

2003 Outcomes and Community Impact Program



United Way of San Diego County

Mental Health Care

The 2003 Outcomes & Community Impact Program completed surveys with 3,662 randomly selected households from throughout San Diego County between October 24, 2003 and March 30, 2004. One segment of this survey was intended to determine how well the mental health care needs of San Diego County residents are being met. Questions in this section inquired if respondents had conditions that would indicate a need for any mental health care services during the past 12 months for any reason.

Respondents who indicated a past need for mental health care were asked the degree to which their needs were met. Those receiving some or all of the mental health care needed were asked to evaluate their satisfaction with the mental health care services they

received.

This chapter explores the findings related to how well mental health care needs of San Diego County residents are being met. This includes examining the findings by demographic variables including geographic location, age, race/ethnicity, educational level and income.

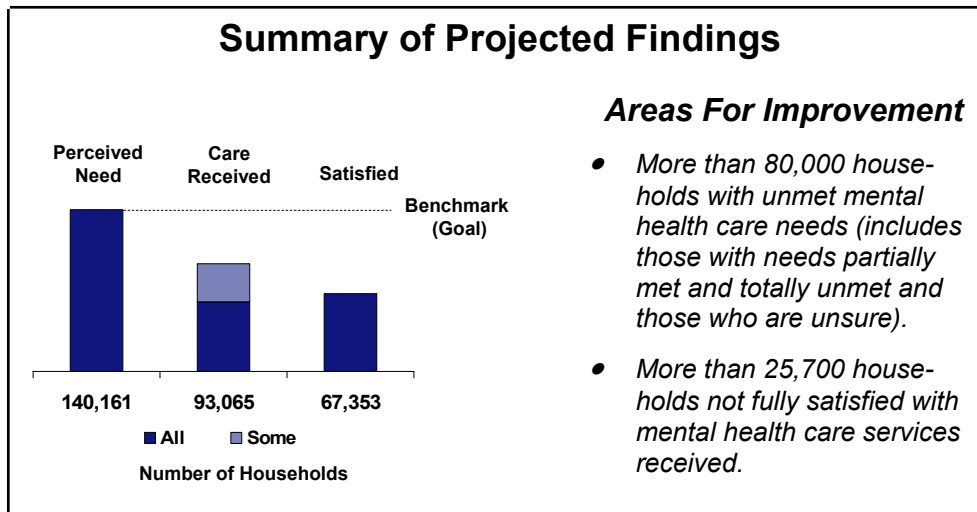
In addition, findings are projected to the current number of occupied households in San Diego County.

INSIDE

Who needed care	2
How well needs met	3
Who provided care	4
Satisfaction with care	5
Profile	6
Five-year trend	7
Background & Concept	8

SPECIAL POINTS OF INTEREST:

- Overall, 13.6 percent of the respondents reported a need for some type of mental health care during the past 12 months.
- Of those indicating a need, 69.4 percent reported they received some or all of the mental health care needed, up 6.3 percent from 2001.
- The most common providers of mental health care were the respondents' physicians.
- Over 72 percent of those receiving mental health care services reported being satisfied or very satisfied with these services.



Areas For Improvement

- More than 80,000 households with unmet mental health care needs (includes those with needs partially met and totally unmet and those who are unsure).
- More than 25,700 households not fully satisfied with mental health care services received.

Need for Mental Health Care Services

“During the past year, did you have any mental health problems such as depression or anxiety that lasted at least two weeks?”

Overall, 13.6 percent of the respondents (n=497) reported a need for some type of mental health care during the past 12 months. The need for mental health care varied by geographic region, ethnicity, household income and age. This section reviews the mental health care needs and highlights those areas that indicate either higher or lower need. Observed differences that are statistically significant have been indicated with an asterisk.

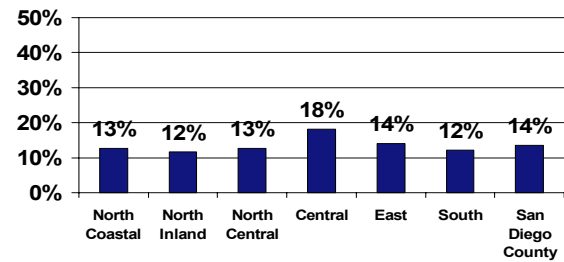
Within each demographic subgroup, those reporting the highest need for mental health care during the past 12 months ranged between 6.1 percent for respondents age 65 and over to 49.0 percent among disabled respondents. Findings within these groups include:

- Geographically, need ranged from 11.9 percent in the North Inland region to 18.2 percent in the Central region. The difference in need for mental health care in the Central region is significantly higher than the need in the North Inland and South regions.
- In terms of race/ethnicity, need for mental health care ranged from 6.7 percent among Asians to 19.4 percent among American Indian respondents. Asian respondents reported a significantly lower need for mental health care than white respondents and American Indian respondents reported significantly higher need than all other respondents.
- The reported need for mental health care by income category ranged from 10.7 percent for households with annual incomes of \$100,000 or more to 22.9 percent for households with annual incomes under \$20,000. Respondents with annual incomes under \$20,000 reported a significantly higher need for mental health care than those with income of \$40,000 and above.
- Married and widowed respondents reported a significantly lower need for mental health care than other respondents.

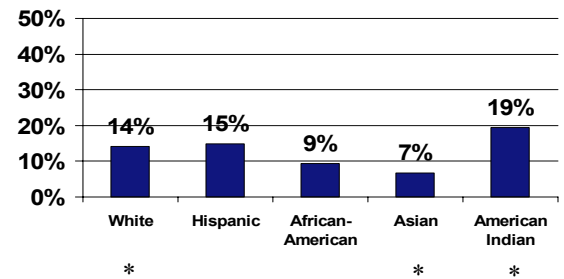
Other demographic variables reviewed found the following statistically significant differences in need for mental health care:

- Female respondents reported a significantly higher need for mental health care than male respondents, 15.5 percent and 10.6 percent, respectively.
- Respondents 65 and older reported a significantly lower need for mental health care than younger respondents, 6.1 percent and 14.9 percent, respectively.
- Unemployed and disabled respondents reported a significantly higher need for mental health care than those employed either full or part-time, 25.7 percent, 49.0 percent and 12.2 percent, respectively.

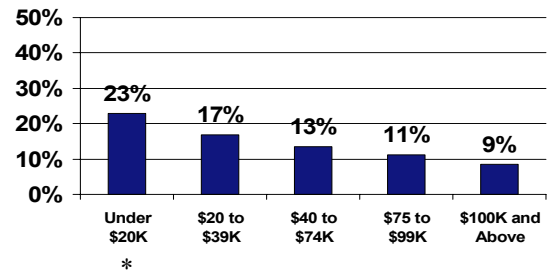
Percent indicating mental health problem
Geographic Region



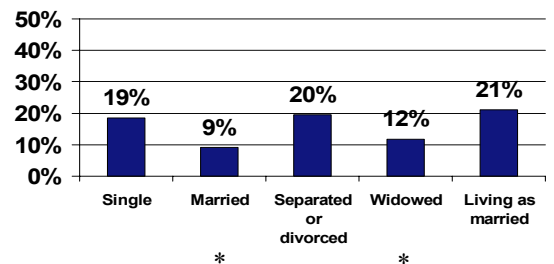
Race/Ethnicity



Annual Household Income



Marital Status



Amount of Mental Health Care Received

“Did you receive all, some or none of the needed mental health care?”

Respondents indicating a need for mental health care (n=497) were asked how well their needs were met based on three levels of fulfillment, all, some or none.

Overall, 42.9 percent indicated they received all the care needed. Another 23.5 percent said they received some of the care needed and 32.6 percent indicated they received none of the needed mental health care.

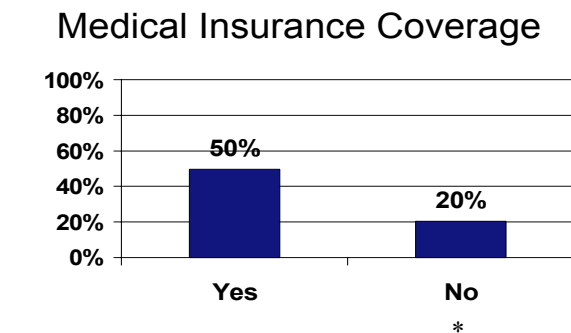
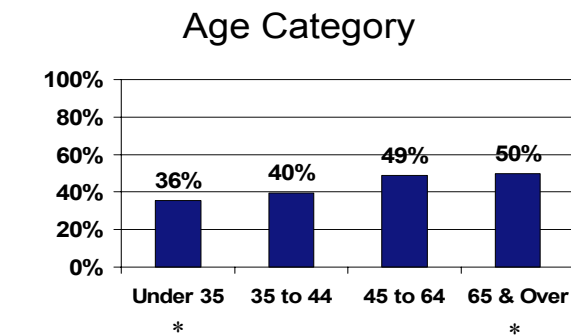
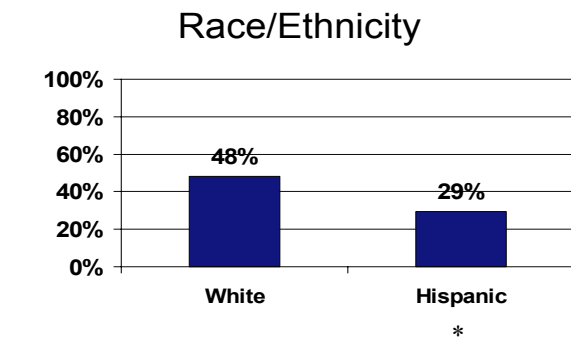
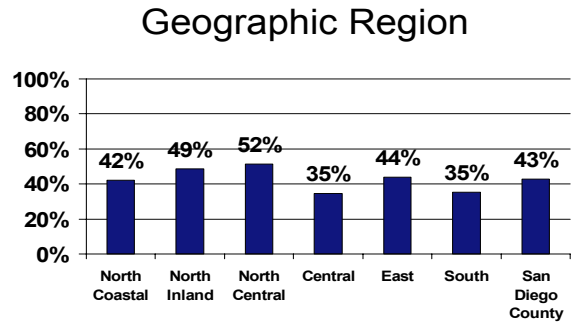
As shown in the following charts, respondents having all of their mental health care needs met ranged from 20.4 percent for respondents without medical insurance coverage to 50.0 percent for respondents age 65 and over.

An examination of demographic variables indicates some variation in the level of needs being met. Observed differences that are statistically significant have been indicated with an asterisk. The following briefly describes some of the observed variations.

- Geographically, respondents reported having all of their mental health care needs met ranged from 34.5 percent in the Central region to 51.5 percent in the North Central region. These differences are not significant.
- Hispanic respondents reported having all of their mental health care needs met significantly less often than white respondents, 29.4 percent and 48.1 percent, respectively.
- Respondents age 65 and over reported having all of their mental health needs met significantly more often than younger respondents, while those in the under 35 age category reported having all their needs met significantly less often, 50.0 percent and 35.5 percent, respectively.
- Only 20.4 percent of respondents without medical insurance coverage reported all of their mental health care needs being met, while 49.5 percent of respondents with medical coverage reported all their needs were met. This difference is significant.

Review of other demographic variables did not find any statistically significant differences in how well mental health care needs were met during the past 12 months.

Percent indicating they received all of the needed mental health care



* Significant at p < .05

Who Provided Needed Mental Health Care Services

“Who provided most of your mental health care services?”

Medical doctors including physicians and psychiatrists accounted for 60.6 percent of the providers of mental health care services. Psychologists were the next most common providers, named by 16.2 percent of the respondents.

Due to the relatively few number of responses given for each type of mental health care provider, additional analysis would not present an accurate picture of providers of mental health care within various demographic subgroups. Therefore, no additional analysis is provided.

Who provided mental health care services	Percent	<i>n</i>
Physician	34.8	116
Psychiatrist	25.8	86
Psychologist	16.2	54
Other mental health provider	11.1	37
Therapist in private practice	9.0	30
Don't know/Refused	3.0	10
Total	100	333

Satisfaction with Mental Health Care Services

“How satisfied are you with the mental health care services you received?”

Those receiving some or all of the mental health care services they needed were asked to rate their level of satisfaction using a six-point scale with six being “very satisfied” and one being “very dissatisfied.”

The overall mean level of satisfaction with mental health care received was 5.0. In terms of proportion, those satisfied or very satisfied accounted for 72.3 percent. Those dissatisfied or very dissatisfied accounted for 5.7 percent.

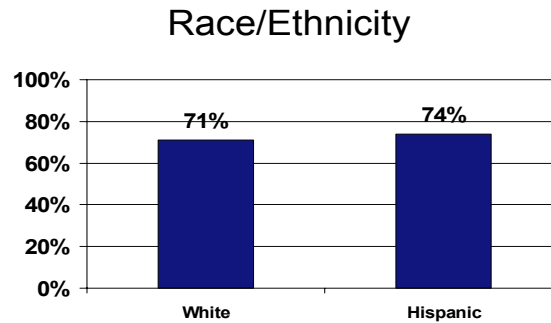
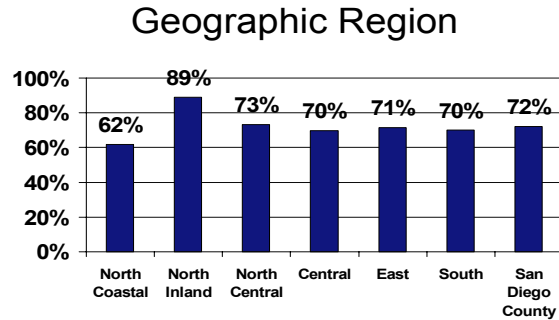
As shown on the accompanying charts, those reporting the highest level of satisfaction within each demographic subgroup ranged from 66.2 percent for respondents with annual household income under \$20,000 to 89.1 percent for respondents living in the North Inland region. Findings within the various demographic subgroups include:

- Geographically, levels of satisfaction ranged from 69.9 percent in the Central region to 89.1 percent in the North Inland region. These differences are not significant.
- In terms of race/ethnicity, satisfaction levels were very similar with 71.0 percent of white respondents reporting they were satisfied to 73.8 percent Hispanic respondents.
- Satisfaction levels with mental health care ranged from 66.2 percent for persons with household incomes under \$20,000 to 80.0 percent for respondents with annual household incomes of \$100,000 or more. These differences are not significant.
- Respondents with and without medical insurance coverage reported similar satisfaction levels with the mental health care received, 72.7 percent and 70.3 percent, respectively.

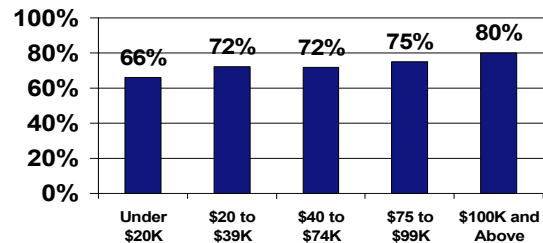
Other demographic variables reviewed found the following statistically significant differences in satisfaction with mental health care received:

- Married respondents are significantly more satisfied with mental health services received than single respondents, 81.9 percent and 63.2 percent, respectively.

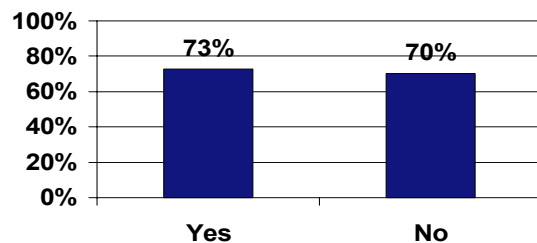
Percent satisfied or very satisfied with mental health care services received



Annual Household Income



Medical Insurance



Mental Health Care Services Profile

Countywide, the need for mental health care services is estimated to be 13.6 percent of the 1,032,736 occupied households. This equates to an estimated 140,161 households in San Diego County needing mental health care services within the past 12 months.

Need for Mental Health Care Services (n=3,662)

	(n)	(%)	(estimate)
Yes	497	13.6	140,161
No	3,154	86.1	889,473
Don't know/Refused	11	0.3	3,102

Satisfaction (n=333)

	(n)	(%) (estimate)	(estimate)
Very satisfied or satisfied	241	72.4	67,353
Somewhat satisfied or dissatisfied	67	20.1	18,725
Very dissatisfied or dissatisfied	19	5.7	5,310
Don't know/Refused	6	1.8	1,677

How Well Needs Met (n=497)

	(n)	(%)	(estimate)
All needs met	213	42.9	60,069
Needs partially met	117	23.5	32,996
All needs unmet	162	32.6	45,686
Don't know	5	1.0	1,410

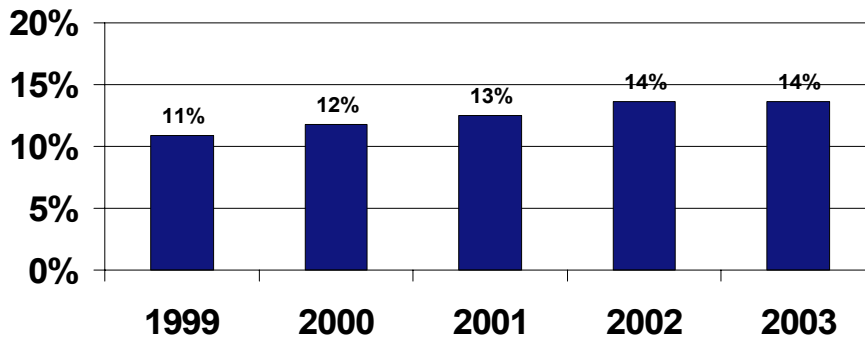
Who Provided Care (n=333)

	(n)	(%)	(estimate)
Physician	116	34.8	32,419
Psychiatrist	54	16.2	15,092
Psychologist	86	25.8	24,035
Other mental health provider	30	11.1	10,341
Therapist in private practice	37	9.0	8,384
Don't know/Refused	10	3.0	2,795

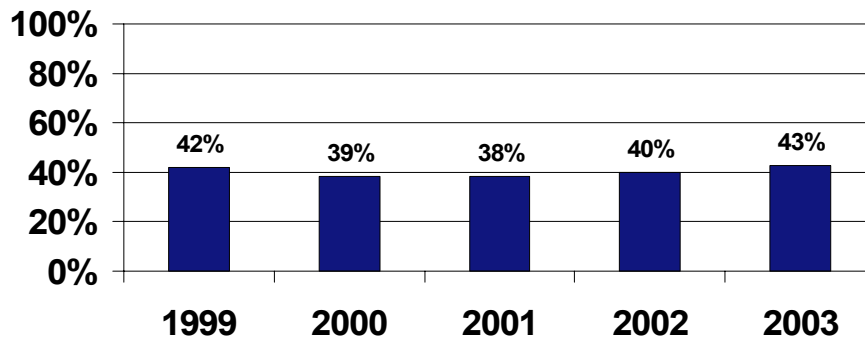
Five-Year Trend of Mental Health Care Services Indicators

The following charts provide a comparison of mental health care services need, utilization and satisfaction for the past five years.

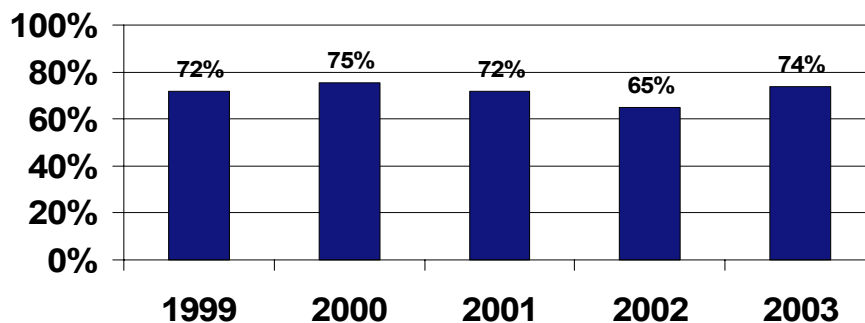
Percent needing mental health care services during the past 12 months



Percent indicating they received all needed mental health care services



Percent satisfied or very satisfied with mental health care services received



Background

Each year billions of dollars are invested in San Diego County by federal, state, county, cities and charitable organizations to improve the health and well-being of the community and its residents. These funds are applied to a wide variety of health, social and community issues. All concerned have a growing interest in knowing whether this investment of community assets is making a difference. The Outcomes and Community Impact Measurement Program has been designed to be a comprehensive measurement and outcomes reporting system related to the health and well-being of San Diego County residents.

The Outcomes and Community Impact Measurement Program data reviewed in this document are for the 2003 data collection and reporting period.

Concept

Initial concepts behind this program began in 1995 when the United Way of San Diego County convened eight task forces representing San Diego County residents and community leaders who developed the following list of desired countywide outcomes:

- **Access** – People have access to a full range of effective community services.
- **Self-sufficiency** – People reach and maintain an optimal level of independence and health.
- **Civic Solutions** – People live in, participate in and are supported by diverse, economically sound communities.
- **Educational Success** – People have the necessary life-long educational support to reach their potential as productive and contributing community members.
- **Public Safety** – People feel safe from the threat of crime and violence in their homes, neighborhoods and communities.
- **Well-being** – People are emotionally self-sufficient and able to cope with the stressors in their lives.

Based on the desired outcomes developed by these task forces, a measurement platform was designed to measure the impact of community assets and services on addressing people's needs and visions.

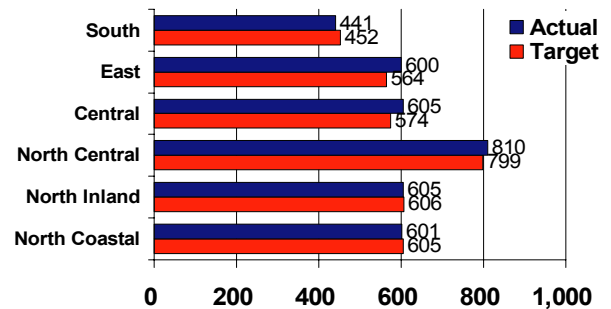
Methodology

Data was collected via telephone interviews with 3,662 randomly selected persons living throughout San Diego County. The interviews, lasting an average of 22.6 minutes, were conducted by trained interviewers from the Social and Behavioral Research Institute located at California State University San Marcos between October 24, 2003 and March 30, 2004.

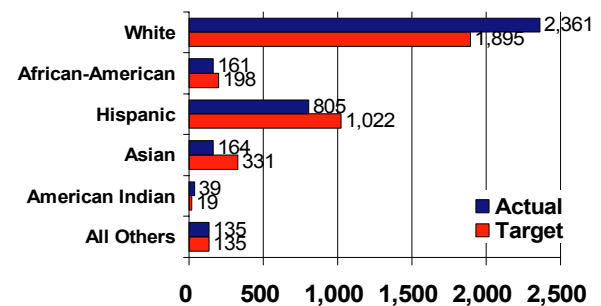
To enhance the quality of the data in terms of how well it represents the geographic and race/ethnic population of San Diego County, the county was divided into six geographic regions. These regions correspond with the San Diego County Health and Human Services Agency regions. A targeted number of interviews for each race/ethnic category within each region was established to more accurately represent the actual population within the regions.

The following tables present the targeted and actual number of interviews completed.

Targeted Number of Interviews by Region



Targeted Number of Interviews by Race/Ethnicity



2003 Outcomes and Community Impact Program

United Way of San Diego County

Scott A. Suckow
Associate Director, Community Building
4699 Murphy Canyon Road
San Diego, CA 92123-5371

Phone: 858-636-4178
Fax: 858-492-2059
Email: ssuckow@uwsd.org

Moder Research & Communications, Inc.

Michael J. Moder, MHSA
President
3105 Freeman Street
San Diego, CA 92106

Phone: 619-523-2006
Fax : 619-523-2321
Email: Michael@moderresearch.com

Social & Behavioral Research Institute California State University San Marcos

Richard T. Serpe, Ph.D.
Director
Phone: 760-750-3288
Fax: 760-750-3291
Email: rserpe@csusm.edu

2003 Funding Sources

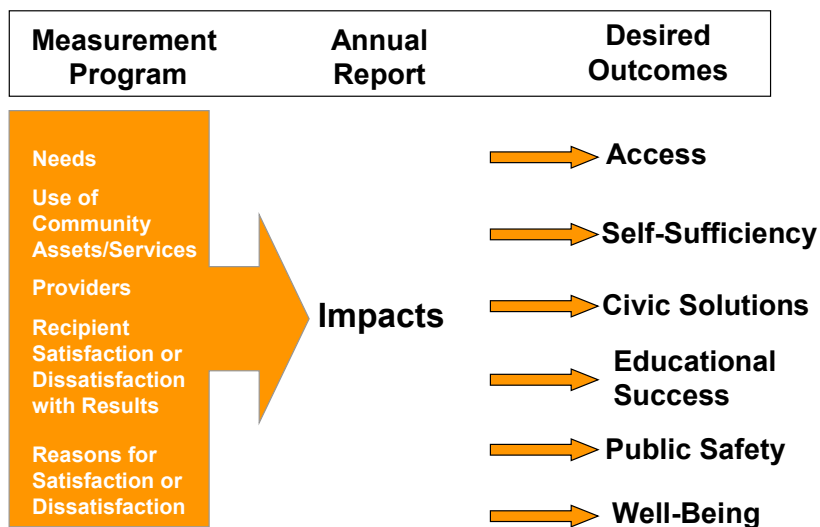
- Alliance Healthcare Foundation
- The California Endowment
- County of San Diego
- Community Health Improvement Partners (CHIP)
- Kaiser Permanente
- McCarthy Family Foundation
- INFO LINE of San Diego County
- The San Diego Foundation
- United Way of San Diego County

Outcomes and Impact Program Overview

The information contained in this report presents the findings for one of the 24 areas explored in the 2003 Outcomes and Impact Study. Other areas range from advocacy services to youth development. Each of these areas is covered in an individual report which can be obtained from the United Way of San Diego County. In addition, there are appendices supporting each of these reports which provide very detailed data in the format of cross tabulations of questions for each area by many key variables.

To view the 2003 Outcomes and Community Impact Program reports or to order copies of the 1999, 2000, 2001 and 2002 reports on disk, visit the United Way's website at www.uwsd.org. On the homepage click on the Outcomes / Healthy Community Index icon.

Outcomes and Impact



More Information Available

The information provided in this report is one segment of the available outcome and impact program reporting. Additional information is available including:

- Five-year history of top-level findings
- Methodology and Technical Report
- Frequencies
- Cross tabulations
- Significance tests