



Background

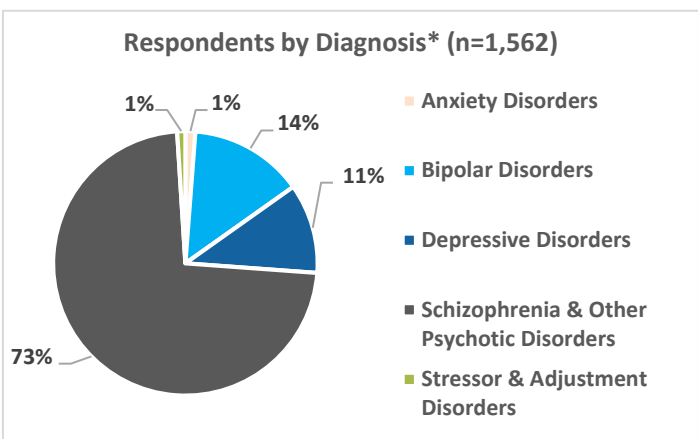
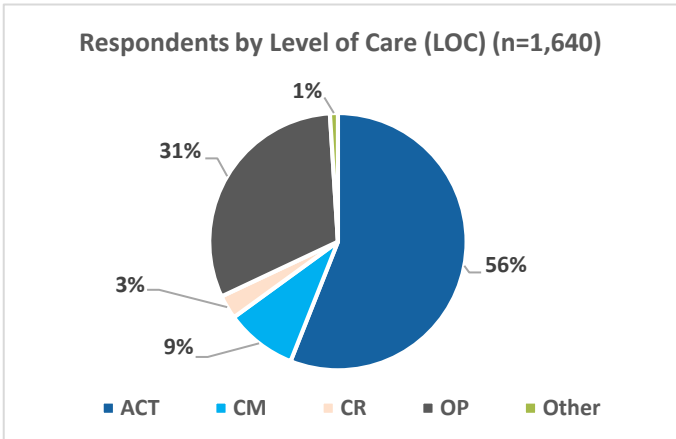
As a supplement to the Spring 2023 Mental Health Statistics Improvement Plan (MHSIP) Consumer Survey, adult and older adult (AOA) consumers of the County of San Diego Mental Health System of Care (SDCMHSOC) were surveyed¹ about equitable access to mental health services, cultural responsiveness, and healthcare integration.

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 15 – 19, 2023. 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, 1,766 AOA MHSIP surveys were collected. Of those 1,766 responses, 1,640 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 (56%) were receiving Assertive Community Treatment (ACT) services at the time of the Spring 2023 MHSIP survey and nearly one-third (31%) were receiving Outpatient (OP) services. The remaining respondents were receiving Case Management (CM; 9%), Crisis Residential (CR; 3%), or Other (Other; 1%) services.

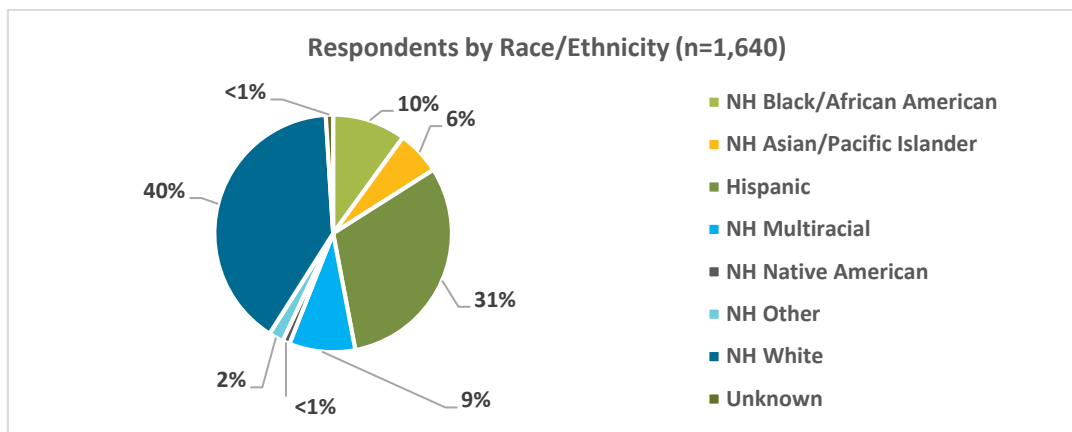
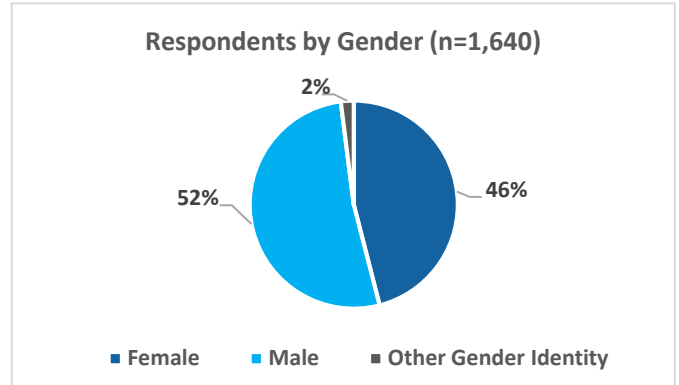
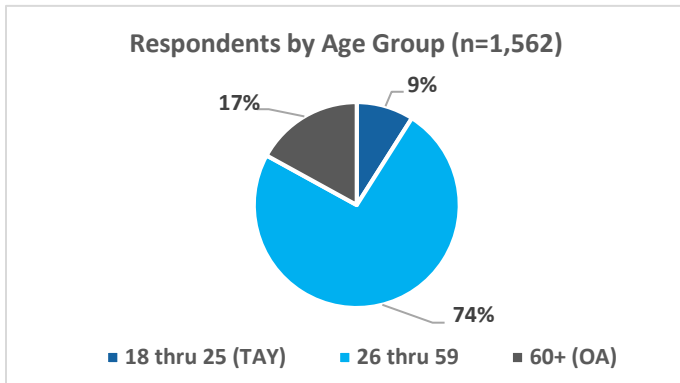
Nearly three-fourths of respondents (73%) had a primary diagnosis of schizophrenia and other psychotic disorders. The next two most common primary diagnoses among respondents were bipolar disorders (14%) and depressive disorders (11%). The remaining respondents had a primary diagnosis of anxiety disorders (1%), or stressor and adjustment disorders (1%).



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

Most respondents (74%) were between 26 and 59 years of age. Consumers 18 to 25 years of age, referred to as transition-aged youth (TAY), represent 9% of the respondents while those 60 years or older, referred to as older adults (OA), represent the remaining 17% of respondents.

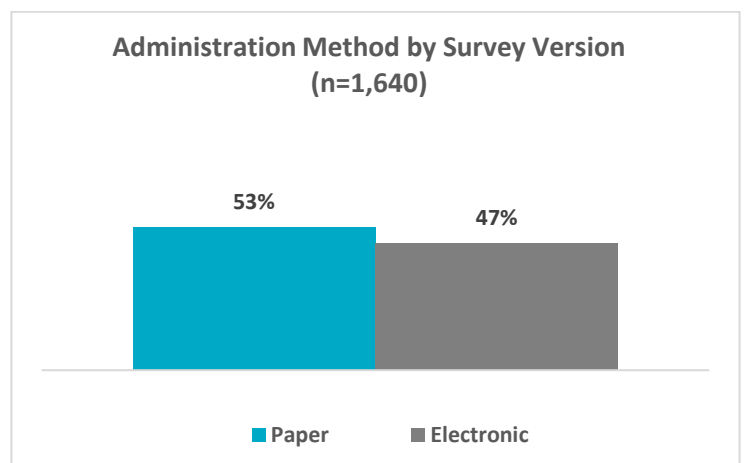
Slightly more male consumers (52%) completed the supplemental survey in Spring 2023 compared to female consumers (46%), and 2% of respondents reported one of the following gender identities: genderqueer, transgender, questioning/unsure, or another gender identity.



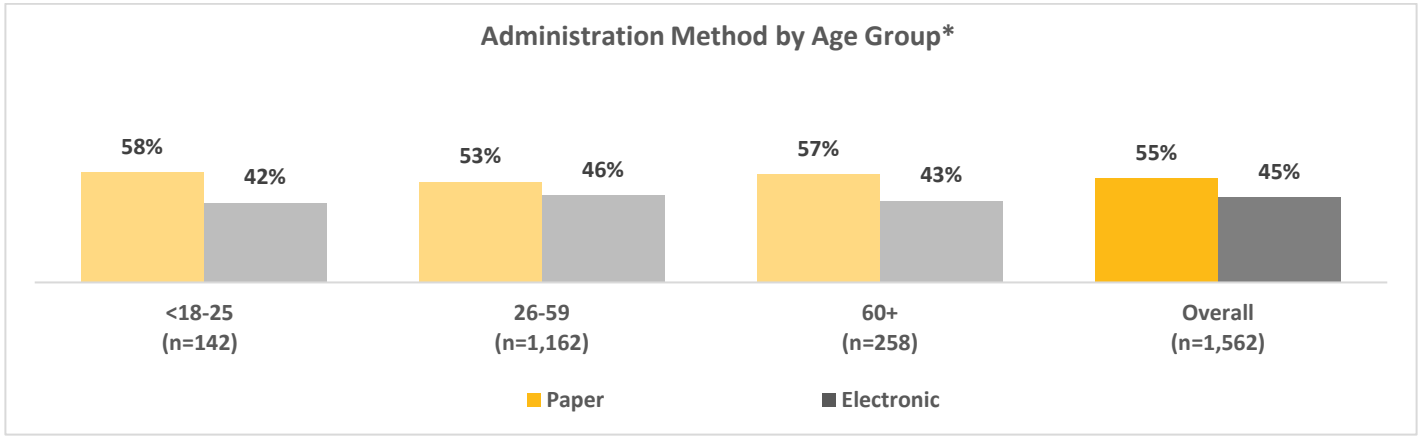
The largest proportion of consumers that completed the supplemental survey were Non-Hispanic (NH) White (40%), followed by Hispanic (31%), NH Black/African American (10%), and NH Multiracial (9%).

Survey Administration Method

Of the 1,640 clients who answered at least one of the supplemental survey questions related to equity, cultural responsiveness, and healthcare integration with their mental health services, 864 (53%) of them responded to the MHSIP on paper, while 776 (47%) respondents submitted a survey electronically. When split by age group², 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.

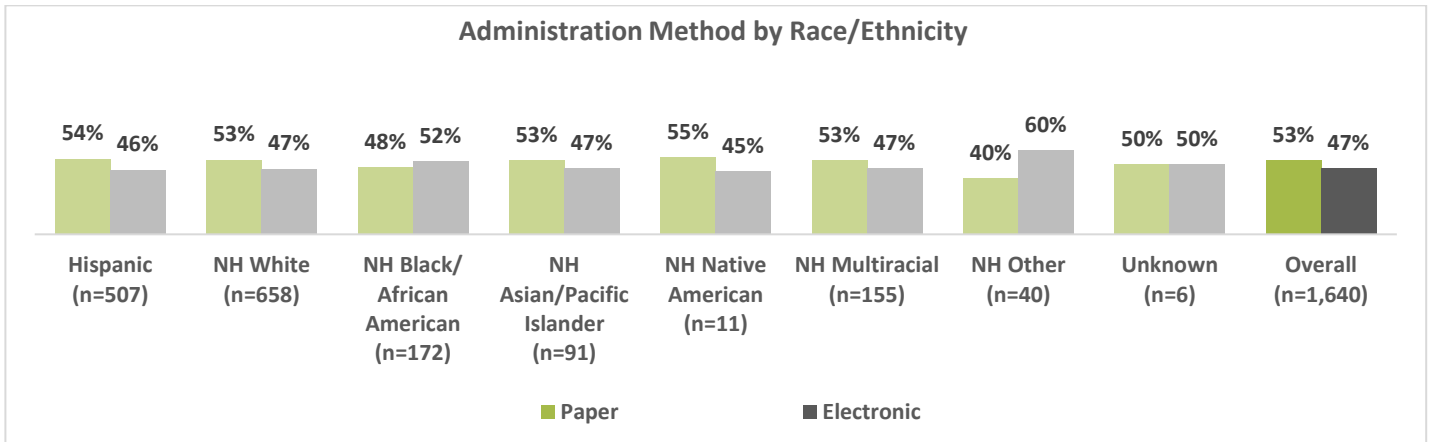


² Age information was unavailable for 104 respondents. Responses for these respondents are excluded from reporting of the specific age groups but included in the reporting of the Overall counts in all analyses presented by age group.

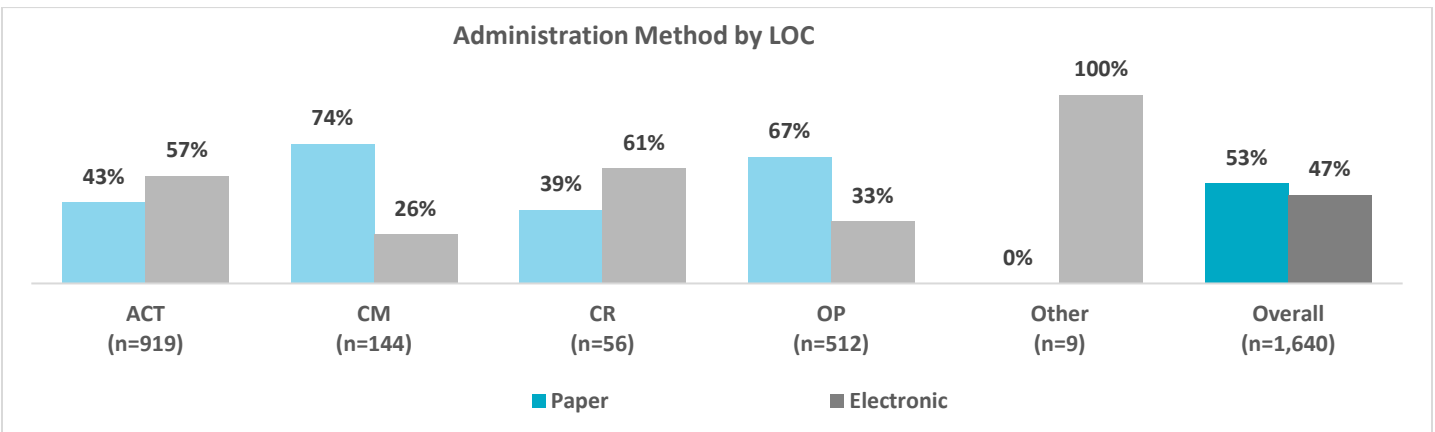


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Survey administration method was also examined by racial/ethnic groupings. While the proportion of respondents who completed the survey on paper versus electronically was close to an even split across all racial/ethnic groups, a larger proportion of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



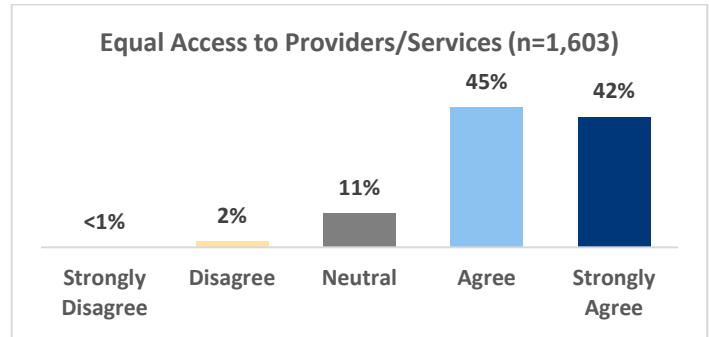
Lastly, survey administration method was examined by level of care (LOC). A greater proportion of respondents who received Other, CR, or ACT services during the survey period (Other 100%; CR 61%; ACT 57%) completed the survey electronically compared to those respondents who received services from an OP provider (33%) or a CM program (26%).



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

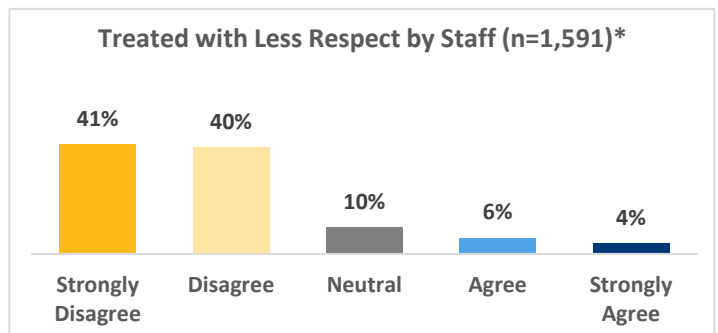
Overall Perceived Access to MH Treatment Services

The majority of respondents (87%) agreed or strongly agreed with the statement, “I have the same access to providers/services as other clients in this program.” Over two-fifths (42%) strongly agreed with the statement. Only 2% of respondents disagreed or strongly disagreed with the statement, while the remaining 11% reported feeling neutral.



Overall Perceived Treatment by Staff

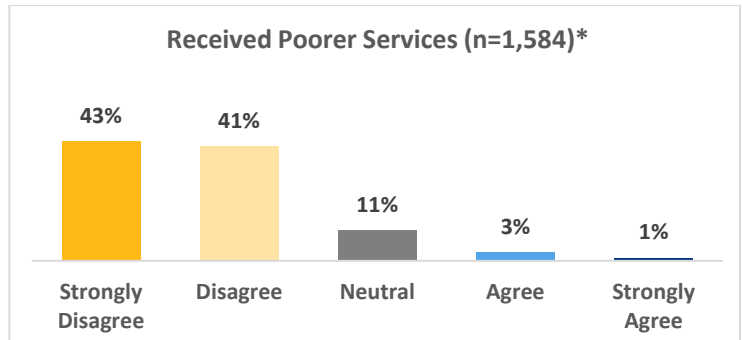
Respondents were also asked how much they agreed or disagreed with the statement, “I am treated with less respect by staff than other clients in this program.” Four-fifths (80%) of respondents disagreed or strongly disagreed that they were treated with less respect by staff than other clients, while one-tenth (10%) reported feeling neutral. The remaining 10% of respondents agreed or strongly agreed with the statement.



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Overall Perceived Standard of Services

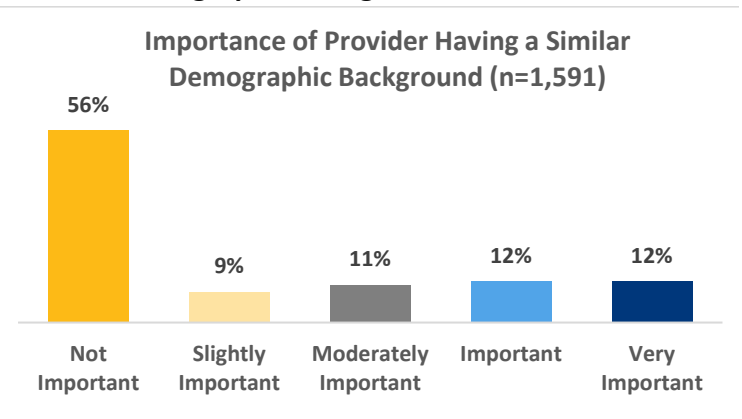
Respondents were also asked how much they agreed or disagreed with the statement, “I receive poorer services than other clients in this program.” Over four-fifths (85%) of respondents disagreed or strongly disagreed that they received poorer services than other clients, while more than one-tenth (11%) reported feeling neutral. The remaining 4% of respondents agreed or strongly agreed with the statement.



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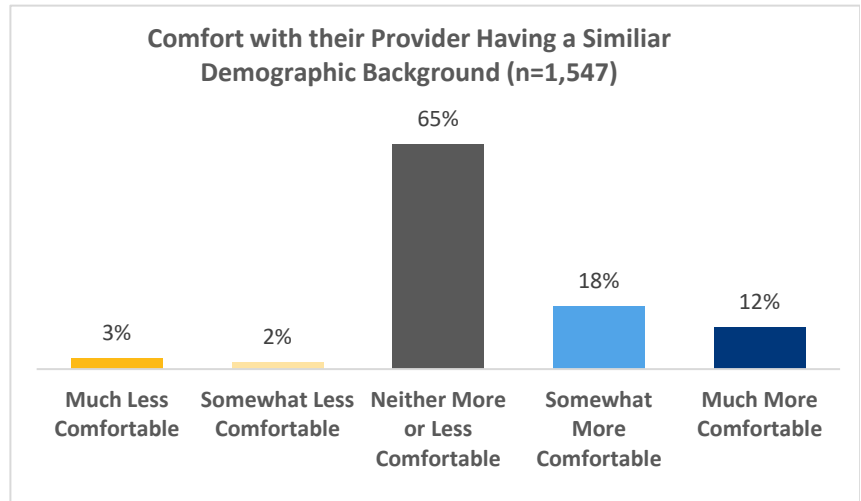
Importance of a Client’s Treatment Provider Having a Similar Demographic Background

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 (56%) 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 is as follows: very important (12%), important (12%), moderately important (11%), and slightly important (9%).



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-third (65%) 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 5% of respondents reported feeling much less or somewhat less comfortable.



Respondents were then asked to select all the listed demographic traits they would want their mental health provider to have. **Table 1** 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 (66%) endorsed that **demographic traits in their mental health providers did not matter**. The next highest proportion of respondents (20%) endorsed they **want a mental health provider that is the same gender as them**, followed by 10% of respondents endorsing they **want a mental health provider that is the same race as them**.

Table 1: Demographic Traits Wanted in Their Mental Health Provider*

	Percent of Respondents (n=1,551)
1. It doesn't matter (n=1,024).	66%
2. Same gender (n=310).	20%
3. Same race (n=157).	10%
4. Same age (n=144).	9%
5. Same sexual identity (n=115).	7%
6. Same ethnicity (n=114).	7%
7. Same social status (n=104).	7%
8. Other (n=80).	5%

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

Respondents were then asked to select all the listed demographic traits of their mental health provider that is the same as them. **Table 2** 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 (49%) endorsed that **their mental health provider is the same gender as them**. The next highest proportion of respondents (28%) endorsed **other as the option of the trait their mental health provider has as them**, followed by 24% of respondents endorsing **their mental health provider is the same race as them**.

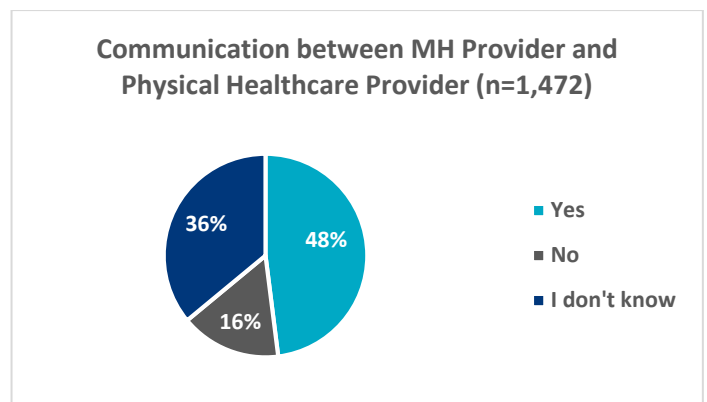
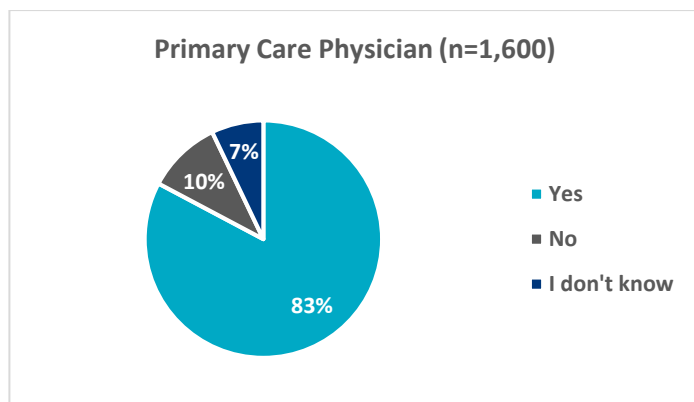
Table 2: “My mental health provider has the same _____ as me”*	Percent of Respondents (n=1,273)
1. Same gender (n=620).	49%
2. Other (n=361).	28%
3. Same race (n=310).	24%
4. Same age (n=215).	17%
5. Same sexual identity (n=209).	16%
6. Same ethnicity (n=186).	15%
7. Same social status (n=136).	11%

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

How do clients who receive services from the SDCMHSOC perceive healthcare integration?

Physical Healthcare Integration

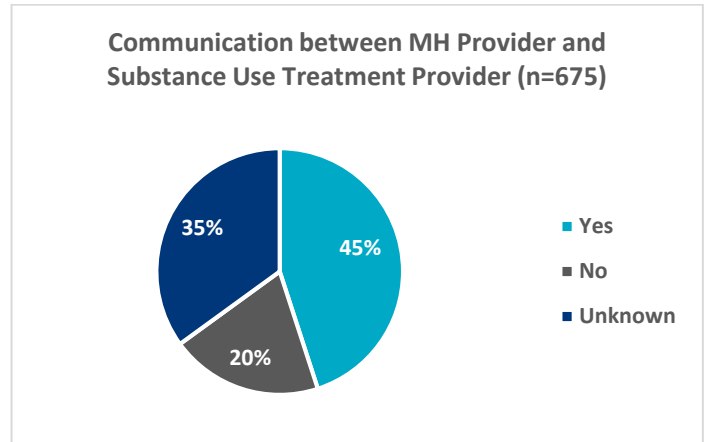
When asked if they had a primary care physician or a regular place to go if they have a physical health need, most respondents (82%) reported affirmatively. However, when asked if their mental health provider communicates with their physical healthcare provider, nearly half (48%) of respondents who reported having a physical health provider or a regular place to go for a physical health need responded affirmatively³. Nearly one-fifth (16%) reported that their mental health provider did not communicate with their physical healthcare provider and the remaining 36% did not know if communication between their mental health and physical healthcare providers occurred.



³ There were 168 respondents excluded from this analysis because they A) reported not having a physical healthcare provider on this question (115 respondents), or B) did not provide a response for this question (53 respondents).

Substance Use Disorder Treatment Integration

When asked if their mental health provider communicates with their substance use treatment healthcare provider, over two-fifths of respondents (45%) responded affirmatively. One-fifth (20%) reported that their mental health provider did not communicate with their substance use treatment provider, and the remaining 35% did not know if communication between their mental health and substance use disorder providers occurred. There were 908 respondents who indicated that they did not have a mental healthcare provider and 57 respondents who did not provide a response, and both were excluded from the proportions presented here.



Key Findings

- ❖ A total of **1,640 clients** who received services from SDCMHSOC providers during the week of May 15 – 19, 2023, responded to at least one question on the MHSIP 2023 Supplemental survey.
- ❖ Most respondents (74%) were between the ages of **26 and 59 years of age**.
- ❖ **The majority** of respondents identified as male (52%).
- ❖ The racial/ethnic groups that respondents most often identified with were **NH White** (40%) and **Hispanic** (31%).
- ❖ **More than half** of respondents (56%) were served by **ACT treatment providers** during the survey period, followed by 31% of respondents being served by outpatient providers.
- ❖ **The majority** of the respondents (57%) **submitted the paper version** of the survey, while 47% of respondents submitted a survey electronically.
- ❖ **The majority** of respondents (87%) **agreed or strongly agreed** with the statement, “I have the same access to providers/services as other clients in this program,” and only 2% disagreed or strongly disagreed with the statement.
- ❖ **Four-fifths** (80%) of respondents **disagreed or strongly disagreed** that they were treated with less respect by staff than other clients, while one-tenth (10%) of respondents agreed or strongly agreed with the statement.
- ❖ **Over four-fifths** (85%) 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 (56%) **did not perceive it to be important** to have a provider of similar background to theirs.
- ❖ **Nearly two-thirds** (65%) 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 (66%) endorsed that **demographic traits in their mental health providers did not matter**.

- ❖ Overall, the highest proportion of respondents (49%) endorsed that **their mental health provider is the same gender as them**.
- ❖ **The majority** of respondents (82%) reported they **had a primary care physician** or a regular place to go if they had a physical health need.
- ❖ When asked if their **mental health provider communicates with their physical healthcare provider**, nearly half (48%) of respondents who reported having a physical health provider or a regular place to go for a physical health need responded affirmatively.
- ❖ When asked if their **mental health provider communicates with their substance use treatment healthcare provider**, **over two-fifths** of respondents (45%) responded affirmatively.