

PERSPECTIVES ON HEALTH EQUITY AMONG YOUTH AND CAREGIVERS ACCESSING MENTAL HEALTH SERVICES

County of San Diego Children, Youth and Families Behavioral Health Services

MAY 2023 YOUTH SERVICES SURVEY (YSS) SUPPLEMENTAL QUESTIONS

BACKGROUND

In May of 2023, clients ages 13 and older and the caregivers of all child and youth clients receiving outpatient mental health services from the County of San Diego Children, Youth & Families Behavioral Health Services (CYFBHS) system were asked to complete the Youth Services Survey (YSS). In addition, a supplementary survey was added to the YSS to gather information about clients' experiences while accessing services. This information helps the CYFBHS system better understand the experiences of youth and caregivers and provides a critical feedback opportunity to help inform health equity improvement for youth and their caregivers.

PARENTS AND CAREGIVERS SURVEY

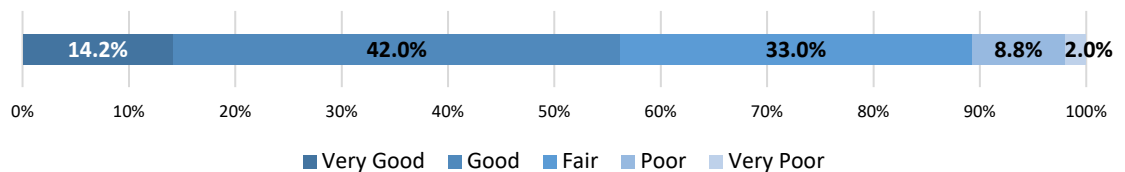
SAMPLE AND METHODS

During the weeklong May 2023 reporting period, the Youth Services Survey was conducted online and on paper. It included a supplemental questionnaire that asked parents and caregivers questions about their child's current mental health and their perspectives concerning the treatment their child had received while accessing care. In total, 1,095 caregivers returned the YSS supplemental questionnaire. 837 surveys were completed in English (76.4%), 249 were completed in Spanish (22.7%), and less than one percent were completed in other languages, including Arabic, Chinese, and Vietnamese.

CURRENT MENTAL HEALTH

Caregivers were asked to rate their child's current mental health. The responses show that most caregivers rated their child's current mental health as either "good" (42.0%) or "fair" (33.0%). 14.2% of caregivers rated their child's mental health as "very good," while 8.8% rated it as "poor," followed by 2.0% reporting their child's mental health as "very poor."

Figure 1: How is your child's mental health currently?

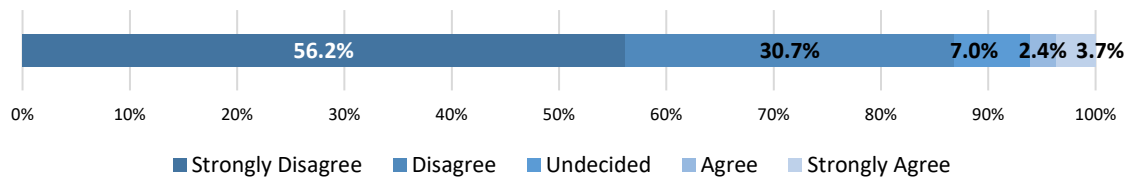


N=1,014

HEALTH EQUITY

Parents and caregivers were asked if they felt as though their child was treated with less courtesy than other clients in their program. In Figure 2, the majority of caregivers strongly disagreed (56.2%) or disagreed (30.7%) with the statement.

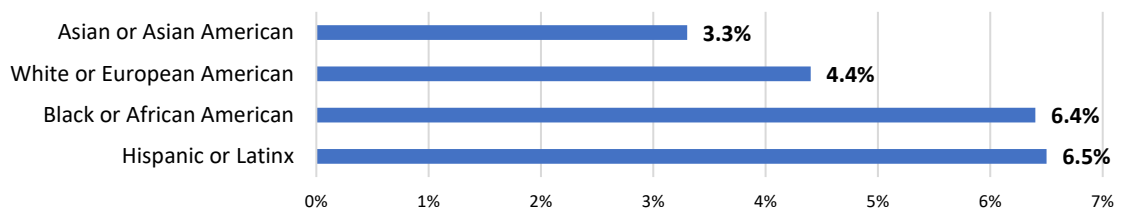
Figure 2: My child is treated with less courtesy or respect than other clients in this program.



N=997

However, some differences were observed among caregivers of Black and Latinx youth (Figure 2.1). 6.4% of caregivers of Black youth agreed or strongly agreed with the statement, and 6.5% of caregivers of Latinx youth agreed or strongly agreed, compared to 4.4% among the caregivers of White youth.

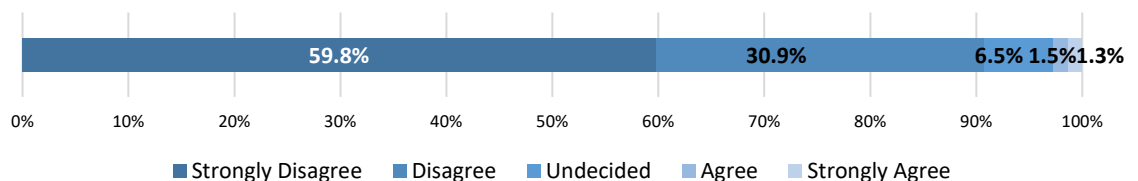
Figure 2.1: My child is treated with less courtesy or respect than other clients in this program by racial or ethnic identity.



Note: Percent Strongly Agree or Agree | Asian or Asian American, N=52 | White or European American, N=455 | Black or African American, N=125 | Hispanic or Latinx, N=674.

Caregivers were also asked if their child received poorer treatment or services than other clients in their program (Figure 3). 90.7% Strongly disagreed or disagreed with the statement.

Figure 3: My child receives poorer treatment or services than other clients in this program.

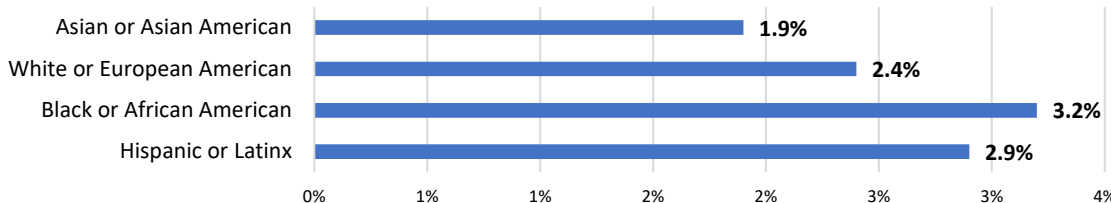


N=999

Differences were observed in the frequency of caregivers reporting that they agreed or strongly agreed that their child received poorer treatment or services than other clients in their program (Figure 3.1). Compared to 1.9% of caregivers of Asian youth and 2.4% of

caregivers of White youth, 3.2% of caregivers of Black youth agreed or strongly agreed with the statement.

Figure 3.1: My child receives poorer treatment or services than other clients in this program by racial or ethnic identity.

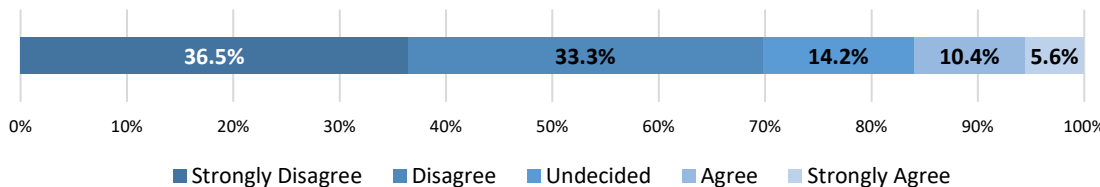


Note: Percent Strongly Agree or Agree | Asian or Asian American, N=52 | White or European American, N=456 | Black or African American, N=125 | Hispanic or Latinx, N=675.

CAREGIVER'S COMFORT WITH PROVIDERS

Caregivers were asked whether they were more comfortable if their child's mental health provider had the same racial or ethnic background as their child (Figure 4). 16.0% agreed or strongly agreed.

Figure 4: I am more comfortable if my child's mental health provider has a racial/ethnic background like theirs.

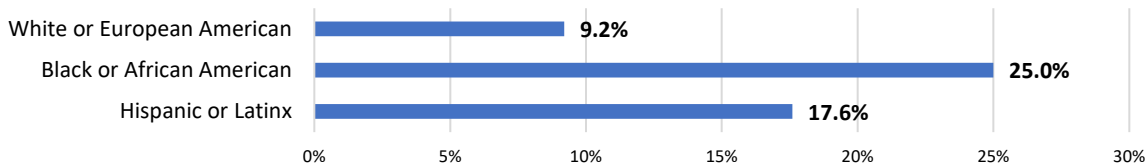


N=288

Note: Responses reflect only surveys conducted on paper. Online survey responses for this question are not available (N=787).

In Figure 4.1, caregivers of Black (25.0%) and Latinx (17.6%) youth more frequently reported that they were more comfortable with their child having a mental health provider of the same racial or ethnic background than did caregivers of White youth (9.2%).

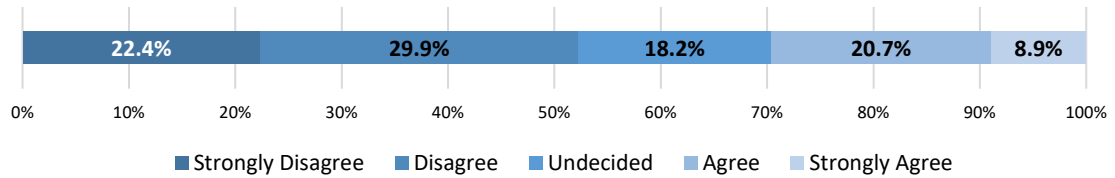
Figure 4.1: I am more comfortable if my child's mental health provider has a racial/ethnic background like theirs by racial or ethnic identity.



Note: Percent Strongly Agree or Agree | White or European American, N=120 | Black or African American, N=48 | Hispanic or Latinx, N=176.

Caregivers were asked whether they were more comfortable if their child’s mental health provider had the same gender as their child (Figure 5). 29.6% agreed or strongly agreed.

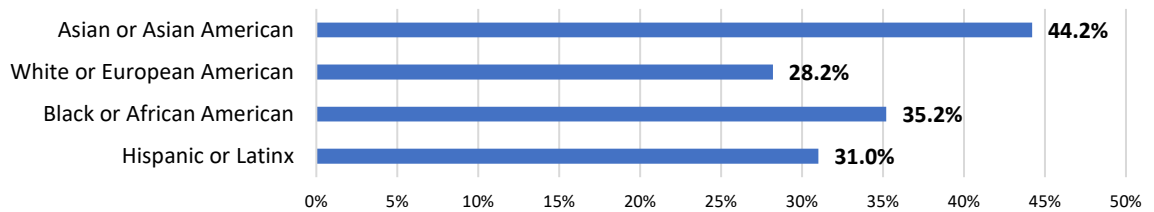
Figure 5: I am more comfortable if my child’s mental health provider has the same gender as my child.



N=997

In Figure 5.1, caregivers of Asian youth most frequently agreed or strongly agreed that they were more comfortable if their child’s mental health provider had the same gender as their child (44.2%).

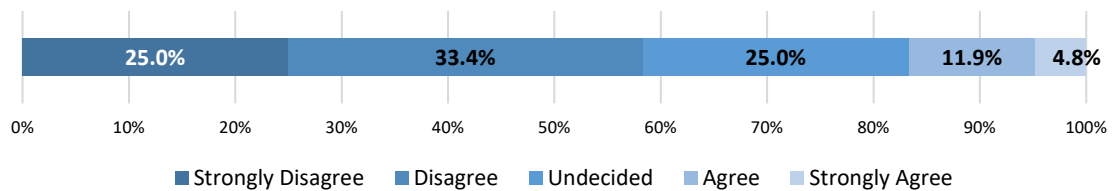
Figure 5.1: I am more comfortable if my child’s mental health provider has the same gender as my child by racial or ethnic identity.



Note: Percent Strongly Agree or Agree | Asian or Asian American, N=52 | White or European American, N=453 | Black or African American, N=125 | Hispanic or Latinx, N=673.

Caregivers were also asked about whether they were more comfortable if their child’s mental health provider had the same sexual orientation as their child (Figure 6). 16.7% agreed or strongly agreed.

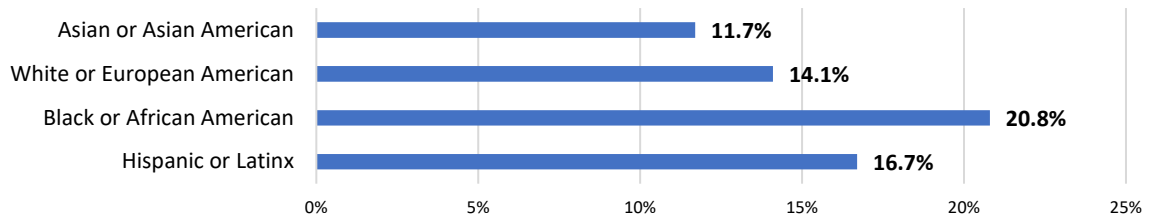
Figure 6: I am more comfortable if my child’s mental health provider has the same sexual orientation as my child.



N=989

Most caregivers disagreed or were undecided about whether they were more comfortable if their child’s mental health provider had the same sexual orientation (Figure 6.1). However, caregivers of Black (20.8%) and Latinx (16.7%) youth more frequently reported that they agreed or strongly agreed with the statement.

Figure 6.1: I am more comfortable if my child’s mental health provider has the same sexual orientation as my child by racial or ethnic identity.

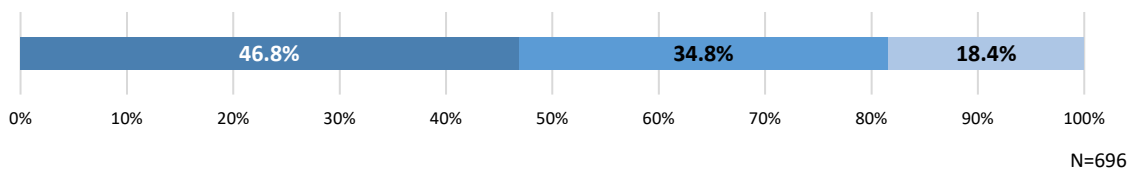


Note: Percent Strongly Agree or Agree | Asian or Asian American, N=51 | White or European American, N=447 | Black or African American, N=124 | Hispanic or Latinx, N=667.

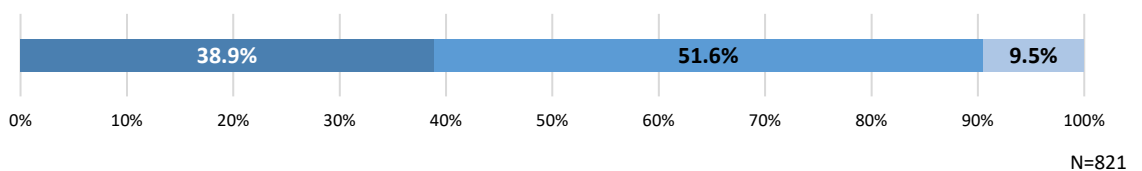
PROVIDER DIVERSITY AND REPRESENTATION

Caregivers were asked about the diversity and representation among their children’s mental health providers (Figure 7). 34.8% reported that their child had a mental health provider with a similar racial or ethnic background. 51.6% reported that their child’s mental health provider had the same gender as their child. 41.8% of caregivers reported that they did not know whether their child’s mental health provider had the same or similar sexual orientation as their child.

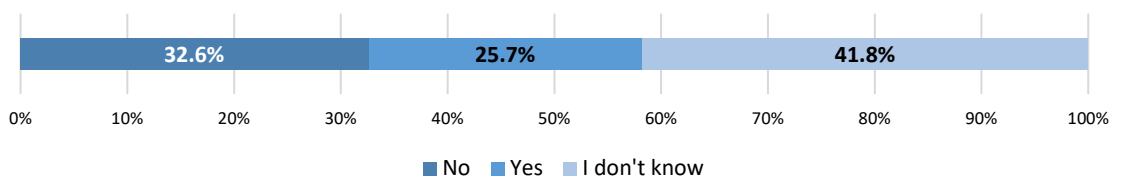
Figure 7
My child’s mental health provider’s racial/ethnic background is like theirs.



My child’s mental health provider’s gender is like theirs.



My child’s mental health provider’s sexual orientation is like theirs.



YOUTH SURVEY

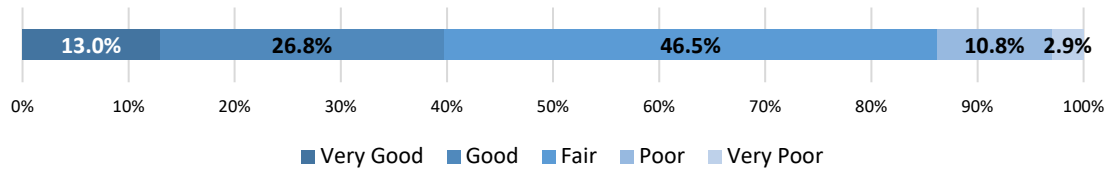
SAMPLE AND METHODS

During the weeklong May 2023 reporting period, the Youth Services Survey was conducted online and on paper and included a supplemental questionnaire that asked youth about their current mental health and their perspectives concerning the treatment they received while accessing care. In total, 794 youth returned the YSS supplemental questionnaire. 585 were collected online and 209 were collected on paper. 776 surveys were completed in English (97.7%), and 17 were completed in Spanish (2.1%). Less than one percent were completed in another language (Farsi).

CURRENT MENTAL HEALTH

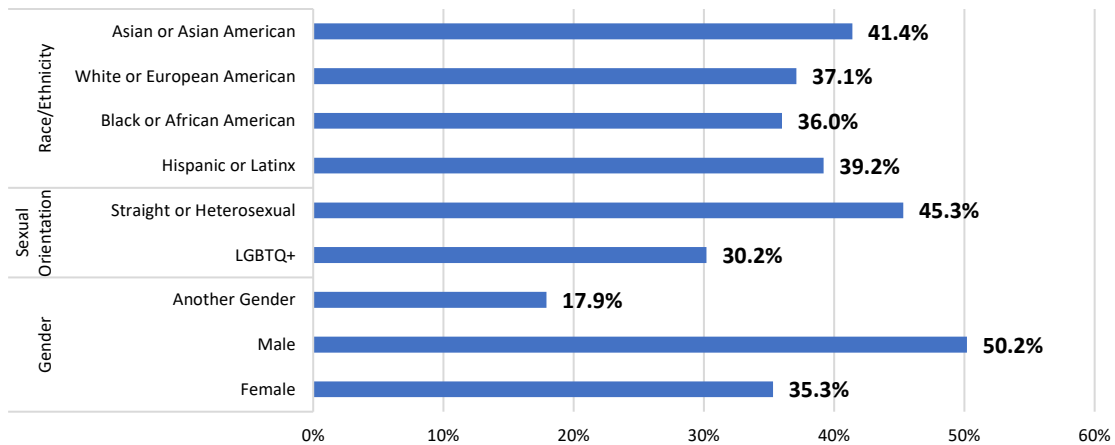
Youth were asked to rate their current mental health (Figure 8). Most youth rated their current mental health as either “fair” (46.5%) or “good” (26.8%). 13.0% rated their mental health as “very good.” 10.8% rated their mental health as “poor,” and 2.9% rated it as “very poor.”

Figure 8: How is your mental health currently?



N=747

Figure 8.1: How is your mental health currently, by youth characteristics.



Note: Percent of youth who reported their current mental health was “very good or “good.”
 Female, N=410 | Male, N=257 | Another Gender, N=56 | LGBTQ+, N=317 | Straight or Heterosexual, N=376 | Hispanic or Latinx, N=480 | Black or African American, N=111 | White or European American, N=242 | Asian or Asian American, N=56

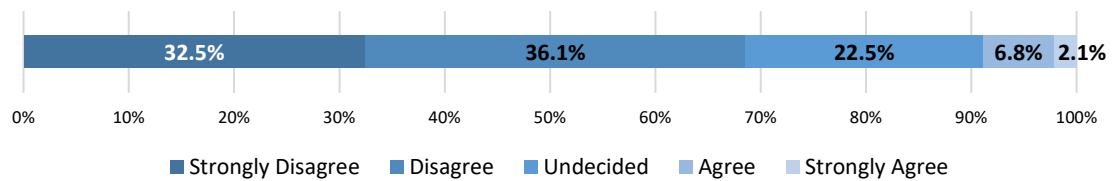
In Figure 8.1, there were substantial differences between youth who rated their current mental health as “very good” or “good” between different groups. Among youth who identified as LGBTQ+, 30.2% rated their mental health as “good” or “very good,” compared

to 45.3% among their heterosexual peers. Among youth who identified as a gender other than male or female, only 17.9% (N=56) rated their mental health as “good” or “very good.” Youth who identified as male more frequently reported strong mental health (50.2%) than youth who identified as female (35.3%).

HEALTH EQUITY

Youth were asked if they felt as though they were treated with less courtesy than other clients in their programs (Figure 9). The majority of youth strongly disagreed (32.5%) or disagreed (36.1%) with the statement.

Figure 9: I am treated with less courtesy or respect than other clients in this program.

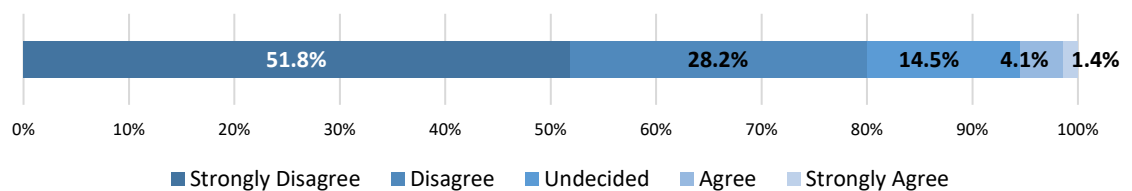


N=191

Note: Responses reflect only surveys conducted on paper. Online survey responses for this question are not available (N=585).

Youth were also asked if they had poorer treatment or services than other clients in their program (Figure 10). The majority strongly disagreed (51.8%) or disagreed (28.2%) with the statement, while 4.1% agreed and 1.4% strongly agreed. 14.5% of youth were undecided.

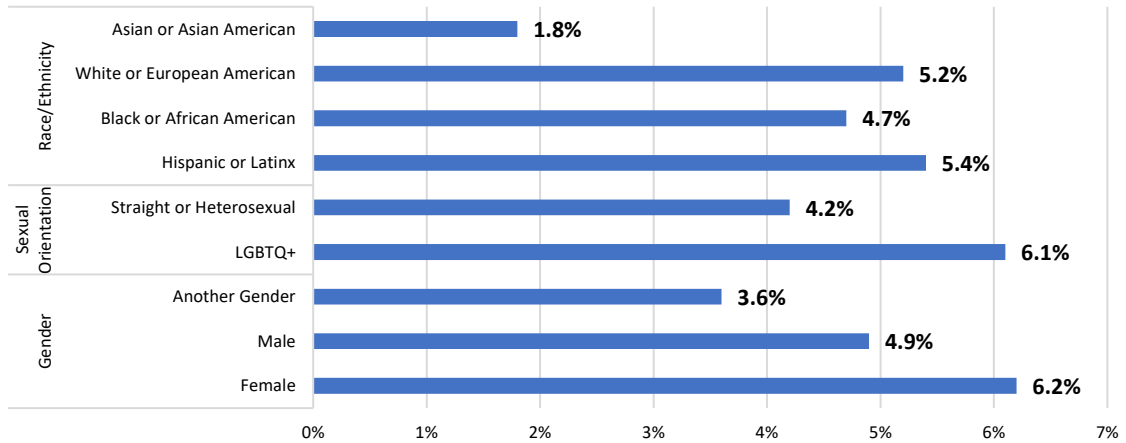
Figure 10: I receive poorer treatment or services than other clients in this program.



N=724

In Figure 10.1, youth who identified as female (6.2%) and youth who identified their sexual orientation as LGBTQ+ (6.1%) more frequently agreed or strongly agreed with the statement that they received poorer services than their peers. Asian or Asian American youth agreed or strongly agreed that they received poorer treatment than other youth in their programs less frequently than Black, Latinx, and White youth (Figure 10.1).

Figure 10.1: I receive poorer treatment or services than other clients in this program by youth characteristics.



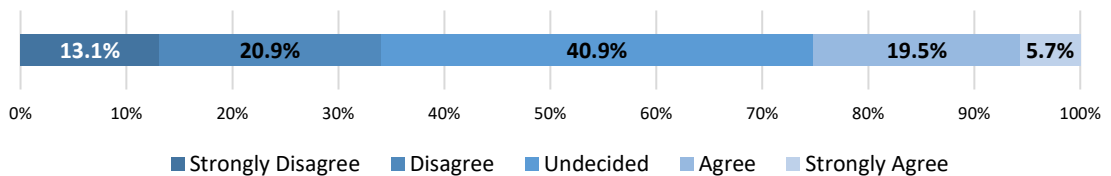
Note: Percent of youth who strongly agreed or agreed to the statement: "I receive poorer treatment or services than other clients in this program."

Female, N=401 | Male, N=246 | Another Gender, N=56 | LGBTQ+, N=309 | Straight or Heterosexual, N=374 | Hispanic or Latinx, N=466 | Black or African American, N=107 | White or European American, N=232 | Asian or Asian American, N=55

YOUTH'S COMFORT WITH PROVIDERS

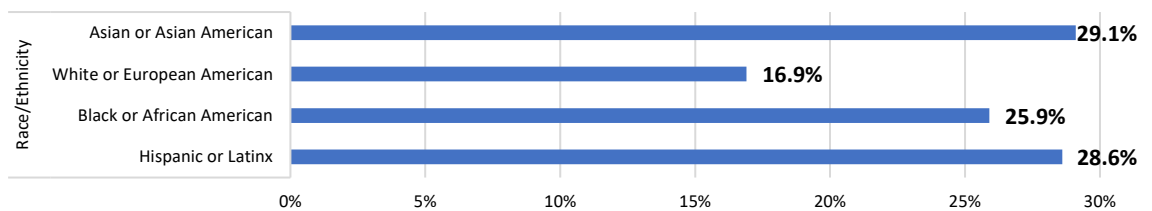
Youth were asked whether they were more comfortable if their mental health provider had the same racial or ethnic background (Figure 11). 25.2% of youth agreed or strongly agreed with the statement, while 40.9% of youth reported that they were undecided, and 34.4% disagreed or strongly disagreed.

Figure 11: I am more comfortable with a mental health provider who has a racial/ethnic background like mine.



N=724

Figure 11.1: I am more comfortable with a mental health provider who has a racial/ethnic background like mine by racial or ethnic identity.



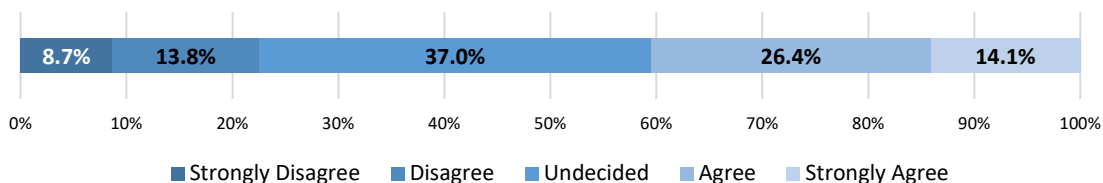
Note: Percent of youth who strongly agreed or agreed to the statement: "I am more comfortable with a mental health provider who has a racial/ethnic background like mine."

Hispanic or Latinx, N=464 | Black or African American, N=107 | White or European American, N=231 | Asian or Asian American, N=55

In Figure 11.1, White youth less frequently agreed or strongly agreed with the statement that they were more comfortable with a mental health provider of the same race or ethnicity (16.9%) than Asian youth (29.1%), Black youth (25.9%), or Latinx youth (28.6%).

Youth were asked whether they were more comfortable if their mental health provider was of the same gender (Figure 12). 40.5% of youth agreed or strongly agreed, 22.5% disagreed or strongly disagreed, and 37.0% were undecided.

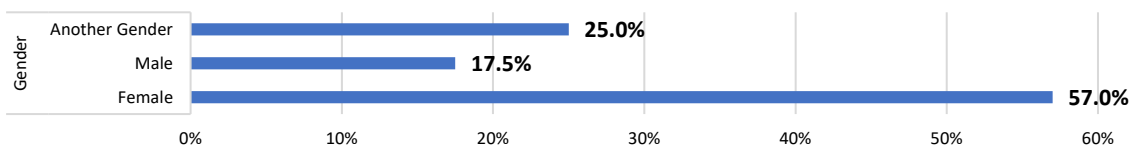
Figure 12: I am more comfortable with a mental health provider whose gender is like mine.



N=724

In Figure 12.1, youth who identified as female reported that they were more comfortable with a mental health provider with the same gender much more frequently (57.0%) than youth who identified as male (17.5%) or youth who identified as another gender (25.0%).

Figure 12.1: I am more comfortable with a mental health provider whose gender is like mine by gender.

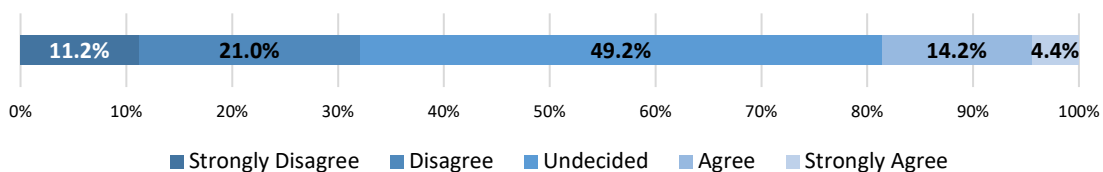


Note: Percent of youth who strongly agreed or agreed to the statement: "I am more comfortable with a mental health provider whose gender is like mine."

Female, N=400 | Male, N=247 | Another gender, N=56

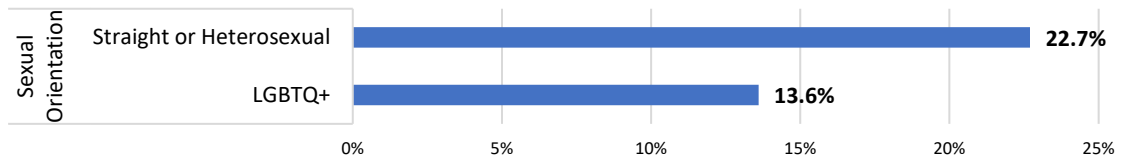
Youth were also asked about whether they were more comfortable if their mental health provider had the same sexual orientation (Figure 13). 18.6% of the youth agreed or strongly agreed, 49.2% were undecided, and 32.2% disagreed or strongly disagreed.

Figure 13: I am more comfortable with a mental health provider whose sexual orientation is like mine.



N=725

Figure 13.1: I am more comfortable with a mental health provider whose sexual orientation is like mine by sexual orientation.



Note: Percent of youth who strongly agreed or agreed to the statement: “I am more comfortable with a mental health provider whose sexual orientation is like mine.”
 LGBTQ+, N=308 | Straight or Heterosexual, N=375

In Figure 13.1, 13.6% of youth who identified as LGBTQ+ reported that they felt more comfortable with a mental health provider with the same sexual orientation as them, compared to 22.7% among youth who identified as straight or heterosexual.

KEY FINDINGS

- 56.2% of caregivers rated their child’s mental health as “very good” or “good,” compared to only 39.8% of youth rating their mental health as “very good” or “good.”
- Among youth who identified as LGBTQ+, 30.2% rated their mental health as “very good” or “good,” compared to 45.3% among their heterosexual peers.
- 50.2% of youth who identified as male reported strong mental health (“good” or “very good”), compared to 35.3% among youth who identified as female. Among youth who identified as a gender other than male or female, only 17.9% rated their mental health as “good” or “very good.”
- Parents and caregivers of Black or African American and Hispanic or Latinx youth reported that they were more comfortable with their child having a mental health provider of the same racial or ethnic background more frequently than caregivers of White youth.
- Parents and caregivers of Asian youth agreed or strongly agreed that they were more comfortable if their child’s mental health provider had the same gender as their child at a much higher rate than the parents and caregivers of youth from other racial and ethnic groups.
- Youth who identified as female and youth who identified as LGBTQ+ reported that they felt as though they received poorer services more frequently than their male and heterosexual peers, respectively.

- Youth who identified as female reported that they were more comfortable with a mental health provider with the same gender much more frequently than youth who identified as male.

RECOMMENDATIONS

- Service providers should ask both parents and caregivers and youth about their current mental health. There may be significant discrepancies between parents' perceptions of their children's mental health and their child's views.
- Pairing service providers with youth with similar racial, ethnic, gender, and sexual identities can support both youth and caregivers' comfort with their mental health services. This is particularly pronounced among youth with historically marginalized identities.
- More emphasis on health equity and individualized services may help support young people feel more comfortable accessing services. Providers should ask youth about their backgrounds, and provide specific resources and supports for youth with diverse gender identities and sexual orientations.