June 2020 Youth Services Survey

Supplemental Questions

Impact of COVID-19 on Mental Health Services for Youth

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

BACKGROUND

In June 2020, clients ages 13 and older and 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). A supplementary survey was added to the YSS to gather information about clients' experiences accessing and utilizing services during the COVID-19 pandemic. This information will help San Diego County Behavioral Health Services understand the impact of COVID-19 on services and make informed decisions regarding the continuation of teletherapy services in the future.

SAMPLE AND METHODS

This survey period was the first launch of an online platform to administer the YSS survey. Overall, 982 YSS youth surveys were collected through the new online platform. Of those 982 surveys, 540 (55%) had at least one response to the COVID-19 supplemental survey questions. Additionally, 1,683 YSS caregiver surveys were collected and 896 (53%) had at least one response to the COVID-19 supplemental questions. Findings from the supplemental questions only are highlighted in this report.

ACCESS DURING THE CRISIS

91% of parents and 72% of youth felt that they were either *Very Well Informed* or *Somewhat Well Informed* about how to access services during the COVID-19 crisis. Approximately 15% of caregivers and 17% of youth reported that there was a time since schools closed that they did not receive needed mental health services.

Table 1: How informed did you feel about the	Youth YSS	Caregiver YSS Percent of Respondents (N=818)	
availability of mental health services during the crisis?	Percent of Respondents (N=480)		
Very well informed	38%	61%	
Somewhat well informed	34%	30%	
Not very well informed	7%	5%	
Not at all informed	3%	1%	
Don't know	18%	3%	



ACCESS DURING THE CRISIS (continued)

Table 2: Has there been any time since schools closed	Youth YSS	Caregiver YSS	
on March 16, 2020 that you felt you needed mental health treatment or counseling but didn't get it?	Percent of Respondents (N=481)	Percent of Respondents (N=820)	
Yes	17%	15%	
Νο	64%	77%	
Don't know	19%	8%	

MENTAL HEALTH SINCE INITIAL SHUTDOWN

While 33% of caregivers reported there had been no decline in their child's mental health as of the survey time period, approximately 36% reported there had been a *moderate, major or severe* decline in their child's mental health since schools closed. Similarly, 29% of youth reported no decline, whereas 37% reported that there had been a *moderate, major or severe decline* in their mental health since schools closed approximately March 16th.

Table 3: Do you feel there has been a decline in your (or	Youth YSS	Caregiver YSS
your child's) mental since March 16, 2020, when schools closed as a result of the COVID-19 crisis?	Percent of Respondents (N=477)	Percent of Respondents (N=818)
Severe decline	7%	4%
Major decline	10%	10%
Moderate decline	20%	22%
Minor decline	18%	24%
No decline	29%	33%
Don't know	16%	7%





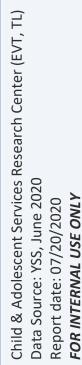
TYPE AND AMOUNT OF TELETHERAPY SERVICES RECEIVED

The large majority (80%) of caregivers reported that their child received video sessions, whereas 11% said their child received therapy over the phone only (no video). Only 6% of caregivers stated that their child did not receive any teletherapy sessions since March 16th. 63% of youth said that they received video sessions, 13% reported they received sessions via phone only, and 14% reported they did not receive any teletherapy services.

Of the respondents who cited they received teletherapy, most caregivers (61%) reported that their children had received more than 5 sessions of teletherapy since March 16th, whereas less than half of youth (46%) reported they received more than 5 sessions.

Table 4: Methods Used to Receive Teletherapy Services	Youth YSS	Caregiver YSS Percent of Respondents (N=819)	
During COVID-19	Percent of Respondents (N=480)		
Phone call only	13%	11%	
Live video only	21%	30%	
Phone call and live video	42%	51%	
No teletherapy services	14%	6%	
Don't know	10%	2%	

	Youth YSS	Caregiver YSS Percent of Respondents (n=749)	
Table 5: How many times did you access teletherapy services during the crisis?	Percent of Respondents (n=365)		
1	4%	5%	
2	6%	4%	
3 to 5	17%	20%	
6 to 10	21%	34%	
11 or more	25%	27%	
Don't know	28%	10%	





BARRIERS TO RECEIVING TELETHERAPY SERVICES

The large majority of caregivers did not report any problems using teletherapy services. A small percent of caregivers endorsed not having access to a computer or internet as well as not knowing teletherapy was an option. Youth also endorsed a few barriers: not knowing that teletherapy was an option and not feeling comfortable receiving therapy over video.

		Youth YSS	(Caregiver YSS
Table 6: Problems Utilizing Teletherapy Services During COVID-19*	n	Percent of Respondents (N=382)	n	Percent of Respondents (N=621)
Did not know it was an option	57	15%	43	7%
Provider did not offer it	5	1%	10	2%
Unable to schedule at a convenient time	7	2%	16	3%
Did not know how to use teletherapy	15	4%	12	2%
Lack of comfort with therapy over the phone	25	7%	8	1%
Lack of comfort with live video therapy	43	11%	8	1%
Did not have access to a computer or internet	17	4%	39	6%
Did not have enough minutes/data on phone plan	10	3%	18	3%
Did not feel teletherapy services would be helpful	29	8%	22	4%
Did not experience any problems	156	41%	419	68%
Something else	86	23%	86	14%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES OF PROBLEMS USING TELETHERAPY DURING COVID-19

Technical issues such as slow internet connection, software issues, or non-functioning camera. Internet connectivity issues made it difficult for some youth to navigate the video process alone. Missing appointments due to forgetfulness, sleeping issues, or time zone differences. Some youth expressed not feeling comfortable discussing mental health around family members.

Living situation contributed barriers such as, inability to focus due to distractions or other children requiring attention during sessions.



HELPFULNESS OF THE SERVICES RECEIVED

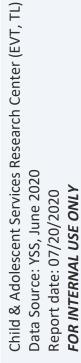
Of clients receiving teletherapy services, 63% of youth and 69% of caregivers reported that the services were *A Lot* or *Extremely Helpful*. Only 2% of youth and 4% of caregivers felt that teletherapy was not at all helpful.

Table 7: Herry balaful de very fael these taletherem.	Youth YSS	Caregiver YSS	
Table 7: How helpful do you feel these teletherapy services were for you?	Percent of Respondents (n=364)	Percent of Respondents (n=746)	
Not at all	4%	2%	
A little	7%	6%	
Somewhat	22%	19%	
A lot	40%	41%	
Extremely	23%	28%	
Don't know	4%	2%	

INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE

The majority of caregivers, and about half of the youth, expressed desire to receive at least some teletherapy services in the future, even when it is safe to resume in-person services.

Table 9. Are you interacted in using teletherapy convices	Youth YSS	Caregiver YSS	
Table 8: Are you interested in using teletherapy services when in-person services become available?	Percent of Respondents (N=475)	Percent of Respondents (N=817)	
Yes, all the time	11%	17%	
Yes, most of the time	9%	15%	
Yes, occasionally	27%	31%	
No, I only want in-person therapy	25%	23%	
Don't know	28%	14%	





INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE (continued)

Of the caregivers and youth who are interested in receiving teletherapy services **in the future**, they cited convenience, ease of scheduling, and increased comfort talking in teletherapy settings as primary reasons for utilizing teletherapy services in the future. Caregivers also appreciated that transportation was not an issue for teletherapy sessions.

		Youth YSS	(Caregiver YSS
Table 9: Reasons for Utilizing Teletherapy Services in the Future*	n	Percent of Respondents (n=214)	n	Percent of Respondents (n=481)
More comfort talking in a teletherapy setting	76	36%	134	28%
Easier to schedule	68	32%	138	29%
More convenient	70	33%	191	40%
Avoids transportation issues		N/A	149	31%
Eliminates childcare issues		N/A	59	12%
Easier for family members to participate in teletherapy	47	22%	127	26%
Relationship with my therapist has been better	19	9%	44	9%
Something else	33	15%	63	13%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES IN SUPPORT OF FUTURE TELETHERAPY USE

Many youth open to trying both teletherapy and in-person sessions.

Youth described situations where teletherapy might be preferable: illness, lack of transportation, requiring only quick check-in, able to continue despite interruption of COVID-19.

Caregivers felt child (and at-risk family members in the home) are safer using teletherapy due to COVID-19.

Convenience of scheduling allows progress to continue instead of missing an in-person appointment.





INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE (continued)

Of the caregivers and youth who were **not** interested in receiving teletherapy services in the future, they cited being less comfortable talking in teletherapy as a primary reason for not utilizing teletherapy services in the future. Youth also expressed concern with the lack of privacy associated with their teletherapy sessions.

		Youth YSS	C	aregiver YSS
Table 10: Reasons for Not Utilizing Teletherapy Services in the Future*	n	Percent of Respondents (n=116)	n	Percent of Respondents (n=175)
Less comfortable using teletherapy	30	26%	31	18%
Lack reliable access to technology	7	6%	2	1%
Less comfortable talking in teletherapy	54	47%	52	30%
Teletherapy is more difficult to schedule	13	11%	5	3%
Teletherapy appointments are less convenient	19	16%	19	11%
Teletherapy services are less private	39	34%	25	14%
Relationship with therapist has not been as good using teletherapy	14	12%	23	13%
Something else	32	28%	66	38%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES IN OPPOSITION TO FUTURE TELETHERAPY USE

Teletherapy does not have the same personal impact as in-person sessions, describing not being able to fully open-up and wanting the provider to better see their facial expression and body language. Belief that in-person sessions are more engaging, productive, and effective.

Children may be too young for teletherapy or unable to focus or remain still.

Teletherapy has made it easier for children to walk away from the computer or refuse to continue meeting when emotions are escalated.



KEY FINDINGS

• The large majority of caregivers felt they were informed about how to access mental health services during the COVID-19 crisis. This is a biased sample however, since only families who are receiving services completed this survey.

- 15% of caregivers and 17% of youth, reported that there was a time since schools closed that they did not receive needed mental health services.
- 36% of caregivers and 37% of youth reported there had been a *moderate, major or severe decline* in their (or their child's) mental health since schools closed as a result of COVID-19.
- Most caregivers and youth reported they received teletherapy (92% and 76%, respectively) during the COVID-19 crisis.
- Of clients who received teletherapy services, 63% of youth and 69% of caregivers reported that the services were *A Lot* or *Extremely Helpful*.
- The top problems that caregivers reported getting teletherapy for their child were not knowing that it was an option (7%) and not having access to a computer or internet (6%). The majority of caregivers did not report difficulty in getting teletherapy for their child.
- Most caregivers prefer to continue receiving at least some teletherapy services in the future, even when it is safe to resume in-person services.

• Of the smaller group who do not want teletherapy in the future, the main reason was a lack of comfort talking in a teletherapy setting.

RECOMMENDATIONS TO OVERCOME BARRIERS

- Help families obtain access to a computer, tablet, smartphone, and/or internet.
- Offer in-person therapy outside (e.g., a park) in a socially distanced setting with masks on, for youth with concerns about privacy.
- Talk with caregivers about ways youth can have privacy during at least part of the sessions (e.g., outside or in a space with doors and a sound machine).
- Educate the San Diego Board of Supervisors on the worsening of children's mental health problems since the stay-at-home order in March.
- Continue to evaluate the impact of staying home since youth are at an increased risk of lack of supervision, abuse, exposure to domestic violence, and substance abuse with San Diego Unified schools opting to do remote learning this fall.

