

Impact of COVID-19 on Mental Health Services

Fall 2021 MHSIP Supplemental Report

County of San Diego Behavioral Health Services

June 2022

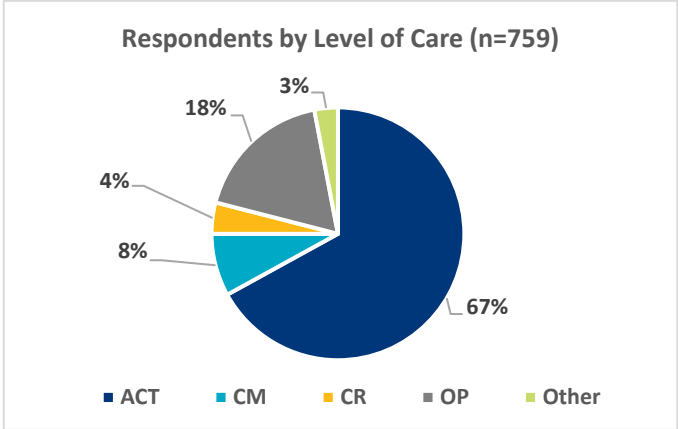
Impact of COVID-19 on Mental Health Services

As a supplement to the Fall 2021 Mental Health Statistics Improvement Plan (MHSIP) Consumer Survey, adult and older adult (AOA) consumers of County of San Diego mental health programs were surveyed regarding their experience with accessing and utilizing services during the COVID-19 pandemic and their preference for telehealth services when accessing mental health services. Learning about 1) the utilization rates and methods of AOA consumers accessing telehealth services, 2) the impact of COVID-19 on AOA consumers of County of San Diego mental health services, and 3) the future utilization of telehealth services for AOA consumers, will provide County of San Diego Behavioral Health Services with the opportunity to understand the impact of COVID-19 on services and make informed changes to service delivery to improve and increase access and utilization of the AOA mental health services in the County of San Diego.

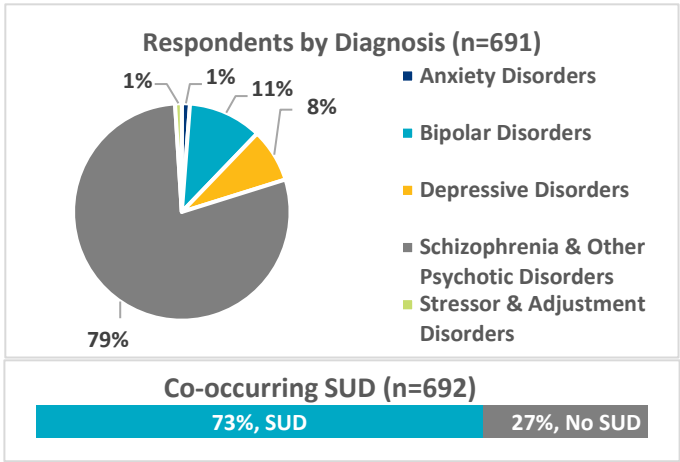
The MHSIP survey was offered to all AOA consumers of County of San Diego mental health programs who received telehealth or face to face services during the week of December 6 – 10, 2021. This survey period utilized only the online platform to administer the MHSIP survey compared to providing the paper survey option used in prior years. Overall, 790 Adult or Older Adult MHSIP surveys were collected through the new online platform. Of those 790 responses, 759 responses to the COVID-19 supplemental survey questions were collected (96%). Findings from the supplemental survey are highlighted in this report.

Who provided feedback?

Over two-thirds of respondents (67%) were receiving Assertive Community Treatment (ACT) services at the time of the Fall 2021 MHSIP survey and nearly one-fifth (18%) were receiving Outpatient (OP) services. The remaining respondents were receiving Case Management (CM; 8%), Crisis Residential (CR; 4%), or other (3%) services.

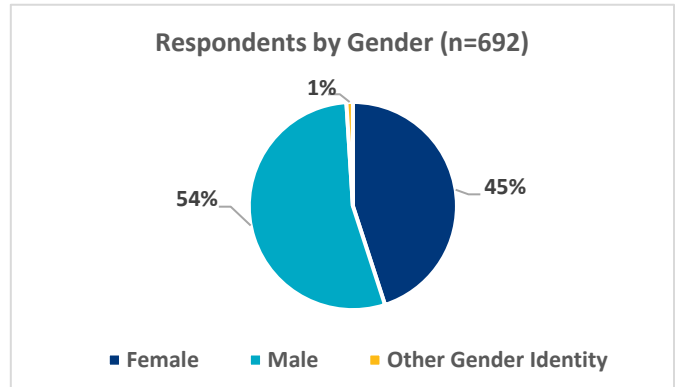
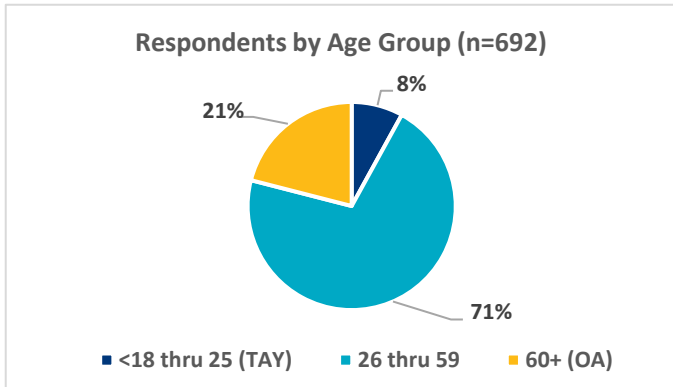


Nearly four-fifths of respondents (79%) had a primary diagnosis of schizophrenia and other psychotic disorder. The next two most common primary diagnoses among respondents were bipolar disorders (11%) and depressive disorders (8%). In addition to a primary diagnosis, nearly three-fourths (73%) of respondents also had a co-occurring substance use disorder.



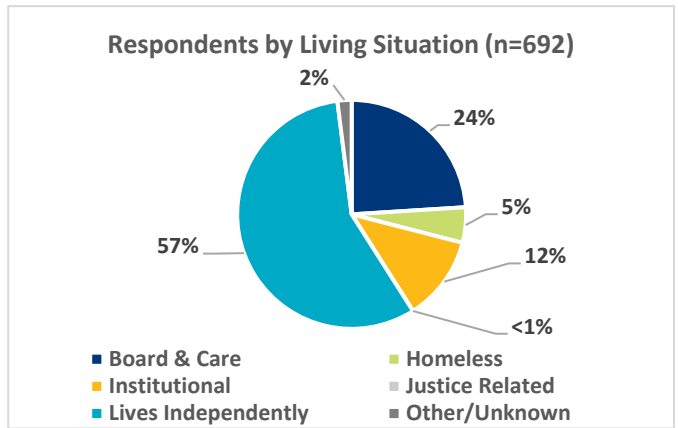
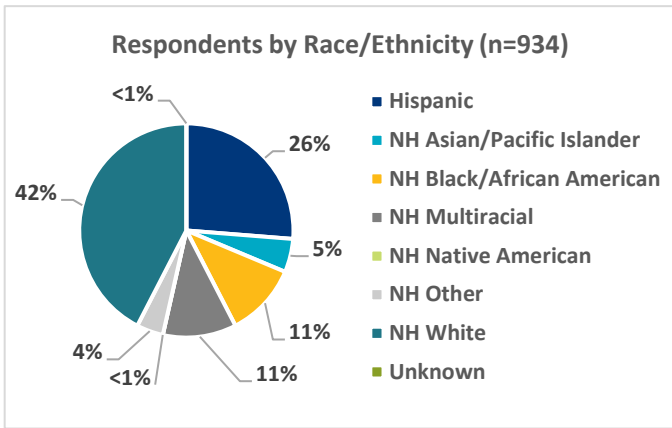
Most respondents (71%) were between 26 and 59 years of age. Consumers less than 18 through 25 years of age, referred to as transition-aged youth (TAY), comprised 8% of the respondents while those age 60 years or older, referred to as older adults (OA), comprised the remaining 21% of respondents.

Slightly more male consumers (54%) completed the supplemental survey in Fall 2021 compared to female consumers (45%), and 1% of respondents reported one of the following gender identities: genderqueer, transgender, questioning/unsure, or another gender identity.

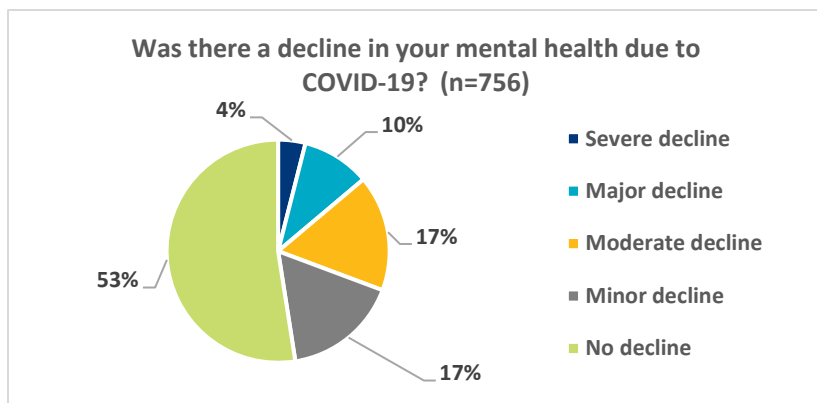


The largest proportion of consumers that completed the supplemental survey were non-Hispanic (NH) White (42%), followed by Hispanic (26%) and NH African American (11%).

Most respondents (57%) lived independently. The next most common living situation among respondents was Board and Care (24%), followed by an institution (12%).



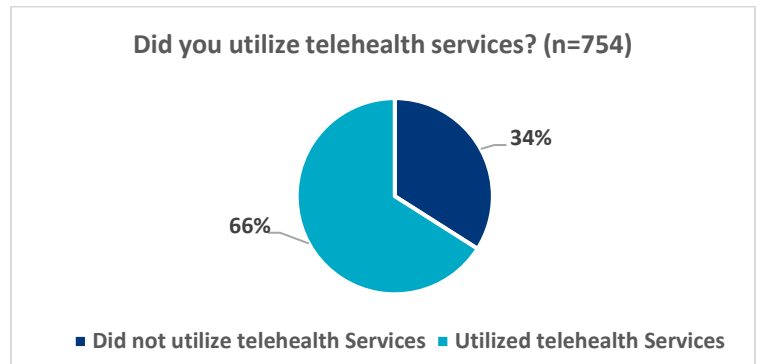
Do you feel that as a result of the COVID-19 crisis there has been a decline in your mental health?



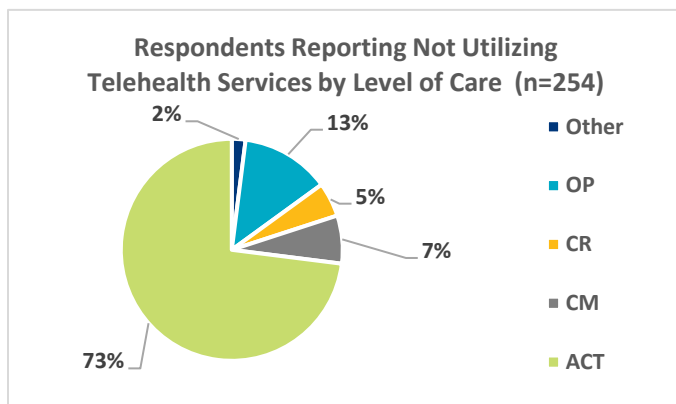
Consumers were asked if they perceived a decline in their mental health because of the COVID-19 crisis. Over half of the respondents (53%) endorsed feeling **no decline** in their own mental health due to the COVID-19 crisis. Other respondents endorsed only a **minor decline** (17%) or a **moderate decline** (17%) in their mental health due to COVID-19. A minimal proportion of respondents (4%) endorsed a **severe decline** in their mental health because of the COVID-19 crisis.

Did you utilize telehealth services (mental health services over the phone or online) from your provider during the crisis?

The next set of questions in the COVID-19 supplemental survey focused on the utilization of telehealth services over the phone or online during the crisis. Overall, **754 respondents** provided a yes or no response to the question “Did you utilize telehealth services (mental health services over the phone or online) from your provider during the crisis?” Two-thirds of the respondents (66%) **utilized telehealth services** during the crisis while roughly one-third of the respondents (34%) **did not use telehealth services** during the crisis.

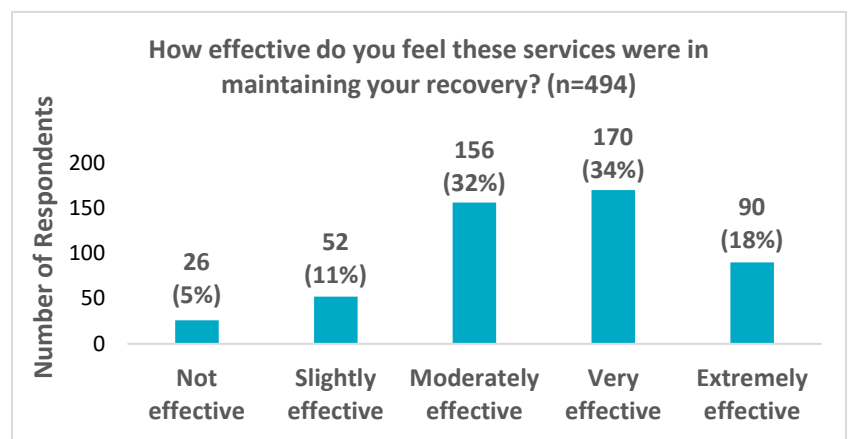


The respondents were then directed to a set of follow-up questions based on the previous response about their use of telehealth services. The **500 respondents who utilized telehealth services** were asked how effective the services were in maintaining their recovery, what method was used to access telehealth services, and how many times they accessed telehealth services during the crisis. The **254 respondents who did not utilize telehealth services** were asked to select the reasons why they did not utilize telehealth services. Results of these response-based questions are highlighted below. A further analysis by level of care was conducted to better understand the **254 respondents who did not utilize telehealth services**.



The largest proportion of respondents who endorsed not utilizing telehealth services were receiving ACT services (73%). Also, less than one-fifth of the respondents who endorsed not utilizing telehealth services were receiving OP services (13%). The remaining respondents who endorsed not utilizing telehealth services were receiving CR (5%), CM (7%), or other (2%) services.

When asked about the **effectiveness of the telehealth services in maintaining their recovery**, of those who endorsed utilizing telehealth services over one-third endorsed that telehealth services were **very effective** (34%) in maintaining their recovery. Respondents frequently endorsed telehealth services as being **moderately effective** (32%) or **extremely effective** (18%) in maintaining their recovery. Only a small proportion of respondents endorsed telehealth services as **not effective** (5%) in maintaining their recovery.

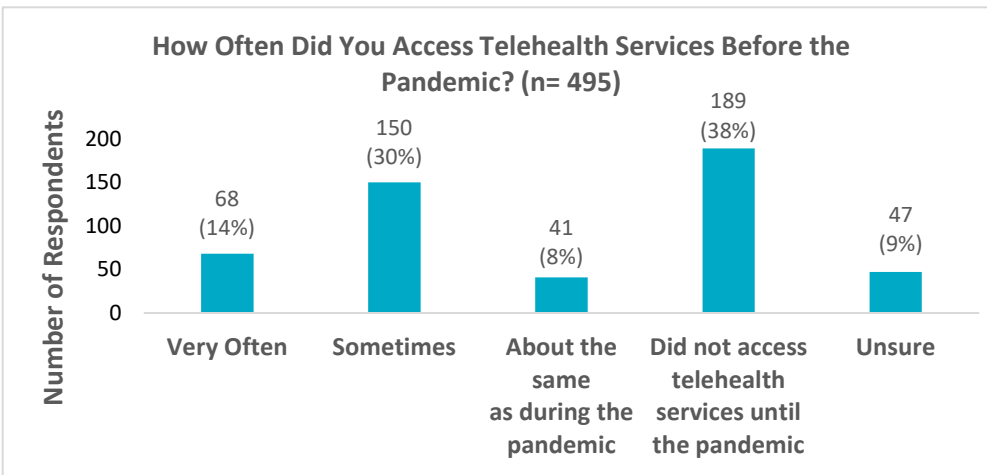


Respondents who endorsed utilizing telehealth services were asked, what **method of service access they used**. Multiple responses were permitted as the respondents had the opportunity to select from five options as to which method was used to access telehealth services. The proportion of respondents that endorsed each specific method to accessing telehealth services is displayed from the most endorsed method to the least endorsed method in **Table 1**. Overall, the highest proportion of respondents (81%) endorsed **accessing telehealth services by phone call**. The next highest proportion of respondents (25%) endorsed **accessing telehealth services by live video**. A small proportion of respondents (5%) endorsed **accessing telehealth services by an online platform**.

Table 1: Methods Used to Access Telehealth Services During COVID-19*

	Percent of Respondents (n=495)
1. By phone call (n=403).	81%
2. By live video (n=125).	25%
3. Online platform (n=25).	5%
4. Unsure (n=14).	3%
5. Prefer not to answer (n=3).	1%

*Percentage is based on the total proportion of respondents who endorsed each option. Multiple responses were permitted for each respondent.



Respondents who endorsed utilizing telehealth services, were asked how often they accessed these services prior to the pandemic. The largest proportion of respondents reported **not accessing telehealth services until the pandemic (38%)**. Almost one-third of the respondents who endorsed utilizing telehealth services reported accessing telehealth services **sometimes (30%)** prior to the pandemic.

Respondents who endorsed **not utilizing telehealth services** were further asked **why they did not utilize these services**. The proportion of respondents that endorsed each specific reason for not utilizing telehealth services is displayed from the most endorsed reason to the least endorsed reason in **Table 2**. Overall, the top three highest proportion of respondents (22%) reportedly did not access telehealth services due to **not having a cell phone, feeling uncertain on how to use them, and feeling uncomfortable with using telehealth services**.

Table 2: Reasons for Not Utilizing Telehealth Services During COVID-19*

	Percent of Respondents (n=246)
1. I don't have a cell phone (n=73).	30%
2. Uncertain on how to use them (n=54).	22%
3. I do not feel comfortable using telehealth services (n=54).	22%
4. I was not informed of the possibility/program did not offer them (n=32).	13%
5. I do not feel they would be effective (n=29).	12%
6. Other (n=28).	11%

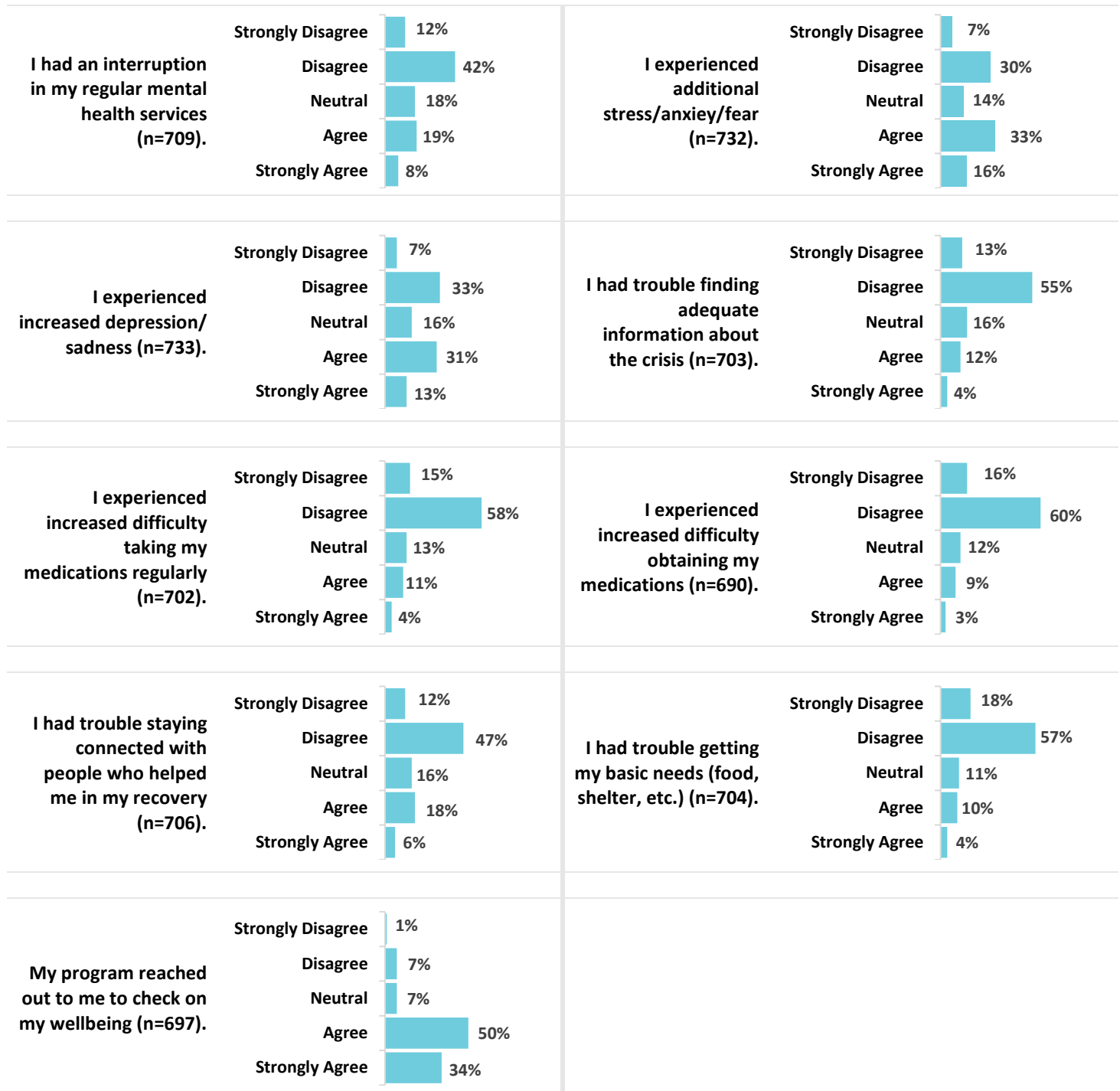
*Percentage is based on the proportion of respondents who endorsed each reason. Multiple responses were permitted for each respondent.

Impact on Mental Health due to COVID-19

Consumers of the AOA System of Care (SOC) were asked to report **the impact of COVID-19 on their mental health and the impact on their mental health services.**

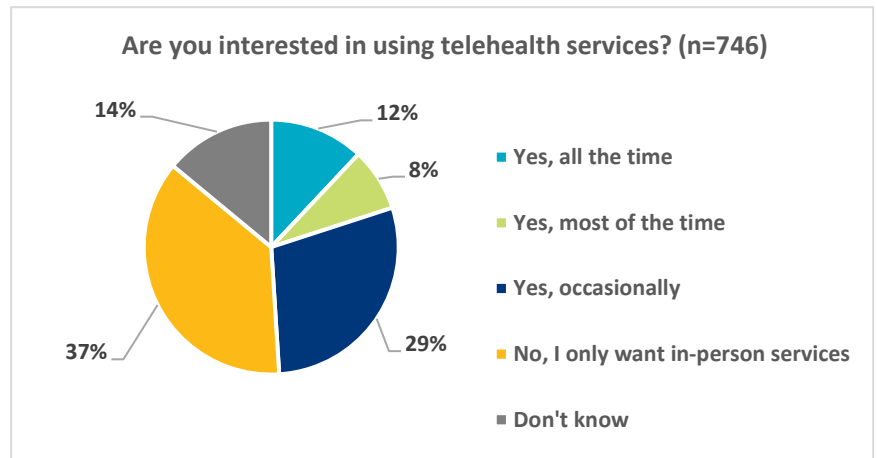
For most of the eight items, respondents reported experiencing **little to no impact due to COVID-19**, especially **difficulty obtaining medication or getting their basic needs**. The results also indicated **providers were effective in reaching out to clients to check on their well-being during the crisis** [Strongly Agree (34%); Agree (50%)].

Impact on Mental Health due to COVID-19



Now that in-person services have become available for many services, are you interested in receiving telehealth services?

Consumers were asked if they would be interested in **utilizing telehealth in the future**. Nearly half of the respondents endorsed a **desire to pursue some amount of telehealth services in the future** [Yes, occasionally (29%); Yes, most of the time (8%); Yes, all of the time (12%)]. Over one-third of respondents endorsed **only wanting in-person services in the future** (37%).



Respondents were then directed to a set of follow-up questions based on if they answered yes or no regarding their future use of telehealth services. The 368 respondents who endorsed **utilizing telehealth services sometime in the future** (defined by endorsing any of the three “yes” options above) were further asked **reasons as to why they would prefer telehealth services in the future**. The proportion of respondents that endorsed each reason as to why they would prefer telehealth services in the future are displayed from the most endorsed reason to the least endorsed reason in **Table 3**. Overall, the highest proportion of respondents (57%) endorsed that **telehealth services appointments are more convenient**. The next highest proportion of respondents (34%) endorsed **telehealth services appointments are easier to schedule** followed by 30% of respondents endorsing they feel **more comfortable talking in a telehealth services setting**.





Table 3: Reasons for Utilizing Telehealth Services in the Future*

	Percent of Respondents (n=340)
1. Telehealth services appointments are more convenient (n=195).	57%
2. Telehealth services appointments are easier to schedule (n=115).	34%
3. I am more comfortable talking in a telehealth services setting (n=101).	30%
4. Other (n=40).	12%
5. It is easier for my family to participate in teletherapy sessions (n=29).	9%
6. My relationship with my therapist has been better using telehealth services (n=24).	7%

*Percentage is based on the proportion of respondents who endorsed each option. Multiple responses were permitted for each respondent.

The respondents who endorsed **only wanting to utilize in-person services in the future** were further asked to select the reasons **why they would not access telehealth services**. The proportion of respondents that endorsed each reason as why they would not prefer telehealth services in the future is displayed from the most endorsed reason to the least endorsed reason in **Table 4**. Overall, the two highest proportion of respondents endorsed **not feeling comfortable using telehealth services technology** (42%) and **feeling less comfortable talking in a telehealth services setting** (28%). The third highest proportion of respondents (14%) endorsed **not having reliable access to telehealth services technology**.

Table 4: Reasons for Not Utilizing Telehealth Services in the Future*

	Percent of Respondents (n=262)
1. I am not comfortable using telehealth services technology (n=109).	 42%
2. I am less comfortable talking in a telehealth services setting (n=74).	 28%
3. I do not have reliable access to telehealth services technology (n=36).	 14%
4. Other (n=32).	 12%
5. Telehealth services are less private (n=23).	 9%
6. Telehealth services appointments are less convenient (n=21).	 8%
7. My relationship with my therapist has not been as good using telehealth services (n=15).	 6%
8. Telehealth services are more difficult to schedule (n=12).	 5%

*Percentage is based on the total percentage of respondents who endorsed each option. Multiple responses are permitted for each respondent.

Open-ended Comments

Consumers were also encouraged to provide any comments regarding their experiences with their mental health services during the COVID-19 crisis. A sample of these comments is provided below:

- ❖ *“The ability to continue my treatment via telehealth was absolutely vital to my continued recovery. It is more difficult sometimes to participate over the phone, since I do better having conversations face-to-face, but I am so grateful to have had the option! I will continue using telehealth options occasionally because transportation and childcare are sometimes difficult to obtain.”*
- ❖ *“My case manager helped me get what I needed during COVID, she met with me, she got me food and assisted with telehealth appointment”*
- ❖ *“Program could have done more telehealth phone appointments during the pandemic. It would help me a lot more because sometimes I can't come in. I have to go to the dentist or another appointment. Transportation is also an issue.”*
- ❖ *“I really appreciated the check ins I got from my therapist. I sort of dropped of it making sure I set and then attended my appointments due to my mental health but there was always some type of attempt to reach out after the fact.”*
- ❖ *“There are too many staff changes. I have a new case manager every 2 months and for me, that is very hard. I am too old to keep up. I need more time than I get at two visits a month.”*
- ❖ *“I am just very grateful for the services and treatment that I received during the pandemic.”*
- ❖ *“I have counseling over the phone via zoom meeting, and I find this helpful because I'm able to talk to a real person and still see them and help me with the situation I'm in.”*

Key Findings

- ❖ Over half of the respondents (53%) endorsed feeling **no decline** and over one-fifth of respondents (17%) endorsed feeling **minor decline** in their own mental health due to the COVID-19 crisis.
- ❖ Two-thirds of the respondents (66%) **endorsed utilizing telehealth services** during the crisis.
- ❖ Of those who utilized telehealth services, fifty-three percent endorsed **telehealth services as being extremely or very effective in maintaining their recovery** [Extremely effective (18%); Very effective (34%)].
- ❖ Of those who did not utilize telehealth services, the top three highest proportion of respondents reportedly did not access telehealth services due to **not having a cell phone** (30%), **feeling uncertain on how to use them** (22%), and **feeling uncomfortable with using telehealth services** (22%).
- ❖ Overall, respondents endorsed the majority of items as **experiencing little to no impact due to COVID-19**, especially **obtaining medication** [Strongly Disagree (16%); Disagree (60%)] or **obtaining basic needs** [Strongly Disagree (18%); Disagree (57%)]. Also, respondents reported **little to no impact due to COVID-19** in **taking medication** [Strongly Disagree (14%); Disagree (58%)].
- ❖ Nearly half of the respondents endorsed **interest in the use of telehealth services in the future** [Yes, occasionally (29%); Yes, most of the time (8%); Yes, all the time (12%)]. Nearly two-fifths of respondents endorsed only **wanting in-person services in the future** (37%).
- ❖ The top two reasons for utilizing telehealth services were due to **telehealth services appointments being more convenient** (57%) and **telehealth services appointments being easier to schedule** (34%).
- ❖ Of those who endorsed not utilizing telehealth services in the future, the two highest proportion of respondents endorsed **not feeling comfortable using telehealth services technology** (42%) and **feeling less comfortable talking in a telehealth services setting** (28%).