

# Spring 2024 Mental Health Statistics Improvement Plan Supplemental Report

County of San Diego Behavioral Health Services

November 2024

## Background

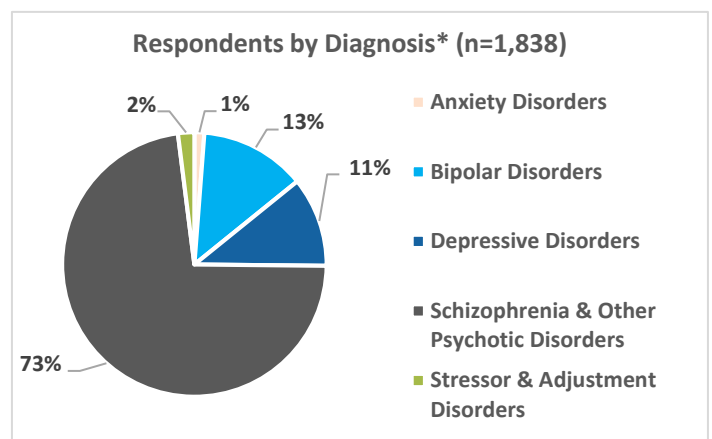
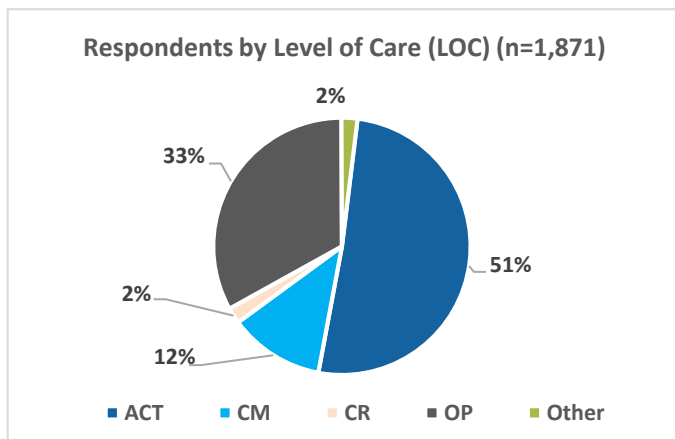
As a supplement to the Spring 2024 Mental Health Statistics Improvement Plan (MHSIP) Consumer Satisfaction Survey, adult consumers of the County of San Diego Mental Health System of Care (SDCMHSOC) were surveyed about equitable access to mental health services, cultural responsiveness, and healthcare integration.

The MHSIP survey was offered to all adult consumers of the County of San Diego mental health programs who received telehealth or face-to-face services during the week of May 20 – 24, 2024. This survey period utilized an online and paper survey hybrid administration of the MHSIP survey. This allowed multiple options for consumers to complete the survey depending on whether services were provided in person or via telehealth. Overall, 2,005 MHSIP surveys were collected. Of those 2,005 responses, 1,871 responses to the supplemental survey questions were collected (93%). Findings from the supplemental survey are highlighted in this report.

## Who provided feedback?

Over half of respondents (51%) were receiving Assertive Community Treatment (ACT) services at the time of the Spring 2024 MHSIP survey and one-third (33%) were receiving Outpatient (OP) services. The remaining respondents were receiving Case Management (CM; 12%), Crisis Residential (CR; 2%), or Other (Other; 2%) services.

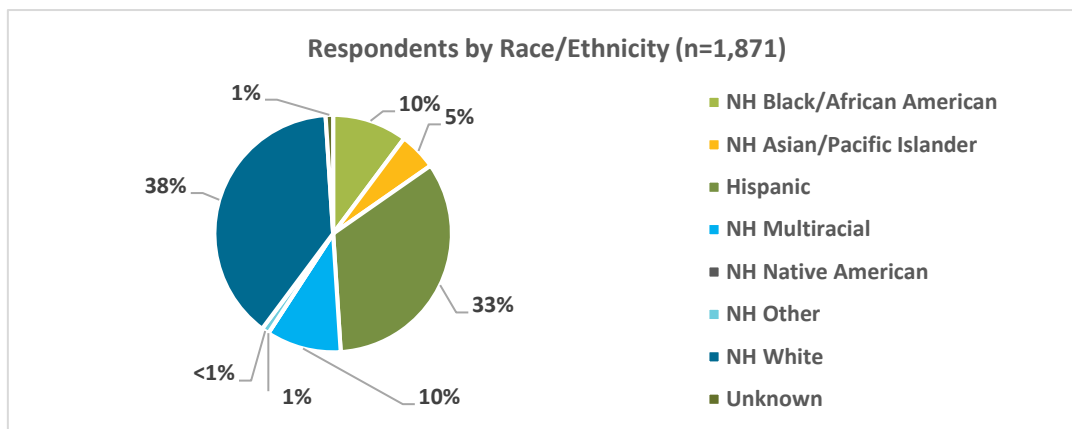
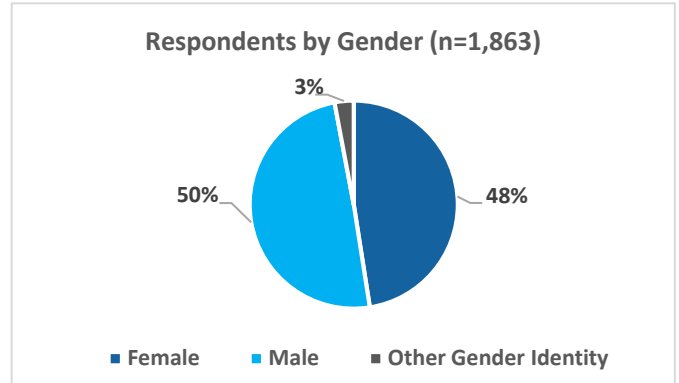
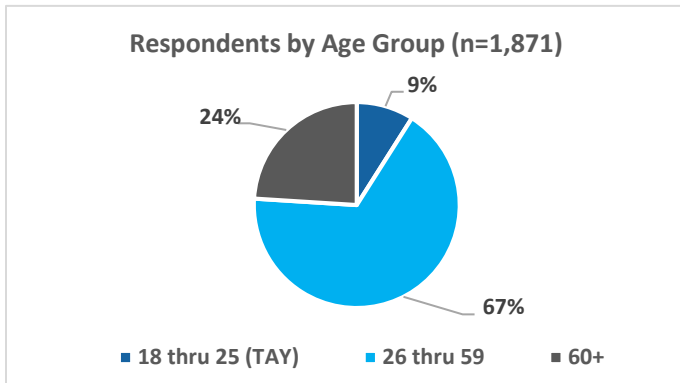
Nearly three-fourths of respondents (73%) had a primary diagnosis of schizophrenia and other psychotic disorders. The next two most common primary diagnoses among respondents were bipolar disorders (13%) and depressive disorders (11%). The remaining respondents had a primary diagnosis of anxiety disorders (1%), or stressor and adjustment disorders (2%).



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

Most respondents (67%) were between 26 and 59 years of age. Consumers 18 to 25 years of age, referred to as transition-aged youth (TAY), represented 9% of the respondents while those 60 years or older represent the remaining 24% of respondents.

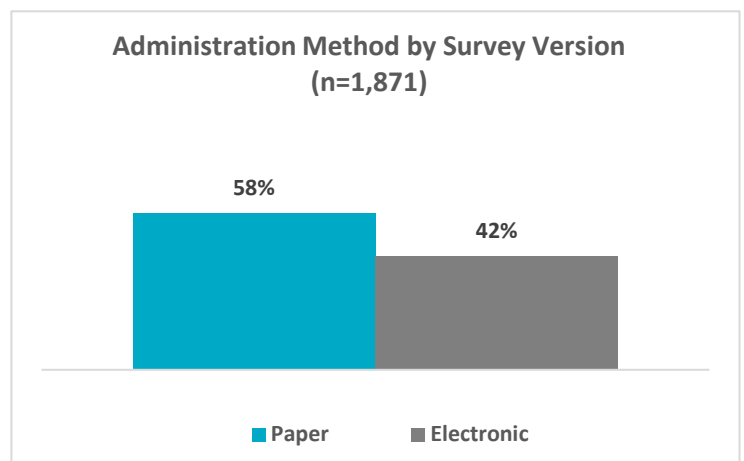
Slightly more male consumers (50%) completed the supplemental survey in Spring 2024 compared to female consumers (48%), and 3% of respondents reported one of the following gender identities represented as "Other Gender Identity" in the graph: non-binary/genderqueer, questioning/unsure, or another gender identity.

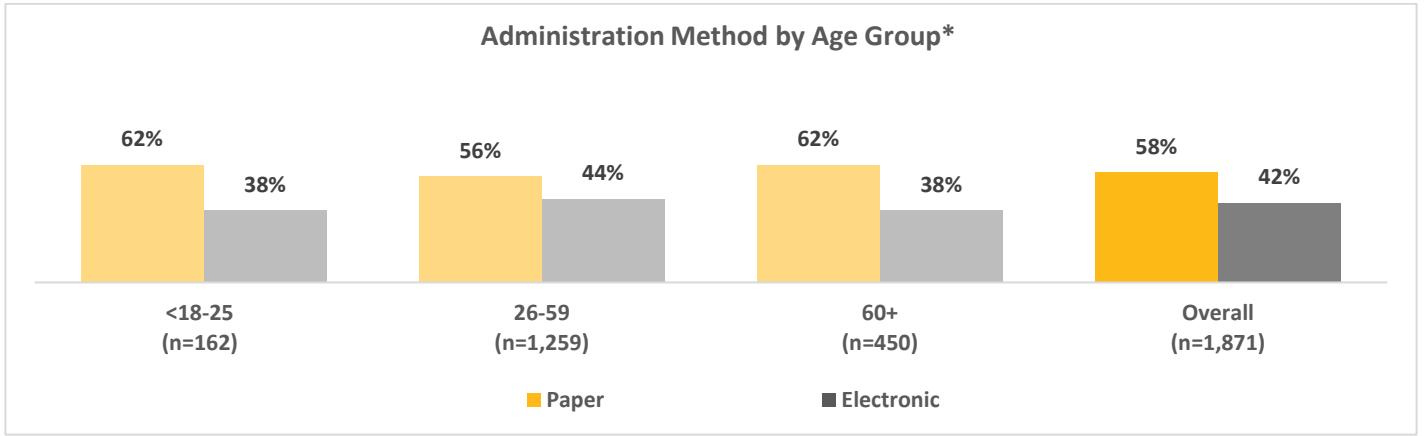


The largest proportion of consumers that completed the supplemental survey were Non-Hispanic (NH) White (38%), followed by Hispanic (33%), NH Black/African American (10%), and NH Multiracial (10%).

### Survey Administration Method

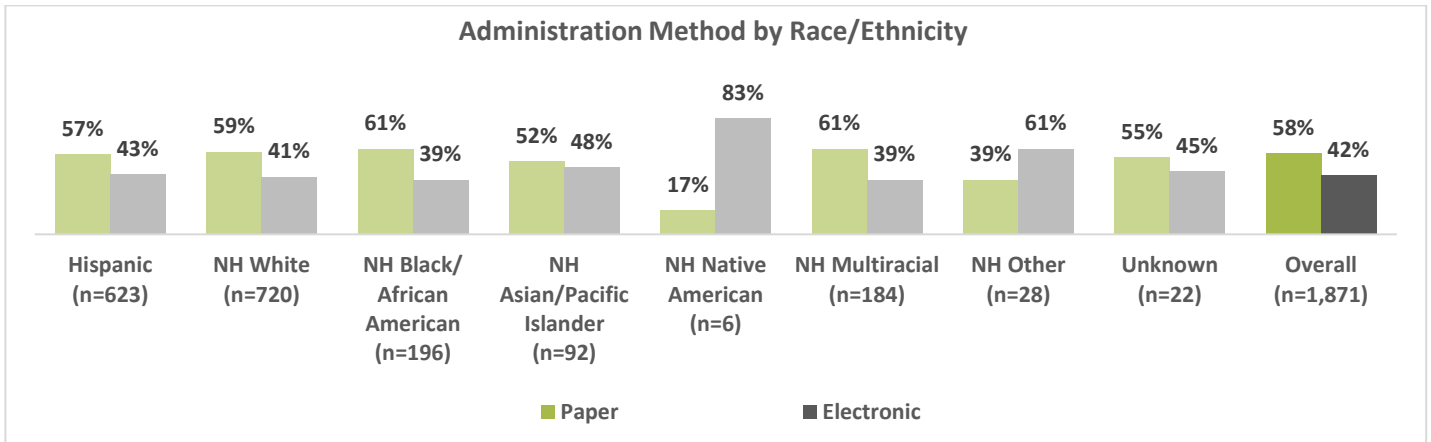
Of the 1,871 clients who answered at least one of the supplemental survey questions related to equity, cultural responsiveness, and healthcare integration with their mental health services, 1,084 (58%) of them responded to the MHSIP on paper, while 787 (42%) respondents submitted a survey electronically. When split by age group, a greater proportion of respondents in both the TAY and Adults who are over 60 years old completed the MHSIP survey on paper, relative to respondents in the 26 to 59 age group. In all age groups, a larger proportion of respondents submitted a MHSIP on paper versus those who submitted a survey electronically.



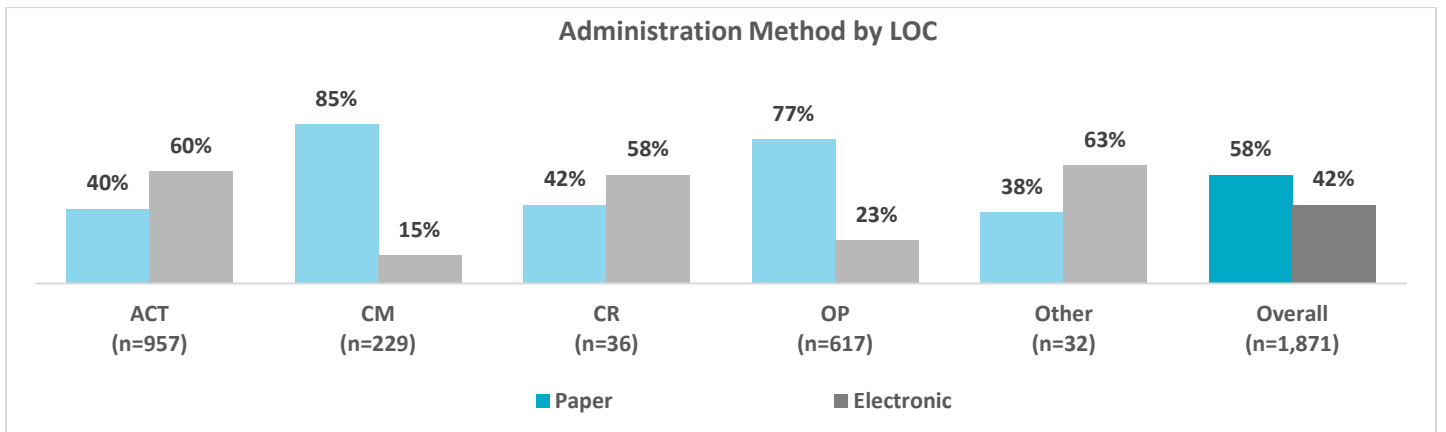


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Survey administration method was also examined by racial/ethnic groupings. While the proportion of respondents who completed the survey on paper versus electronically was close to an even split across all racial/ethnic groups, a larger proportion of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



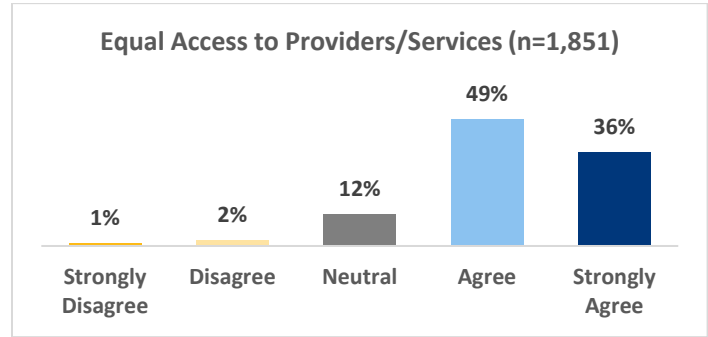
Lastly, survey administration method was examined by level of care (LOC). A greater proportion of respondents who received Other, CR, or ACT services during the survey period (Other 63%; CR 58%; ACT 60%) completed the survey electronically compared to those respondents who received services from an OP provider (23%) or a CM program (15%).



## How do clients perceive equitable access to services within the SDCMHSOC?

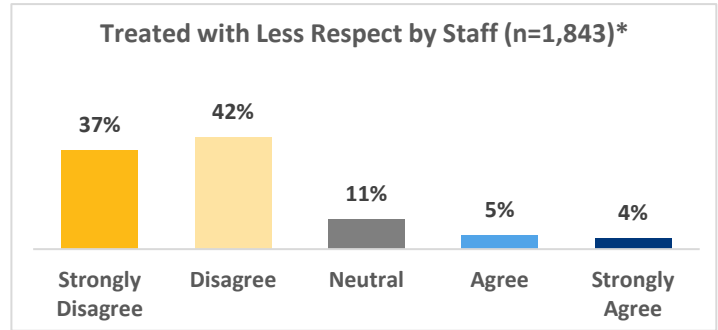
### Overall Perceived Access to MH Treatment Services

The majority of respondents (85%) agreed or strongly agreed with the statement, “I have the same access to providers/services as other clients in this program.” Over one-third (36%) strongly agreed with the statement. Only 3% of respondents disagreed or strongly disagreed with the statement, while the remaining 12% reported feeling neutral.



### Overall Perceived Treatment by Staff

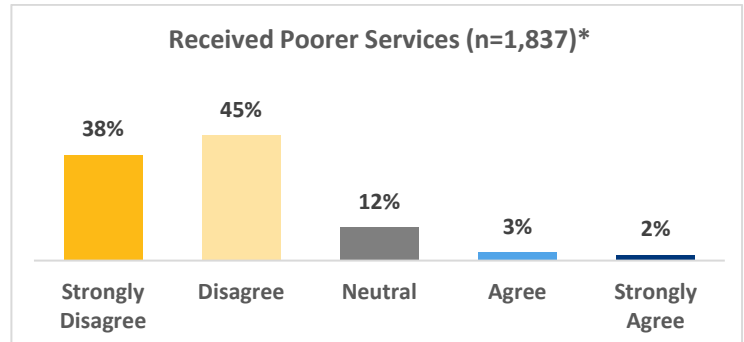
Respondents were also asked how much they agreed or disagreed with the statement, “I am treated with less respect by staff than other clients in this program.” Nearly four-fifths (79%) of respondents disagreed or strongly disagreed that they were treated with less respect by staff than other clients, while more than one-tenth (11%) reported feeling neutral. The remaining 9% of respondents agreed or strongly agreed with the statement.



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### Overall Perceived Standard of Services

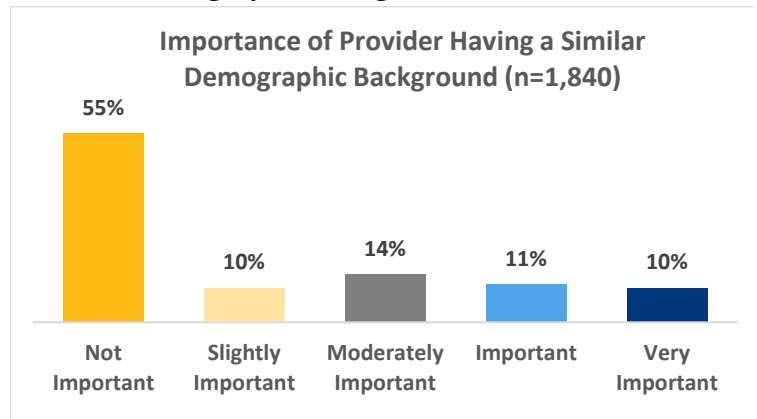
Respondents were also asked how much they agreed or disagreed with the statement, “I receive poorer services than other clients in this program.” Over four-fifths (83%) of respondents disagreed or strongly disagreed that they received poorer services than other clients, while more than one-tenth (12%) reported feeling neutral. The remaining 4% of respondents agreed or strongly agreed with the statement.



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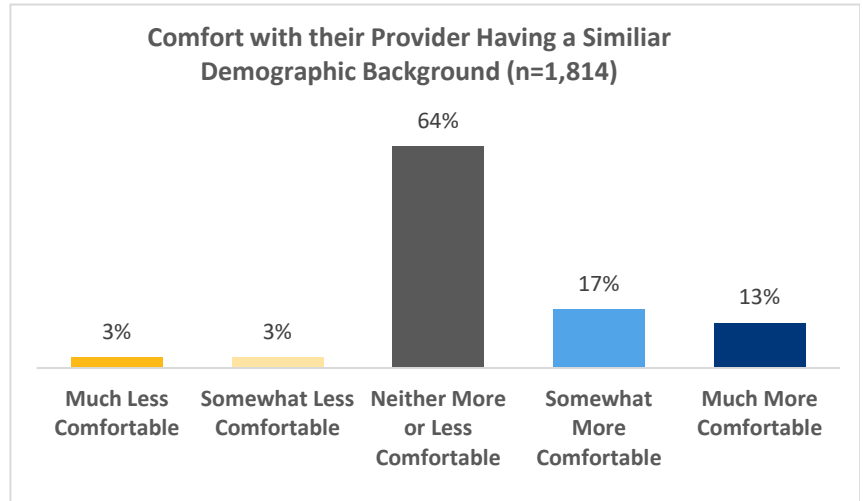
### Importance of a Client’s Treatment Provider Having a Similar Demographic Background

Respondents were also asked their rating the level of importance of the statement, “How important is it to you that your mental health provider has the same demographic background as you?” Over half of the respondents (55%) did not perceive it to be important to have a provider of similar background to theirs. The rest of the respondents perceived the level of importance to have a provider of similar background to theirs reported the following: very important (10%), important (11%), moderately important (14%), and slightly important (10%).



## Comfort with a Client’s Treatment Provider with a Similar Demographic Background

When asked how comfortable they felt with the statement, “Would you feel more comfortable with your mental health provider if they had the same demographic background as you?” nearly two-thirds (64%) of respondents felt neither more or less comfortable with a treatment provider who has a similar demographic background as theirs. Nearly one-third (30%) of the respondents reported feeling much more or somewhat more comfortable if the treatment provider had a similar demographic background to theirs. The remaining 6% of respondents reported feeling much less or somewhat less comfortable.



Respondents were then asked to select all the listed demographic traits of their mental health provider that is the same as them. **Table 1** displays the proportion of respondents that endorsed each demographic trait they have in common with their mental health provider from the most endorsed trait to the least endorsed trait. Overall, the highest proportion of respondents (44%) endorsed that **their mental health provider is the same gender as them**. The next highest proportion of respondents (34%) endorsed **none of the above as the option of the trait their mental health provider has as them**, followed by 23% of respondents endorsing **their mental health provider is the same race as them**.

**Table 1: “My mental health provider has the same \_\_\_\_\_ as me”\***

	Percent of Respondents (n=1,745)
1. Same gender (n=760).	44%
2. None of the above (n=589).	34%
3. Same race (n=395).	23%
4. Same sexual identity (n=243).	14%
5. Same ethnicity (n=235).	13%
6. Same age (n=211).	12%
6. Other (n=140).	8%
7. Same social status (n=116).	7%

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

Respondents were then asked to select all the listed demographic traits they would want their mental health provider to have. **Table 2** displays the proportion of respondents that endorsed each demographic trait in their mental health provider

from the most endorsed trait to the least endorsed trait. Overall, the highest proportion of respondents (67%) endorsed that **demographic traits in their mental health providers did not matter**. The next highest proportion of respondents (19%) endorsed they **want a mental health provider that is the same gender as them**, followed by 9% of respondents endorsing they **want a mental health provider that is the same race as them**.

	Percent of Respondents (n=1,762)
1. It doesn't matter (n=1,189).	67%
2. Same gender (n=341).	19%
3. Same race (n=156).	9%
4. Same age (n=147).	8%
5. Same sexual identity (n=129).	7%
6. Same ethnicity (n=126).	7%
7. Same social status (n=108).	6%
8. Other (n=95).	5%

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

### What are the top mental health priorities in your community?

Respondents were then asked to rank what they feel the top 3 mental health priorities in their community should be from a list. **Table 3** displays the proportion of respondents that endorsed each mental health priority. Overall, the highest proportion of respondents (61%) endorsed **housing/economic insecurity as a top mental health priority in their community**. The next highest proportion of respondents (49%) endorsed **transportation to services**, followed by 45% of respondents endorsing **cost of services as top mental health priorities in their community**.

	Percent of Respondents (n=1,575)
1. Housing/economic insecurity (n=966).	61%
2. Transportation to services (n=770).	49%
3. Cost of services (n=708).	45%
4. Lack of awareness of care options/resources (n=520).	33%

5. Long wait times to schedule appointments (n=499).	32%
6. Addressing stigma (n=448).	28%
7. Substance misuse and addiction (n=447).	28%
8. Youth mental health and substance use (n=435).	28%
9. Not enough providers (n=391).	25%
10. Language barriers (n=265).	17%
11. Not enough diverse providers (n=238).	15%
12. Another issue (n=137).	9%

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




## How do clients desire communication on service improvements from the County of San Diego Behavioral Health Services (BHS)?

Respondents were asked how they prefer BHS to communicate service improvements to the community. **Table 4** displays the proportion of respondents that endorsed each communication method. Overall, the highest proportion of respondents (44%) endorsed **direct mail as a preferred method of communication from BHS**. The next highest proportion of respondents (38%) endorsed **community events as a preferred method of communication from BHS**, followed by 37% of respondents endorsing **social media**.

**Table 4: Preferred Methods of Communication from BHS\***

	Percent of Respondents (n=1,569)
1. Direct Mail (n=696).	44%
2. Community Events (n=591).	38%
3. Social Media (n=580).	37%
4. Flyers and Brochures (n=543).	35%
5. Public Meetings (n=535).	34%
6. Community Meetings (n=458).	29%
7. Website Updates (n=420).	27%
8. Newsletter (n=398).	25%
9. Partnerships with Community Organizations (n=376).	24%



10. Press Release (n=222).	 14%
11. Multilingual Materials (n=205).	 13%
12. Signage (n=160).	 10%

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

## Key Findings

- ❖ A total of **1,871 clients** who received services from SDCMHSOC providers during the week of May 20 – 24, 2024, responded to at least one question on the MHSIP 2024 Supplemental survey.
- ❖ Most respondents (67%) were between the ages of **26 and 59 years of age** and identified as male (50%).
- ❖ The racial/ethnic groups that respondents most often identified with were **NH White** (38%) and **Hispanic** (33%).
- ❖ **More than half** of respondents (51%) were served by **ACT treatment providers** during the survey period, followed by 33% of respondents being served by outpatient providers.
- ❖ **The majority** of the respondents (58%) **submitted the paper version** of the survey, while 42% of respondents submitted a survey electronically.
- ❖ **The majority** of respondents (85%) **agreed or strongly agreed** with the statement, “I have the same access to providers/services as other clients in this program,” and only 3% disagreed or strongly disagreed with the statement.
- ❖ **Nearly four-fifths** (79%) of respondents **disagreed or strongly disagreed** that they were treated with less respect by staff than other clients, while nearly one-tenth (9%) of respondents agreed or strongly agreed with the statement.
- ❖ **Over four-fifths** (83%) of respondents **disagreed or strongly disagreed** that they received poorer services than other clients, while less than one-tenth (4%) of respondents agreed or strongly agreed with the statement.
- ❖ **Over half** of the respondents (55%) **did not perceive it to be important** to have a provider of similar background to theirs.
- ❖ **Nearly two-thirds** (64%) of respondents **felt neither more or less comfortable** with a treatment provider who has a similar demographic background as theirs. Nearly one-third (30%) of the respondents reported feeling much more or somewhat more comfortable if the treatment provider had a similar demographic background to theirs.
- ❖ Overall, the highest proportion of respondents (44%) endorsed that **their mental health provider is the same gender as them**.
- ❖ Overall, the highest proportion of respondents (67%) endorsed that **demographic traits in their mental health providers did not matter**.
- ❖ **The majority** (61%) reported **housing/economic insecurity** as the top mental health priority of their community. The next highest proportion of respondents (49%) endorsed **transportation to services**, followed by 45% of respondents endorsing **cost of services** as top mental health priorities in their community.
- ❖ When asked what is the preferred method of communication from BHS, **nearly half** (44%) of respondents who reported **direct mail** and over two-thirds responded **community events** (38%) and **social media** (37%).