

Impact of COVID-19 on Mental Health Services

Spring 2020 MHSIP Supplemental Report

County of San Diego Behavioral Health Services

December 2020

Impact of COVID-19 on Mental Health Services

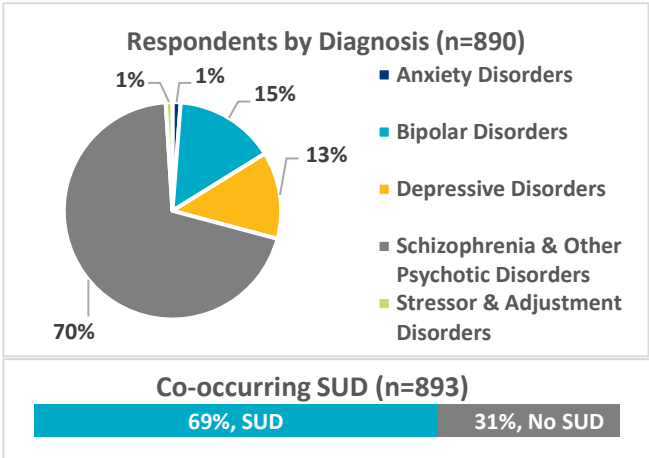
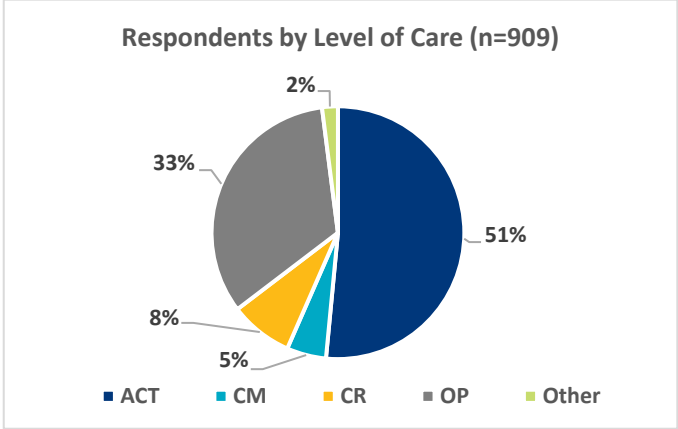
As a supplement to the Spring 2020 Mental Health Statistics Improvement Plan (MHSIP) Consumer Survey, adult and older adult (AOA) consumers of San Diego County mental health programs were surveyed regarding their experience with accessing and utilizing services during the COVID-19 pandemic and their 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 San Diego County mental health services, and 3) the future utilization of telehealth services for AOA consumers, will provide San Diego County 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 San Diego County.

The MHSIP survey was offered to all AOA consumers of San Diego County mental health programs who received telehealth or face to face services during the week of June 22 – 26, 2020. This survey period commenced the first launch of an online platform to administer the MHSIP survey compared to the paper version used in prior years. Overall, 1,063 Adult or Older Adult MHSIP surveys were collected through the new online platform. Of those 1,063 responses, 909 responses to the COVID-19 supplemental survey questions were collected (86%). Findings from the supplemental survey are highlighted in this report.

Who provided feedback?

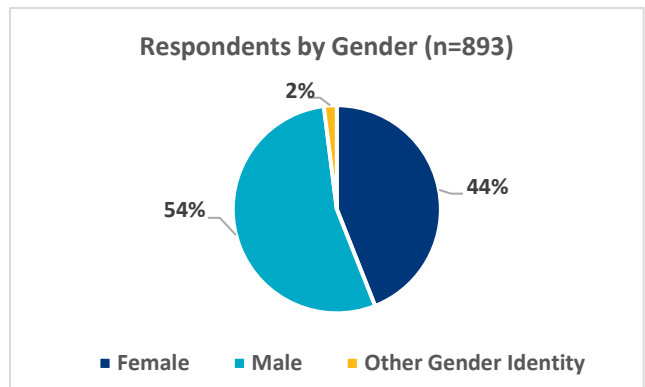
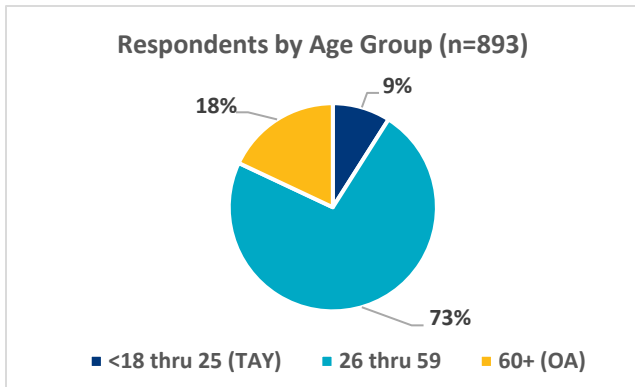
More than half of respondents (51%) were receiving Assertive Community Treatment (ACT) services at the time of the Spring 2020 MHSIP survey and one-third (33%) were receiving Outpatient (OP) services. The remaining respondents were receiving Case Management (CM; 5%), Crisis Residential (CR; 8%), or other (2%) services.

Over two-thirds of respondents (70%) had a primary diagnosis of schizophrenia and other psychotic disorder. The next two most common primary diagnoses among respondents were bipolar disorders (15%) and depressive disorders (13%). In addition to a primary diagnosis, over two-thirds (69%) of respondents also had a history of a substance use disorder.



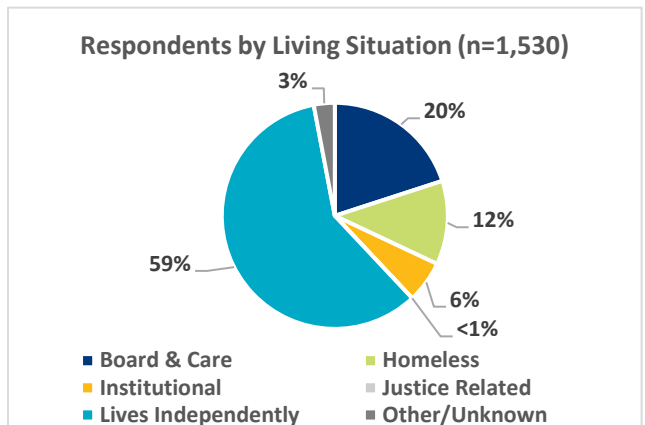
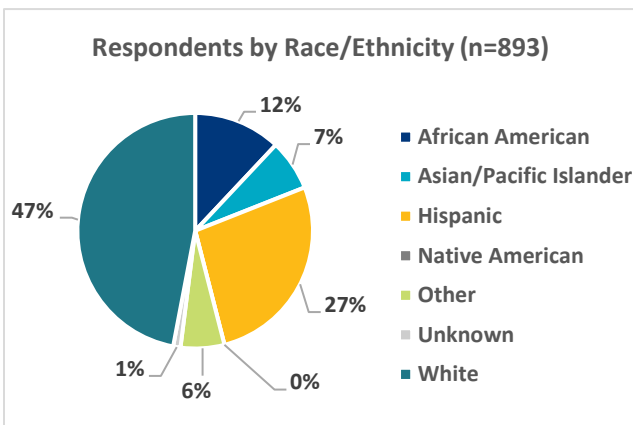
Most respondents (73%) were between 26 and 59 years of age. Consumers less than 18 through 25 years of age, referred to as transition-aged youth (TAY), comprised 9% of the respondents while those age 60 years or older, referred to as older adults (OA), comprised the remaining 18% of respondents.

Slightly more male consumers (54%) completed the supplemental survey in Spring 2020 compared to female consumers (44%), and 2% of respondents reported one of the following gender identities: genderqueer, transgender, questioning/unsure, or another gender identity.



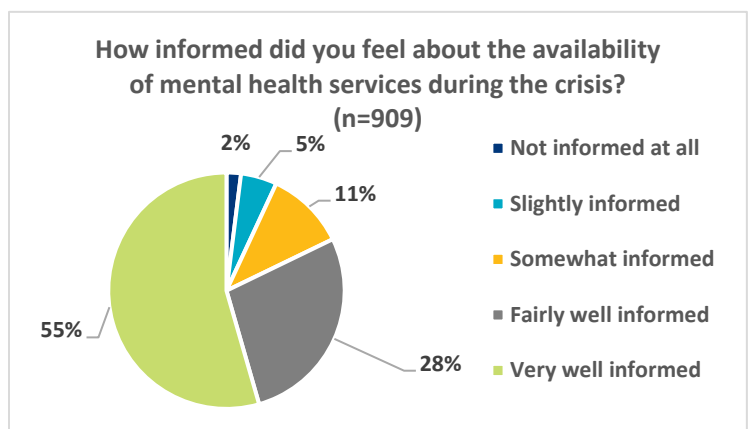
The largest proportion of consumers that completed the supplemental survey were White (47%), followed by Hispanic (27%) and African American (12%).

Most respondents (59%) lived independently. The next most common living situation among respondents was Board and Care (20%), followed by homeless (12%).

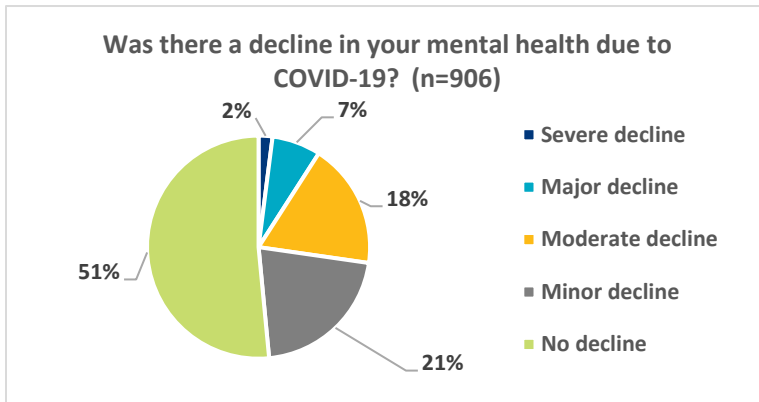


How well informed did you feel about the availability of mental health services during the crisis?

The first question of the COVID-19 supplemental survey focused on how informed the respondents felt regarding the availability of mental health services during the COVID-19 crisis. Over half of the respondents (55%) endorsed feeling **very well informed**, along with over one-quarter of respondents (28%) feeling **fairly well informed** about the availability of mental health services during the COVID-19 crisis. A minimal proportion of respondents (2%) endorsed feeling **not informed at all** regarding the availability of mental health services during the COVID-19 crisis.



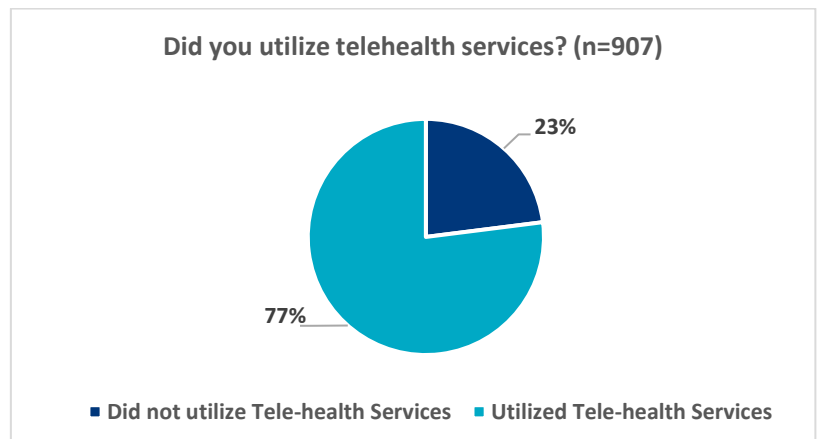
Do you feel that as a result of the COVID-19 crisis there has been a decline in your mental health?



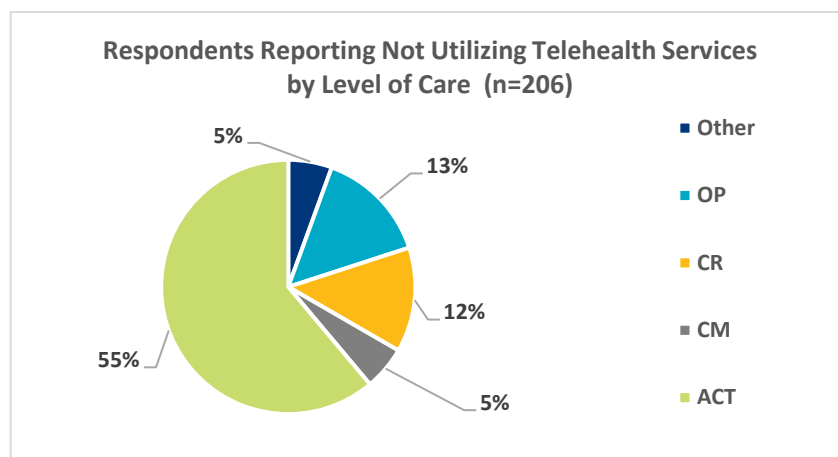
Consumers were asked if they perceived a decline in their mental health because of the COVID-19 crisis. About half of the respondents (51%) endorsed feeling **no decline** in their own mental health due to the COVID-19 crisis. Other respondents endorsed only a **minor decline** (21%) or a **moderate decline** (18%) in their mental health due to COVID-19. A minimal proportion of respondents (2%) 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?

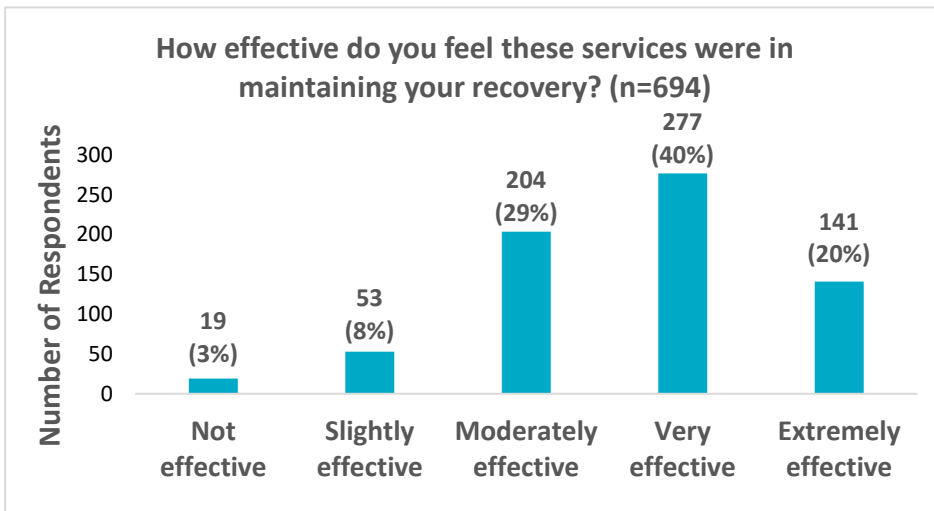
The next set of questions in the COVID-19 supplemental survey focused on the utilization of telehealth services over the phone or online during the crisis. Overall, **907 respondents** provided a yes or no response to the question “Did you utilize telehealth services (mental health services over the phone or online) from your provider during the crisis?” Approximately three-quarters of the respondents (77%) **utilized telehealth services** during the crisis while roughly one-fourth of the respondents (23%) **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 **701 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 **206 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 **206 respondents who did not utilize telehealth services**. The largest proportion of respondents who endorsed not utilizing telehealth services were receiving ACT services (55%). Also, more than one-eighth 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 (12%), CM (5%), or other (5%) services.

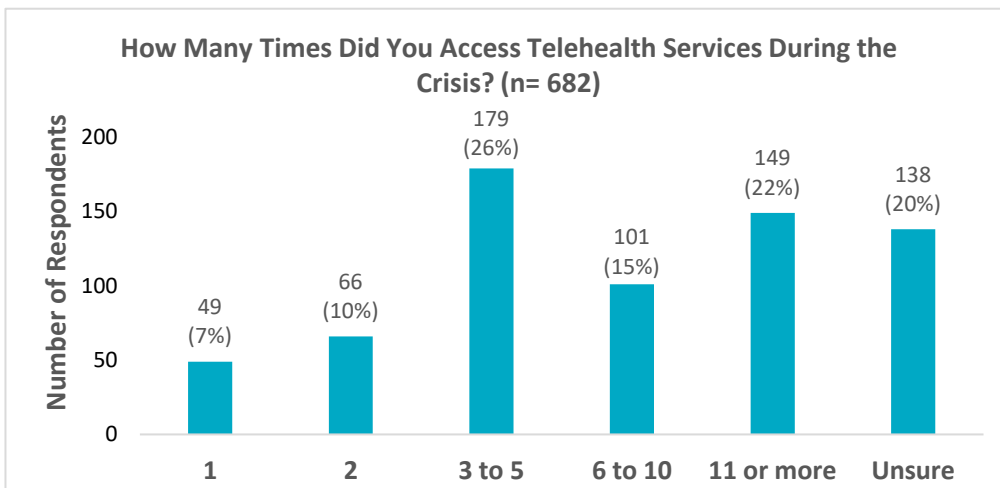


When asked about the **effectiveness of the telehealth services in maintaining their recovery**, of those who endorsed utilizing telehealth services two-fifths endorsed that telehealth services were **very effective (40%)** in maintaining their recovery. Respondents frequently endorsed telehealth services as being **moderately effective (29%)** or **extremely effective (20%)** in maintaining their recovery. Only a small proportion of respondents endorsed telehealth services as **not effective (3%)** 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 (88%) endorsed **accessing telehealth services by phone call**. The next highest proportion of respondents (17%) endorsed **accessing telehealth services by live video**. A small proportion of respondents (4%) endorsed **accessing telehealth services by an online platform**.

Method	Percent of Respondents (n=693)
1. By phone call (n=608).	88%
2. By live video (n=116).	17%
3. Online platform (n=27).	4%
4. Prefer not to answer (n=11).	2%
5. Unsure (n=8).	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 many times they accessed these services. The largest proportion of respondents reported accessing telehealth services **between 3 to 5 times (26%)** during the crisis. Almost one-fourth of the respondents who endorsed utilizing telehealth services reported accessing telehealth services **11 or more times (22%)** during 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 highest proportion of respondents (27%) reportedly did not access telehealth services due to **not having a cell phone**. The next highest proportion of respondents (19%) reportedly did not access telehealth services due to **feeling uncertain on how to use them**.

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

**Percent of Respondents
(n=198)**

1. I do not have a cell phone (n=53).	27%
2. Uncertain on how to use them (n=38).	19%
3. I was not informed of the possibility/program did not offer them (n=35).	18%
4. Other (n=35).	18%
5. I do not feel they would be effective (n=25).	13%
6. I do not feel comfortable using telehealth services (n=23).	12%

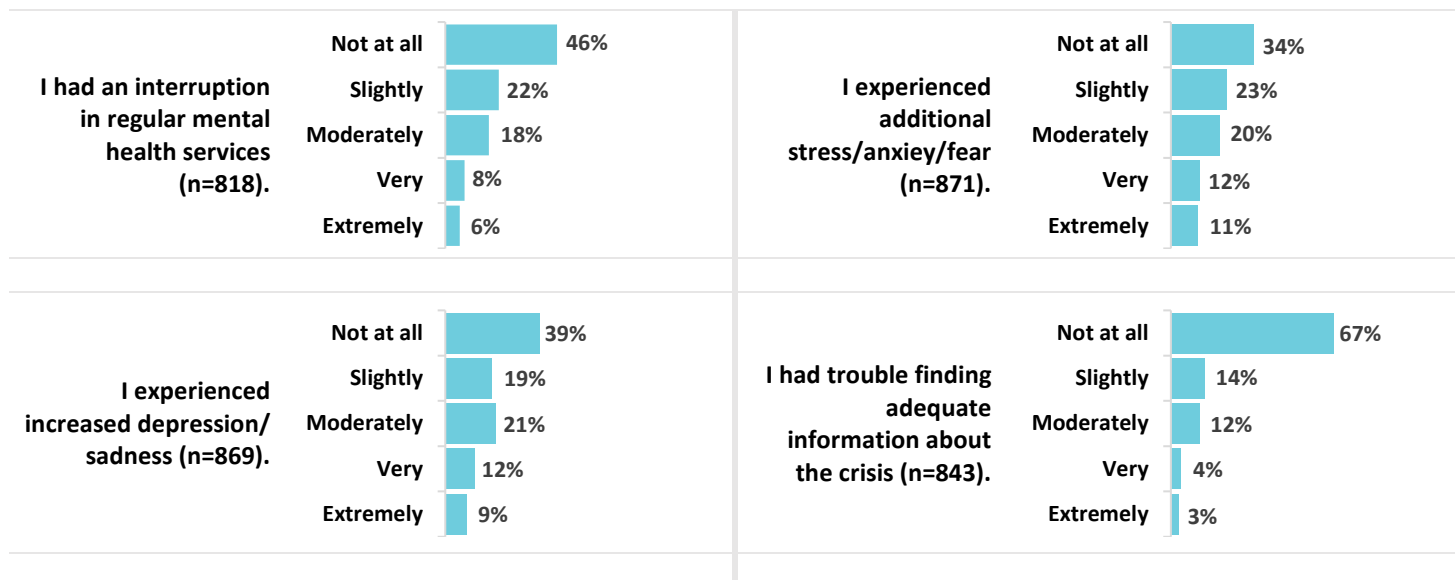
*Percentage is based on the proportion of respondents who endorsed each reason. Multiple responses were permitted for each respondent.

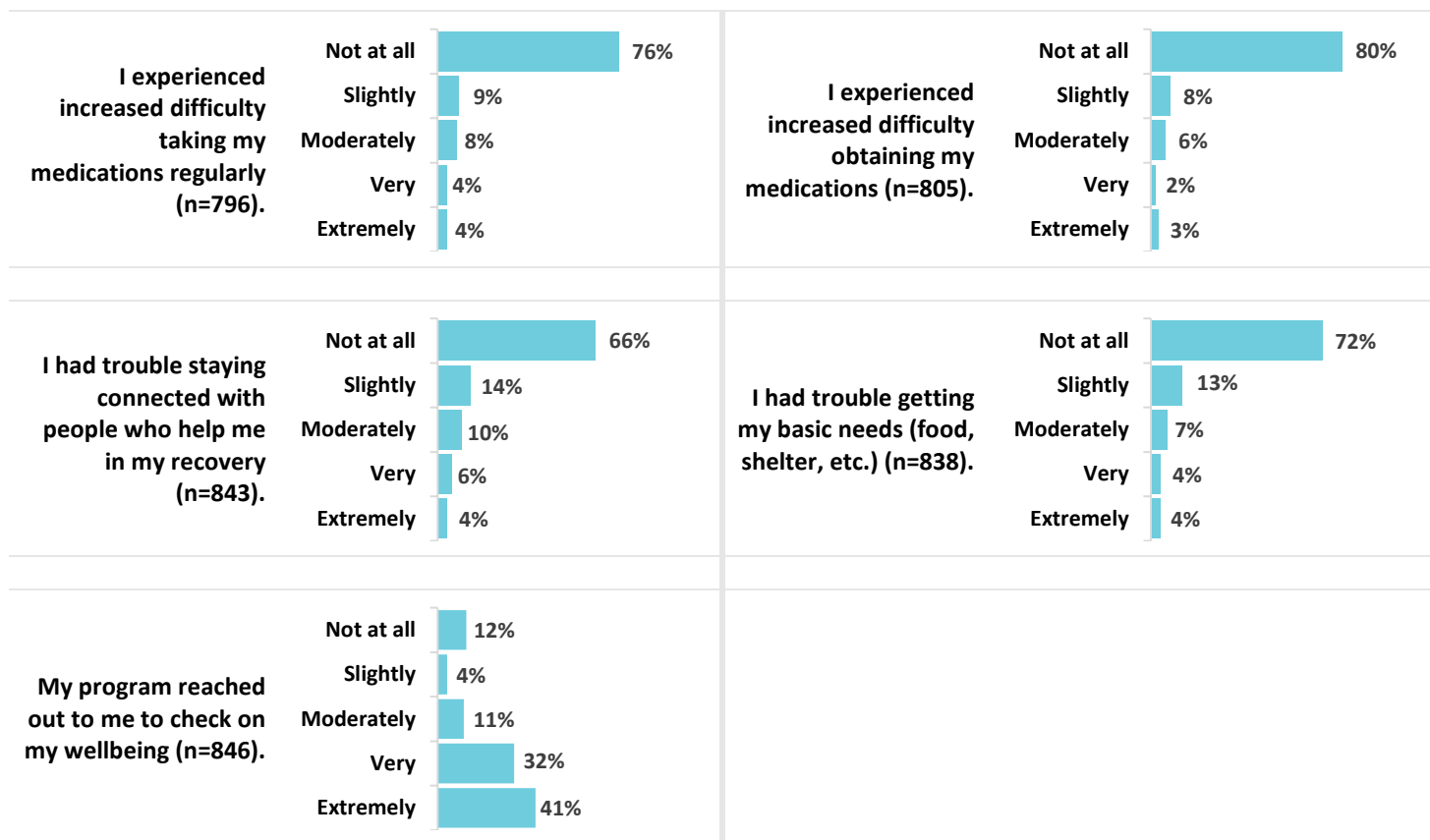
Impact on Mental Health due to COVID-19

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 taking or obtaining medication**. The results also indicated **providers were effective in reaching out to clients to check on their well-being during the crisis** [Extremely (41%); Very (32%)].

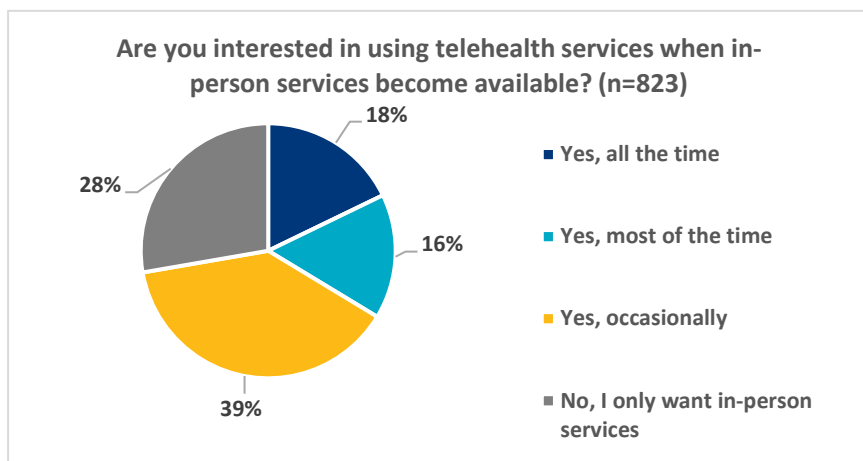
Impact on Mental Health due to COVID-19





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**. Nearly three-quarters of the respondents endorsed **a desire to pursue some amount of telehealth services in the future** [Yes, occasionally (39%); Yes, most of the time (16%); Yes, all of the time (18%)]. Over one-fourth of respondents endorsed **only wanting in-person services in the future** (28%).



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 595 **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 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 (28%) endorsed **telehealth services appointments are easier to schedule** followed by 27% 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=559)
1. Telehealth services appointments are more convenient (n=320).	57%
2. Telehealth services appointments are easier to schedule (n=159).	28%
3. I am more comfortable talking in a telehealth services setting (n=150).	27%
4. Other (n=62).	11%
5. My relationship with my therapist has been better using telehealth services (n=47).	8%
6. It is easier for my family to participate in teletherapy sessions (n=41).	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 highest proportion of respondents (30%) endorsed **not feeling comfortable using telehealth services technology**. The next highest proportion of respondents (29%) endorsed **feeling less comfortable talking in a telehealth services setting**. The third highest proportion of respondents (15%) endorsed **not having reliable access to telehealth services technology**.

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

	Percent of Respondents (n=214)
1. I am not comfortable using telehealth services technology (n=64).	30%
2. I am less comfortable talking in a telehealth services setting (n=61).	29%
3. I do not have reliable access to telehealth services technology (n=33).	15%
4. Other (n=31).	15%
5. My relationship with my therapist has not been as good using telehealth services (n=28).	13%
6. Telehealth services appointments are less convenient (n=22).	10%
7. Telehealth services are less private (n=21).	10%
8. Telehealth services are more difficult to schedule (n=10).	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:

- ❖ *“This crisis has just showed me that I do not need to physically go into a location to get help for my mental problems. I kind of feel safer doing it over the phone and away from people that can agitate my thoughts or voices that I hear.”*
- ❖ *“I don't have to drive all the way till there (it takes me almost an hour)”*
- ❖ *“Until there is a cure, and everyone has access to take a COVID exam, I prefer to take the precautionary measures available to me. That includes having my appointments over the phone”*
- ❖ *“Not having my regular therapist reach out to me for a simple check-in and not informing me when telecommunication were to begin.”*
- ❖ *“My psychiatric and medical treatment are not interrupted but I was not able to see my therapist as often as I used to.”*
- ❖ *“I had trouble keeping my medical appointments because they were cancelled by the doctors at the start of COVID”*
- ❖ *“Less face to face contact makes me feel isolated.”*
- ❖ *“So far seems to be working better than previous services, it is more effective.”*

Key Findings

- ❖ Eighty-three percent of respondents endorsed **being informed** of the availability of mental health services during the COVID-19 crisis [Very-well informed (55%); Fairly informed (28%)].
- ❖ About half of the respondents (51%) endorsed feeling **no decline** and approximately one-fifth of respondents (21%) endorsed feeling **minimal decline** in their own mental health due to the COVID-19 crisis.
- ❖ Roughly three-quarters of the respondents (77%) **endorsed utilizing telehealth services** during the crisis.
- ❖ Of those who utilized telehealth services, sixty percent endorsed **telehealth services as being extremely or very effective in maintaining their recovery** [Extremely effective (20%); Very effective (40%)].
- ❖ Of those who did not utilize telehealth services, the top two reasons endorsed for **not utilizing telehealth services** were **not having a cell phone** (27%) and **feeling uncertain on how to utilize telehealth services** (19%).
- ❖ Overall, respondents endorsed the majority of items as **experiencing little to no impact due to COVID-19**, especially **difficulty taking medication** [Not at all (76%); Slightly (9%)] or **obtaining medication** [Not at all (80%); Slightly (8%)]. Also, respondents reported **little to no impact due to COVID-19** in **obtaining basic needs** [Not at all (72%); Slightly (13%)].

- ❖ Nearly three-fourths of the respondents endorsed **interest in the use of telehealth services in the future** [Yes, occasionally (39%); Yes, most of the time (16%); Yes, all of the time (18%)]. Over one-fourth of respondents endorsed only wanting in-person services in the future (28%).
- ❖ The top two reasons for utilizing telehealth services were due to telehealth services appointments being more convenient (57%) and telehealth services appointment being more easy to schedule (28%)
- ❖ Of those who endorsed not utilizing telehealth services in the future, the top two reasons for not utilizing telehealth services were due to **not feeling comfortable using telehealth services technology** (30%) and **feeling less comfortable talking in a telehealth services setting** (29%).