

Spring 2022 Mental Health Statistics Improvement Plan Supplemental Report

County of San Diego Behavioral Health Services

December 2022

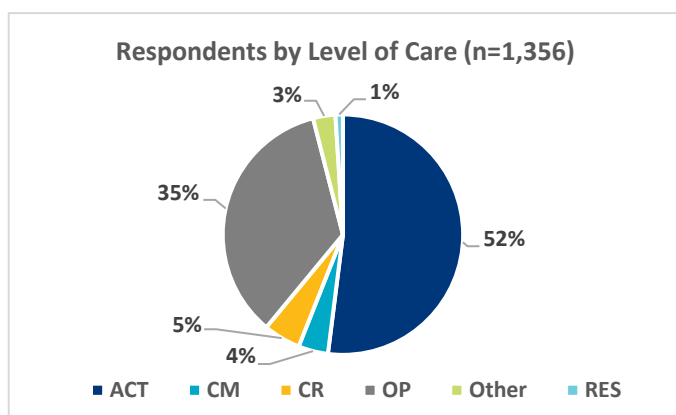
Impact of COVID-19 on Mental Health Services

As a supplement to the Spring 2022 Mental Health Statistics Improvement Plan (MHSIP) Consumer Survey, adult and older adult (AOA) consumers of the 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 the County of San Diego mental health services, and 3) the future utilization of telehealth services for AOA consumers, will provide the 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.

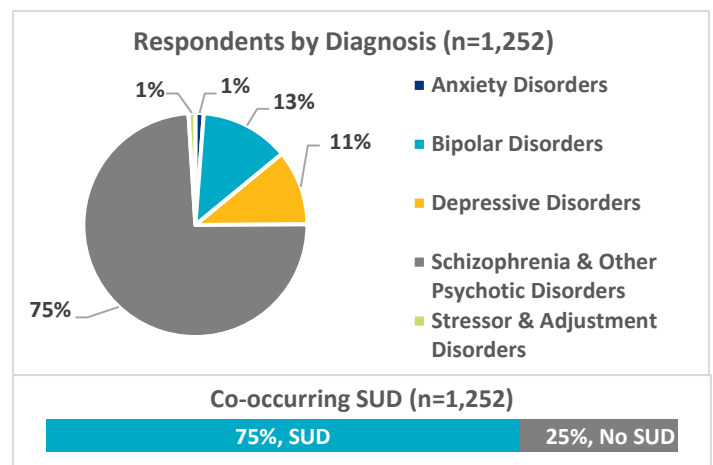
The MHSIP survey was offered to all AOA consumers of the County of San Diego mental health programs who received telehealth or face to face services during the week of May 16 – 20, 2022. This survey period utilized an online and paper survey hybrid administration of the MHSIP survey. This allowed multiple options for consumers to complete they survey depending on whether services were provided in person or via telehealth. Overall, 1,448 AOA MHSIP surveys were collected through the new online platform. Of those 1,448 responses, 1,356 responses to the COVID-19 supplemental survey questions were collected (94%). Findings from the supplemental survey are highlighted in this report.

Who provided feedback?

Over half of respondents (52%) were receiving Assertive Community Treatment (ACT) services at the time of the Spring 2022 MHSIP survey and over one-third (35%) were receiving Outpatient (OP) services. The remaining respondents were receiving Crisis Residential (CR; 5%), Case Management (CM; 4%), Other (Other; 3%), or Residential (RES; 1%) services.

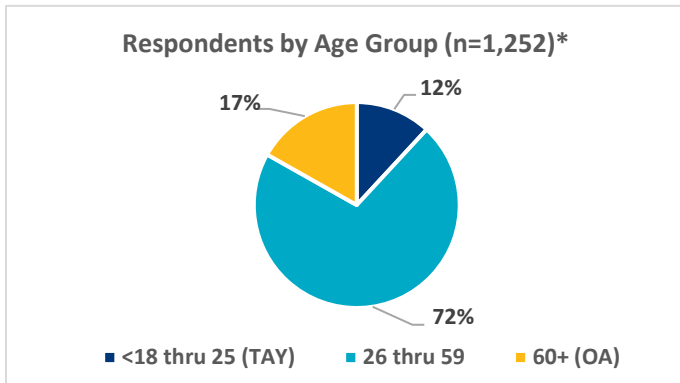


Three-fourths of respondents (75%) had a primary diagnosis of schizophrenia and other psychotic disorder. The next two most common primary diagnoses among respondents were bipolar disorders (13%) and depressive disorders (11%). In addition, three-fourths (75%) of respondents also had a co-occurring substance use disorder.



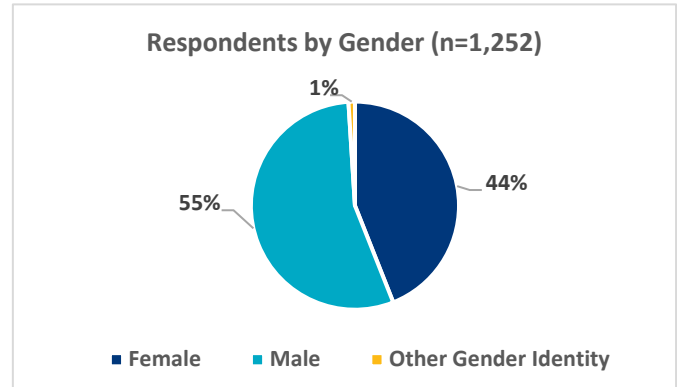
*Percentages may not sum to 100% due to rounding.

Most respondents (72%) were between 26 and 59 years of age. Consumers less than 18 to 25 years of age, referred to as transition-aged youth (TAY), represent 12% of the respondents while those 60 years or older, referred to as older adults (OA), represent the remaining 17% of respondents.

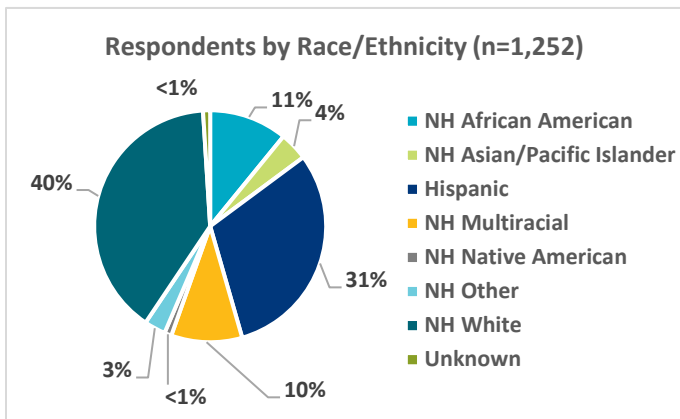


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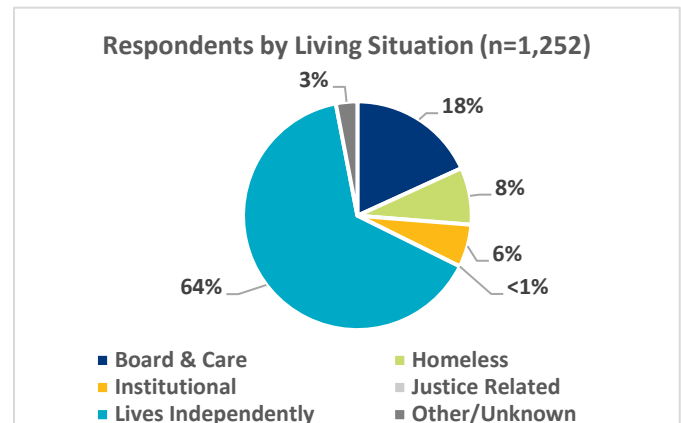
Slightly more male consumers (55%) completed the supplemental survey in Spring 2022 compared to female consumers (44%), and 1% of respondents reported one of the following gender identities: genderqueer, transgender, questioning/unsure, or another gender identity.



The largest proportion of consumers that completed the supplemental survey were White (40%), followed by Hispanic (31%), Non-Hispanic (NH) African American (11%), and NH Multiracial (10%).

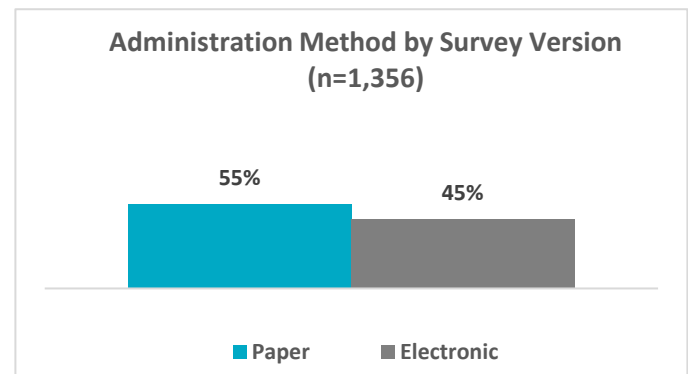


Most respondents (64%) lived independently. The next most common living situation among respondents was Board and Care (18%), followed by homeless (8%).

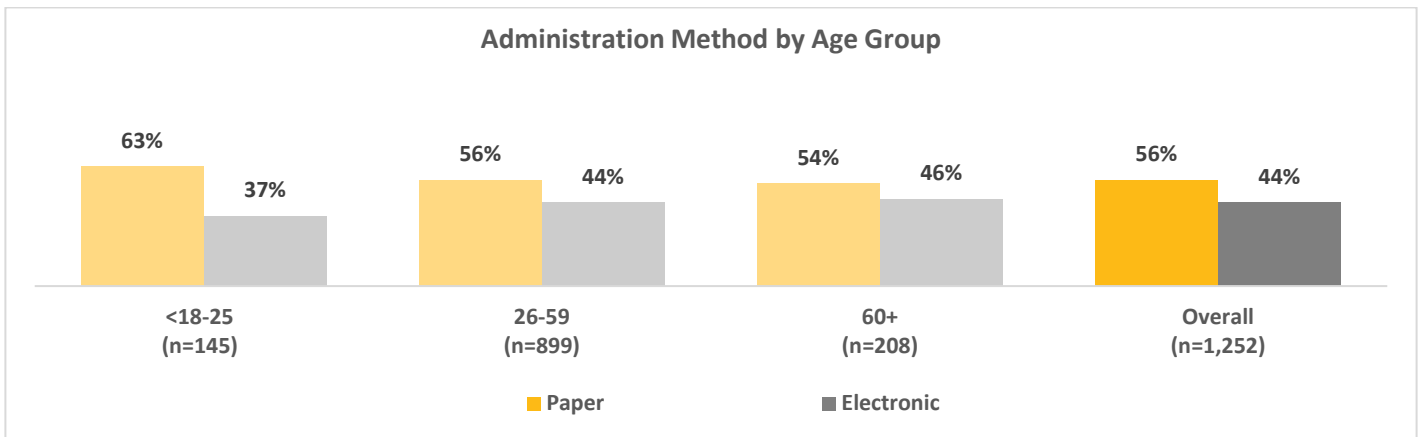


Survey Administration Method

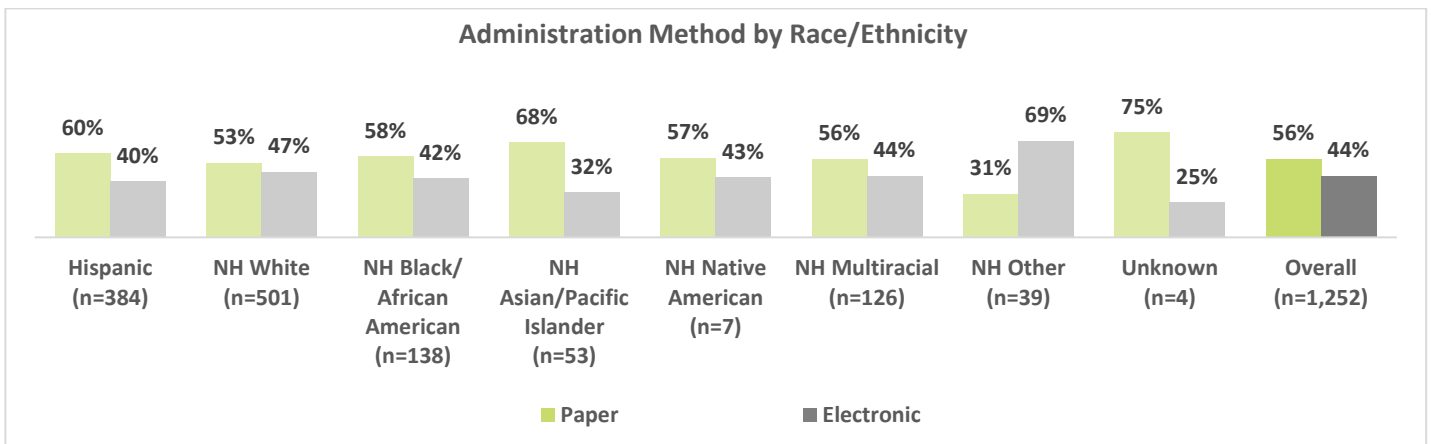
Of the 1,356 clients who answered at least one of the supplemental survey questions related to the COVID-19 pandemic, 746 (55%) of them responded to the MHSIP on paper, while 610 (45%) respondents submitted a survey electronically. When split by age group¹, a greater proportion of respondents in the younger age groups completed the MHSIP survey on paper, relative to respondents in the older age group. In all age groups, a larger proportion of respondents submitted a MHSIP on paper versus those who submitted a survey electronically.



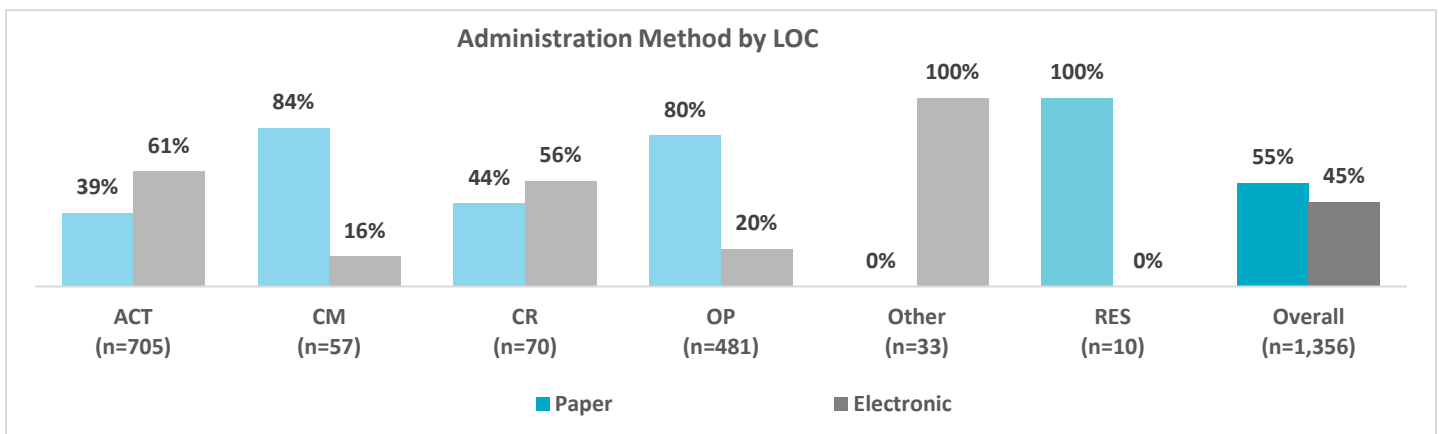
¹ Age information was unavailable for 104 respondents. Responses for these respondents are excluded from reporting of the specific age groups but included in the reporting of the Overall counts in all analyses presented by age group.



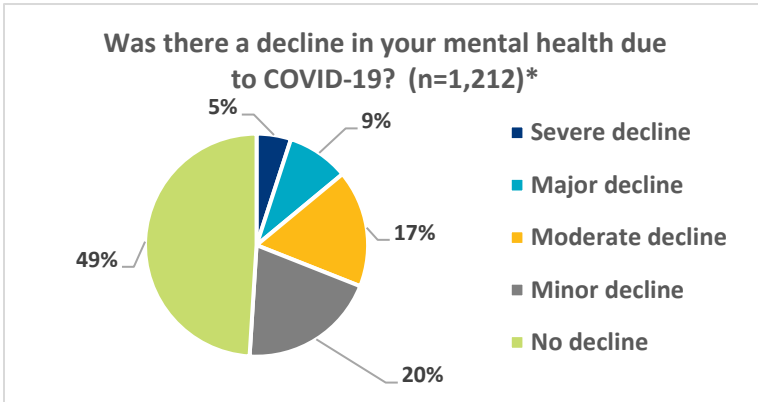
Survey administration method was also examined by racial/ethnic groupings. While the proportion of respondents who completed the survey on paper versus electronically were close to an even split across all racial/ethnic groups, a larger proportion of clients in all groups completed the survey on paper compared to electronically.



Lastly, survey administration method was examined by level of care (LOC). A greater proportion of respondents who received Other or ACT services during the survey period (Other 100%; ACT 61%) completed the survey electronically compared to those respondents who received services from an OP provider (20%) or a CM program (16%).



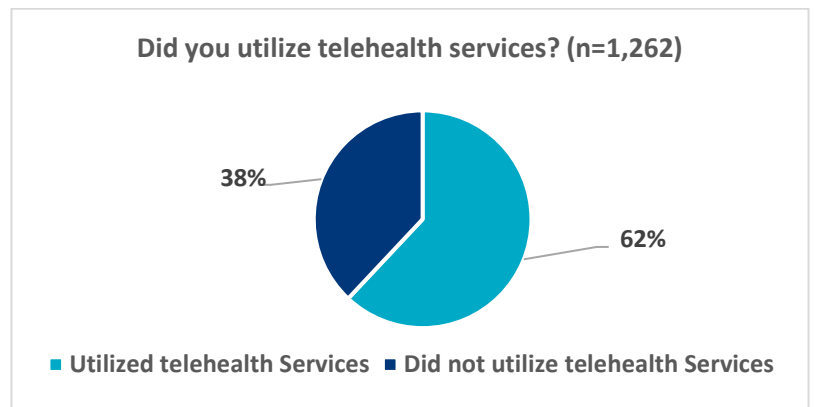
Do you feel that as a result of the COVID-19 crisis there has been a decline in your mental health?



Consumers were asked if they perceived a decline in their mental health because of the COVID-19 crisis. Nearly half of the respondents (49%) endorsed feeling **no decline** in their own mental health due to the COVID-19 crisis. Other respondents endorsed only a **minor decline** (20%) or a **moderate decline** (17%) in their mental health due to COVID-19. A minimal proportion of respondents (5%) endorsed a **severe decline** in their mental health because of the COVID-19 crisis.

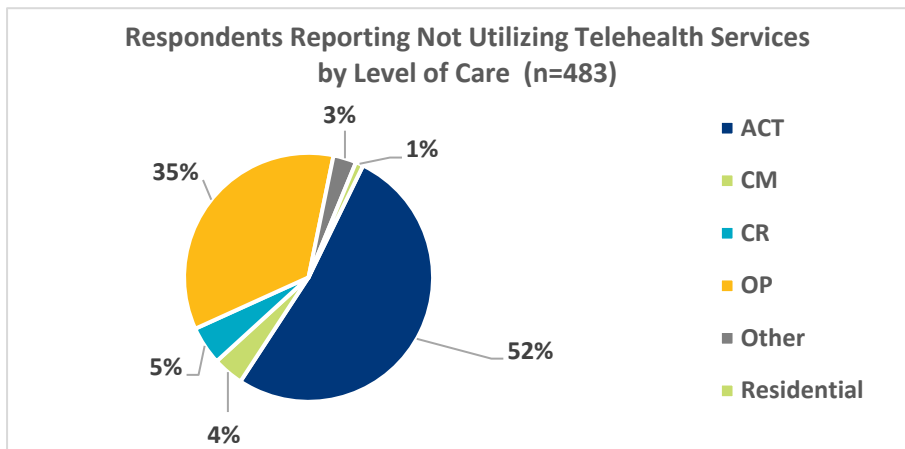
Did you utilize telehealth services (mental health services over the phone or online) from your provider during the crisis?

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, 1,262 **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?” Over three-fifths of the respondents (62%) **utilized telehealth services** during the crisis while nearly two-fifths of the respondents (38%) **did not use telehealth services** during the crisis.

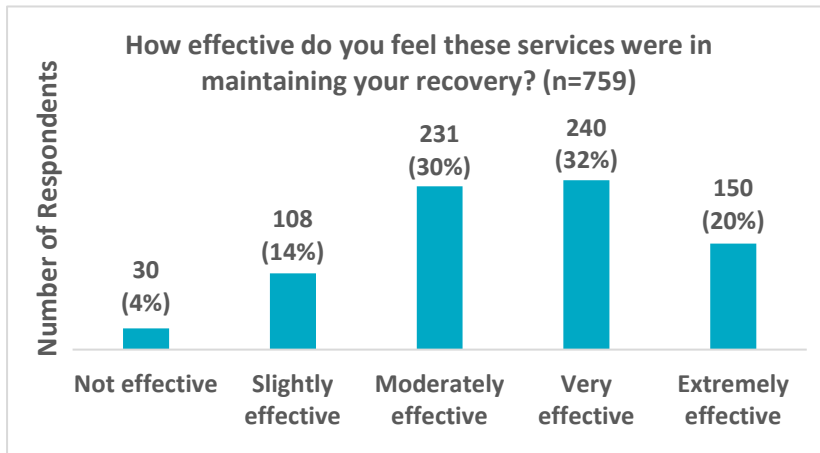


The respondents were then directed to a set of follow-up questions based on the previous response about their use of telehealth services. The **779 respondents who utilized telehealth services** were asked how effective the services were in maintaining their recovery, what method was used to access telehealth services, and how many times they accessed telehealth services during the crisis. The **483 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 **483 respondents who did not utilize telehealth services**. The largest proportion of respondents who endorsed not utilizing telehealth services were receiving ACT services (52%).



The largest proportion of respondents who endorsed not utilizing telehealth services were receiving ACT services (52%). Also, over one-third of the respondents who endorsed not utilizing telehealth services were receiving OP services (35%). The remaining respondents who endorsed not utilizing telehealth services were receiving CR (5%), CM (4%), other (3%) or RES (1%) services.



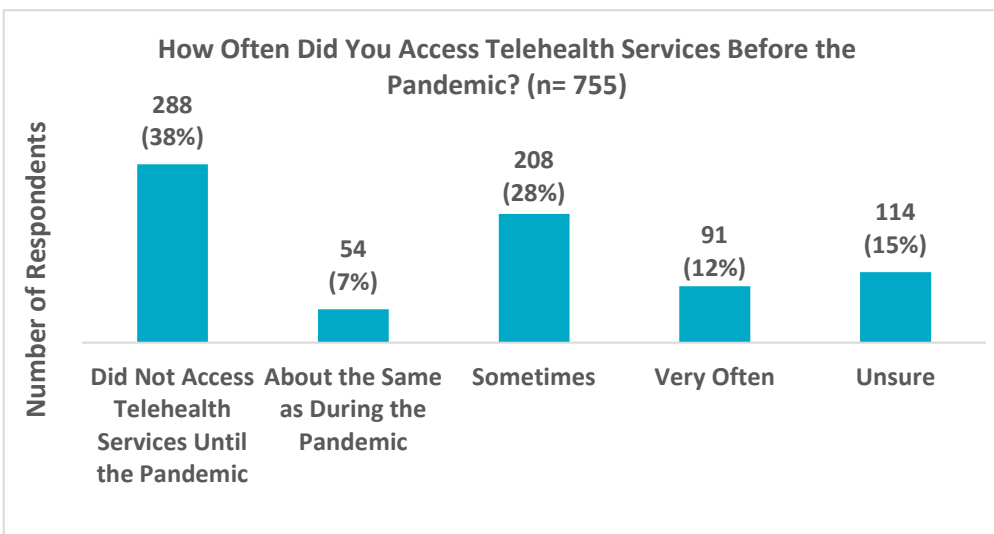
When asked about the **effectiveness of the telehealth services in maintaining their recovery**, of those who endorsed utilizing telehealth services nearly one-third endorsed that telehealth services were **very effective** (32%) in maintaining their recovery. Respondents frequently endorsed telehealth services as being **moderately effective** (30%) or **extremely effective** (20%) in maintaining their recovery. Only a small proportion of respondents endorsed telehealth services as **not effective** (4%) 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 (82%) endorsed **accessing telehealth services by phone call**. The next highest proportion of respondents (23%) 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=761)
1. By phone call (n=622).	82%
2. By live video (n=177).	23%
3. Unsure (n=39).	5%
4. Online platform (n=38).	5%
5. Prefer not to answer (n=15).	2%

*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%). Over one-fourth of the respondents endorsed utilizing telehealth services **sometimes** (28%) and over one-tenth endorsed accessing telehealth services **very often** (12%) before the crisis.

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 method to the least endorsed method in **Table 2**. Overall, the top three highest proportion of respondents reportedly did not access telehealth services due to **not being informed of the possibility/program did not offer them feeling uncertain on how to use them, other reasons, and not feeling comfortable using telehealth services**.

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

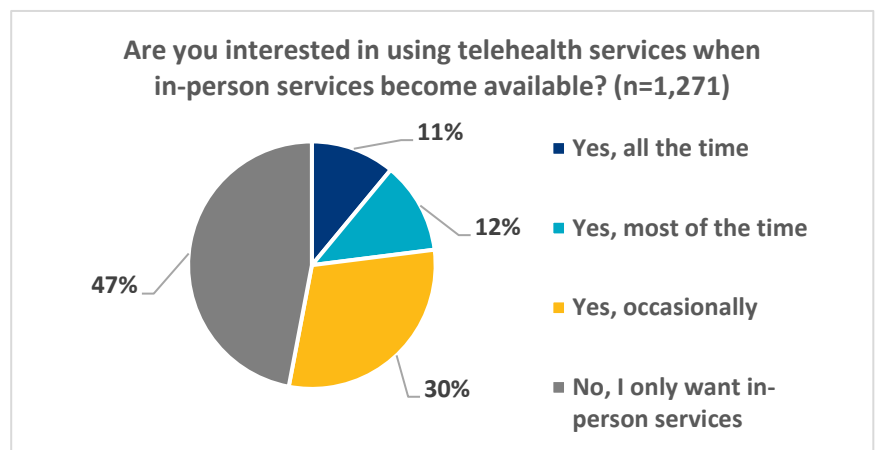
**Percent of Respondents
(n=407)**

1. I was not informed of the possibility/program did not offer them (n=93).	23%
2. Other (n=91).	22%
3. I do not feel comfortable using telehealth services (n=74).	18%
4. Uncertain on how to use them (n=71).	17%
5. I do not feel they would be effective (n=60).	15%
6. I don't have a cell phone (n=55).	14%

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







When in-person services become safe and available, do you think you will be interested in receiving telehealth services?

Consumers were asked if they would be interested in **continuing telehealth in the future even when in-person services become available**. Over half of the respondents endorsed **a desire to pursue some amount of telehealth services in the future** (Yes, occasionally [30%]; Yes, most of the time [12%]; Yes, all of the time [11%]). Nearly one-half of respondents endorsed **only wanting in-person services in the future** (47%).



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 675 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 (45%) endorsed that **telehealth services appointments are more convenient**. The next highest proportion of respondents (29%) endorsed they feel **telehealth service appointments are easier to schedule** followed by 25% 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=624)
1. Telehealth services appointments are more convenient (n=279).	 45%
2. Telehealth services appointments are easier to schedule (n=181).	 29%
3. I am more comfortable talking in a telehealth services setting (n=153).	 25%
4. Other (n=101).	 16%
5. My relationship with my therapist has been better using telehealth services (n=63).	 10%
6. It is easier for my family to participate in teletherapy sessions (n=36).	 6%

*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 asked to select the reasons **why they would not access telehealth services**. The reasons why some respondents did not endorse using telehealth services in the future are displayed below from the most endorsed reason to the least endorsed reason in **Table 4**. Overall, the three highest proportion of respondents endorsed **not feeling comfortable using telehealth services technology** (37%), **feeling less comfortable talking in a telehealth services setting** (20%), and **other** (20%).

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

	Percent of Respondents (n=492)
1. I am not comfortable using telehealth services technology (n=181).	 37%
2. I am less comfortable talking in a telehealth services setting (n=100).	 20%
3. Other (n=96).	 20%
4. I do not have reliable access to telehealth services technology (n=66).	 13%
5. Telehealth services appointments are less convenient (n=51).	 10%
6. My relationship with my therapist has not been as good using telehealth services (n=36).	 7%
7. Telehealth services are less private (n=33).	 7%
8. Telehealth services are more difficult to schedule (n=17).	 3%

*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 staff have helped me to work on my medical appointments and get the help I need.”*
- ❖ *“I trust the staff to keep everything confidential. Groups are very helpful with learning coping skills and making friends. Groups are extremely important and necessary for helping in my recovery.”*
- ❖ *“Just taking forever to find the right medication for me. Staff is nice but all the medications has just made me and my problems feel a lot worse.”*
- ❖ *“All employees & services I have received thus far have been stellar. I feel very fortunate to have been referred here.”*
- ❖ *“I have a sense of security. I know I have support when things go wrong.”*
- ❖ *“I'm happy that I'll be getting an apartment of my own and I appreciate all the work that everybody did to help me with that.”*
- ❖ *“I have received a lot of good help with employment skills and checking in with me recently, as well as attending good support groups. I hope there will be more consistency and participation in support groups soon. Thank you for the great services!”*

Key Findings

- ❖ Nearly half of the respondents (49%) endorsed feeling **no decline** and one-fifth of respondents (20%) endorsed feeling **minor decline** in their own mental health due to the COVID-19 crisis.
- ❖ Over three-fifths of the respondents (62%) **endorsed utilizing telehealth services** during the crisis.
- ❖ Of those who utilized telehealth services, over half of the respondents endorsed **telehealth services as being extremely or very effective in maintaining their recovery** (Extremely effective [20%]; Very effective [32%]).
- ❖ Of those who did not utilize telehealth services, the top three highest proportion of respondents reportedly did not access telehealth services due to **not being informed of the possibility/program did not offer them, other reasons, and not feeling comfortable using telehealth services**.
- ❖ Over one-half of the respondents endorsed **interest in the use of telehealth services in the future** (Yes, occasionally [30%]; Yes, most of the time [12%]; Yes, all of the time [11%]). Nearly one-half of respondents endorsed **only wanting in-person services in the future** (47%).
- ❖ The top two reasons for utilizing telehealth services were due to **telehealth services appointments being more convenient** (45%) and **telehealth service appointments are easier to schedule** (29%).
- ❖ Of those who endorsed not utilizing telehealth services in the future, the three highest proportion of respondents endorsed **not feeling comfortable using telehealth services technology** (37%), **feeling less comfortable talking in a telehealth services setting** (20%), and **other** (20%).