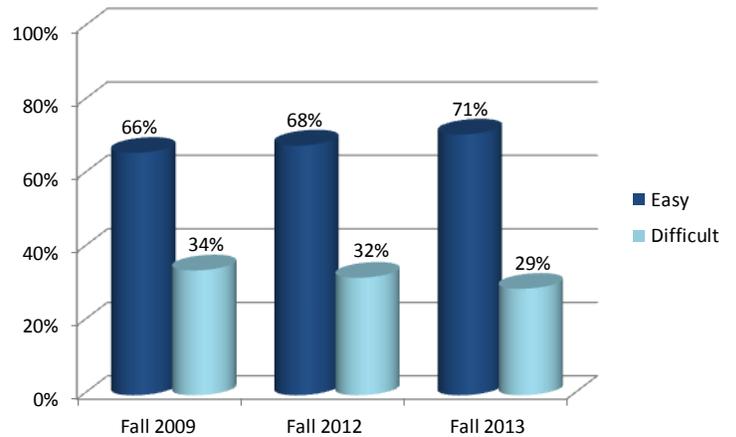
More clients reported easy access to healthcare for a physical health problem.

ADULT CLIENTS' ACCESS TO PHYSICAL HEALTH CARE AND SERVICES

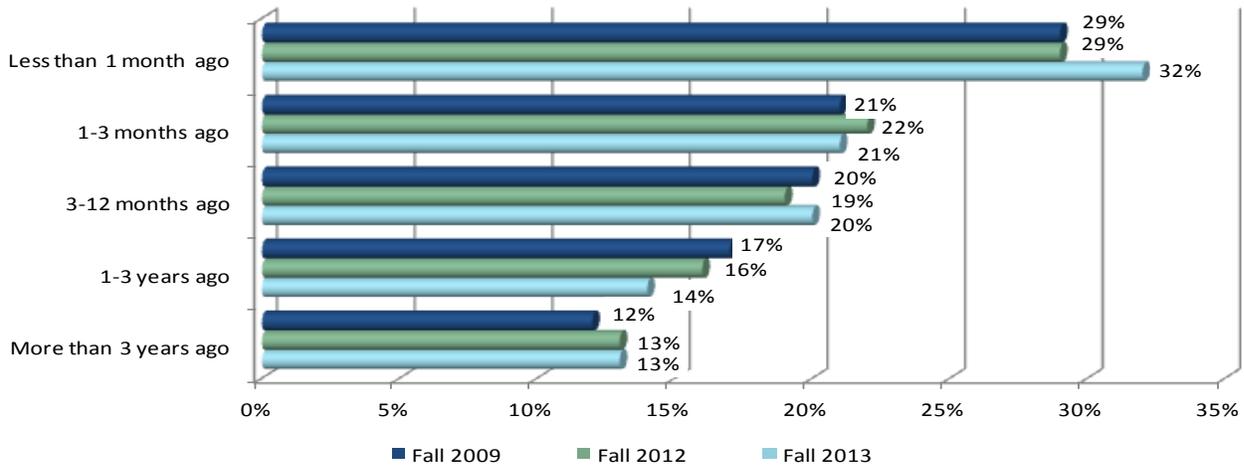
Who do you seek help from for a non-emergency physical health problem?



Access to healthcare when clients have a health problem



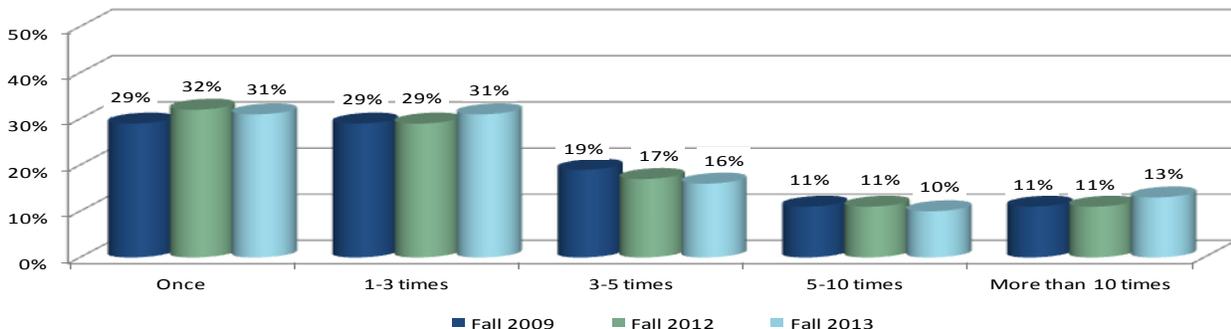
Last time clients received medical care for a physical health problem



The proportion of clients reporting the last time they received medical care for a physical health problem remained about the same from 2009 to 2013. There was a slight increase in the percentage of clients who received care for a physical health problem within one month and a slight decrease in the percentage of clients who received care for a physical health problem within the last 1-3 years.

Clients were also asked how many times they sought medical care for a physical health problem in the past year. The rates of seeking care for a physical health problem within the past year remained about the same over time.

In the past year, how many times did you seek medical care for a physical health problem?



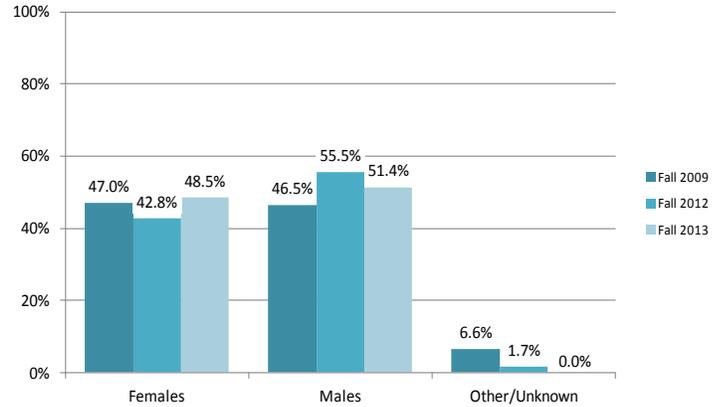
San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009, Fall 2012, Fall 2013

CLIENT CHARACTERISTICS

The County of San Diego Behavioral Health Services uses the Mental Health Statistics Improvement Program (MHSIP) Consumer Satisfaction Survey to assess adult consumers' perceptions of quality and outcomes of care. The survey targets all adults and older adults receiving mental health services, case-management, and medication services from county providers during a one-week sampling period annually (prior to spring 2011 the survey was conducted for a two-week period semi-annually). The survey includes MHSIP items as well as supplemental questions related to other health topics of interest in order to gather longitudinal data and compare changes over time. The current report includes data for those clients who completed the physical health items of the survey.

Information collected included clients' preferred language, age, gender, race/ethnicity, mental health diagnosis, and insurance status. The majority of clients' preferred language was English (88% in 2009; 92% in 2012; 93% in 2013). The majority of clients were White and between the ages of 25 and 59. Additionally, most client diagnoses included either Schizophrenia and Schizoaffective disorders (33% in 2009; 48% in 2012; 52% in 2013), Major Depression disorders (24% in 2009 and 2012; 20% in 2013), and Bipolar disorders (19% in 2009; 20% in 2012; 22% in 2013). Finally, there was a notable change in clients' insurance status. In 2009, 50% of clients surveyed were uninsured, whereas the percentage of uninsured clients was 32% in 2012 and 31% in 2013.

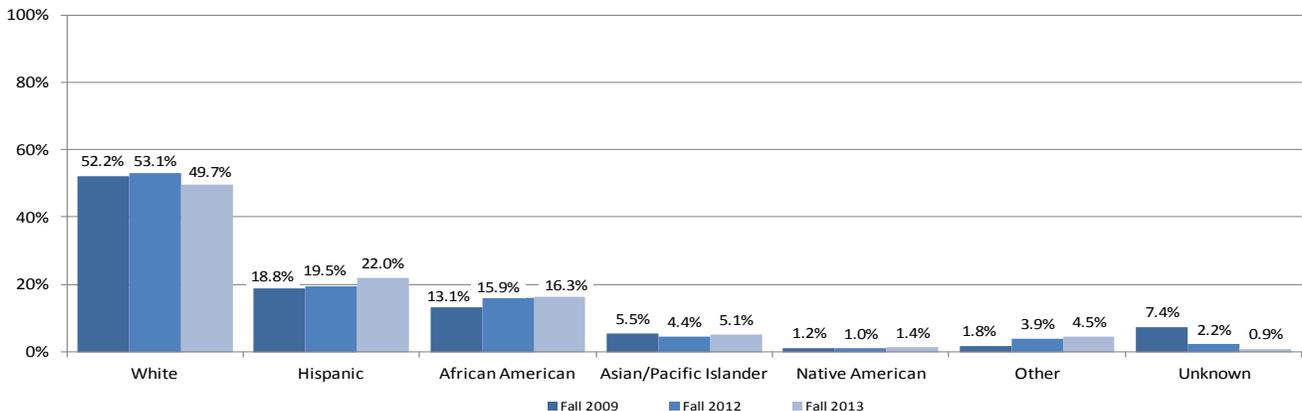
Client Gender



Client Age



Client Race/Ethnicity



San Diego clients, 18-59 years; data from State Client Satisfaction Survey, Fall 2009, Fall 2012, and Fall 2013

The HEALTH SERVICES RESEARCH CENTER at University of California, San Diego is a non-profit research organization within the Department of Family and Preventive Medicine. HSRC works in collaboration with the San Diego County Health and Human Services Behavioral Health Division to evaluate and improve mental health outcomes for County residents. Our research team specializes in the measurement, collection and analysis of health outcomes data to help improve health care delivery systems and, ultimately, to improve client quality of life. For more information about HSRC please contact Andrew Sarkin, PhD at 858-622-1771.

