

CALIFORNIA Health Care Almanac



JULY 2022

Mental Health in California Waiting for Care

Executive Summary

Mental illnesses are among the most common health conditions faced by Californians: Nearly 1 in 7 California adults experiences a mental illness, and 1 in 26 has a serious mental illness that makes it difficult to carry out daily activities. One in 14 children has an emotional disturbance that limits functioning in family, school, or community activities.

A number of positive changes have helped strengthen California’s mental health system. These changes include federal and state laws mandating parity in coverage of mental and physical illness, and the expansion of Medi-Cal eligibility and scope of mental health services under the Affordable Care Act. In addition, there have been numerous public and private efforts to expand access to care, encourage better integration of physical and mental health care, and reduce stigma. Nonetheless, a majority of Californians who need it fail to receive needed care.

Using the most recent data available, *Mental Health in California: Waiting for Care* provides an overview of mental health statewide: disease prevalence, suicide rates, supply and use of treatment providers, and mental health in the criminal justice system. The report also highlights available data on quality of care and mental health care spending.

KEY FINDINGS INCLUDE:

- The prevalence of serious mental illness varied by income, with much higher rates of mental illness for both children and adults in families with incomes below 100% of the federal poverty level.
- Rates of serious psychological distress reported by California adolescents and adults increased between 2016 and 2019.
- California’s rate of suicide was below both the national rate and the Healthy People 2030 target, although rates varied within the state by gender, race/ethnicity, and county.
- Close to two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment.
- People incarcerated in California’s jails and prisons have high rates of mental illness. In 2019, 30% of female prison inmates and 20% of the male prison population received mental health treatment while incarcerated.

Note: See the current and past editions of Mental Health in California at www.chcf.org/collection/behavioral-health-california-almanac.

Mental Health

CONTENTS

Overview	3
Prevalence	4
Treatment	19
Suicide	23
Spending	28
Medi-Cal	31
Facilities	41
Care Providers	45
Quality of Care	48
Criminal Justice System	55
Methodology	59
Appendix	61

Mental Illness Defined

The following are definitions of categories of mental illness used in this publication:

Any mental illness (AMI) is a categorization for adults 18 and older who currently have, or at any time in the past year have had, a diagnosable mental, behavioral, or emotional disorder, regardless of the level of impairment in carrying out major life activities. This category includes people whose mental illness causes serious, moderate, or mild functional impairment.

Serious mental illness (SMI) is a categorization for adults 18 and older who currently have, or at any time during the past year have had, a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that interferes with or limits major life activities.

Serious emotional disturbance (SED) is a categorization for children 17 and under who currently have, or at any time during the past year had, a mental, behavioral, or emotional disorder resulting in functional impairment that substantially limits functioning in family, school, or community activities.

Serious psychological distress (SPD) is a measure of psychological distress in the past year using the Kessler 6 series for adolescents and adults.*

Anxiety disorder is excessive anxiety and worry occurring more days than not for at least six months to the degree that it interferes with daily activities such as job performance, school work, and relationships.

Major depressive episode (MDE) is a period of at least two weeks when a child or adult has experienced a depressed mood or loss of interest or pleasure in daily activities and has had a majority of specified depression symptoms.

* For more information, see Ronald C. Kessler et al., "Screening for Serious Mental Illness in the General Population with the K6 Screening Scale: Results from the WHO World Mental Health (WMH) Survey Initiative," *Intl. Journal of Methods in Psychiatric Research* 19, no. S1 (June 2010): 4–22.

Sources: *Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health [Internet]*, Substance Abuse and Mental Health Services Administration (SAMHSA), June 2016, table 3.15; *Behavioral Health Barometer: California, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, SAMHSA, 2020; and 58 Fed. Reg. 29422 (May 20, 1993).

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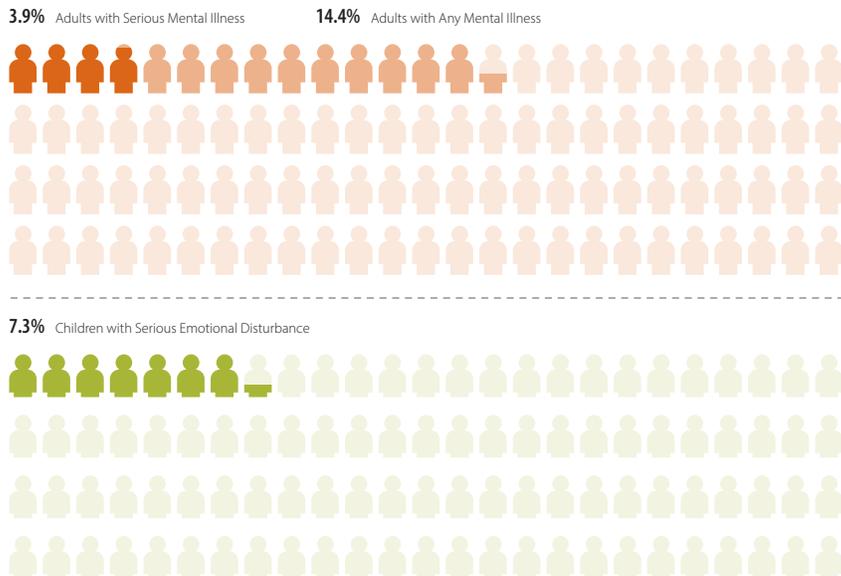
Overview

Mental illness encompasses many diagnoses, including depression, anxiety, and schizophrenia. These diagnoses may affect a person's thinking, mood, or behavior. Some disorders are short-lived. Others are persistent and can lead to difficulty with functioning and to disability. Psychotherapies, behavioral management, and medications have been proven effective in promoting recovery from mental illnesses.

Incidence of Mental Illness

Adults and Children, California, 2019

PERCENTAGE OF POPULATION



Notes: *Serious emotional disturbance* is a categorization for children age 17 and under. *Serious mental illness* is a categorization for adults age 18 and older. Children do not have an equivalent "any mental illness" designation. See page 3 for full definitions. See page 59 for a description of the methodology used to develop these estimates.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

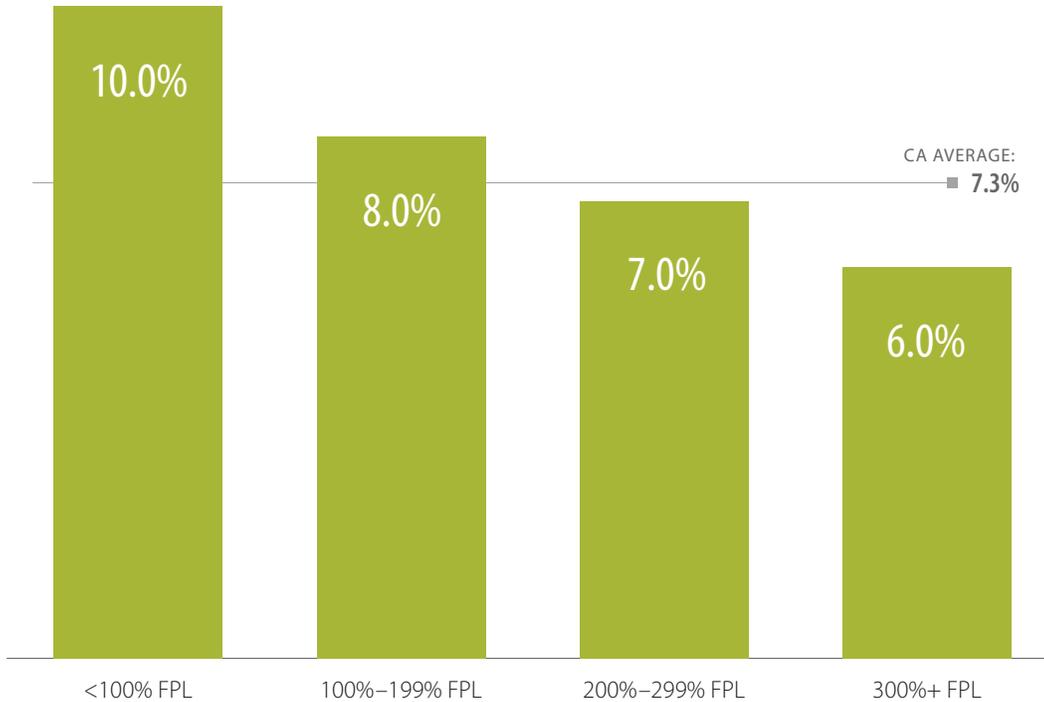
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Prevalence

In 2019, one in 26 adults in California experienced a serious mental illness that resulted in difficulty carrying out major life activities. About one in seven adults experienced a mental, behavioral, or emotional disorder (any mental illness). One in 14 children in California had a serious emotional disturbance that could interfere with functioning in family, learning, or getting along with people.

Children with SED, by Income California, 2019

PERCENTAGE OF CHILD POPULATION



Notes: *Serious emotional disturbance* (SED) is a categorization for children age 17 and under. See page 3 for full definitions. *FPL* is federal poverty level; 100% of FPL in 2019 was an annual income of \$12,490 for an individual and \$25,950 for a family of four. Excludes 2% of children for whom the level of income could not be determined. See page 59 for a description of the methodology used to develop these estimates.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

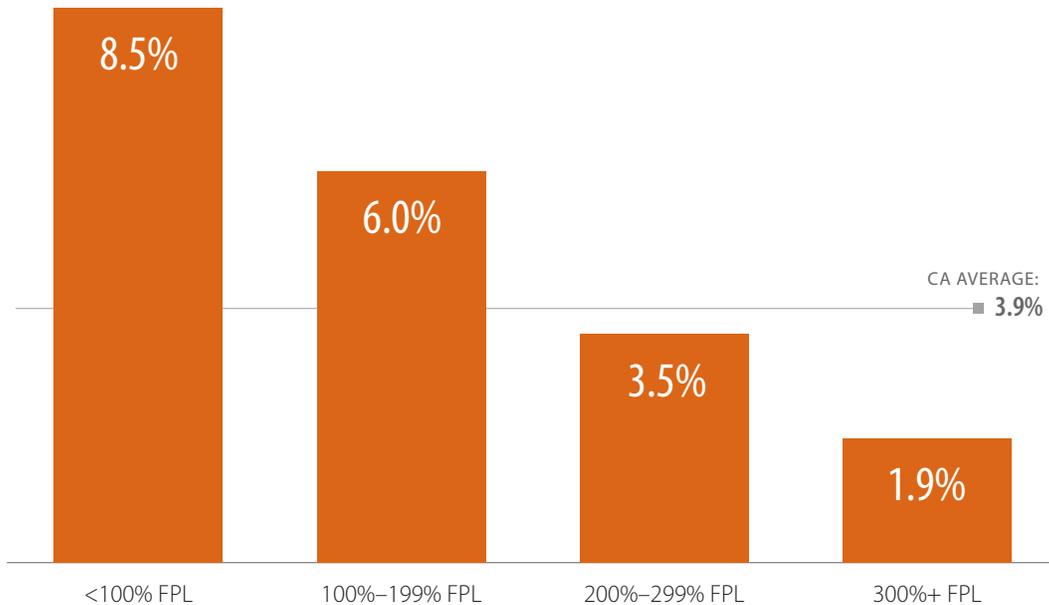
Mental Health

Prevalence

Serious emotional disturbance is more common among children in families with lower incomes. One in 10 children in families below the federal poverty level experienced a serious emotional disturbance.

Adults with Serious Mental Illness, by Income California, 2019

PERCENTAGE OF ADULT POPULATION



Notes: *Serious mental illness* is a categorization for adults age 18 and older. See page 3 for full definitions. *FPL* is federal poverty level. In 2019, 100% of FPL was defined as an annual income of \$12,490 for an individual and \$25,550 for a family of four. Excludes 2% of adults for whom the level of income could not be determined. See page 59 for a description of the methodology used to develop these estimates.

Source: Charles Holzer and Hoang Nguyen, "Estimation of Need for Mental Health Services," received June 28, 2021.

Mental Health

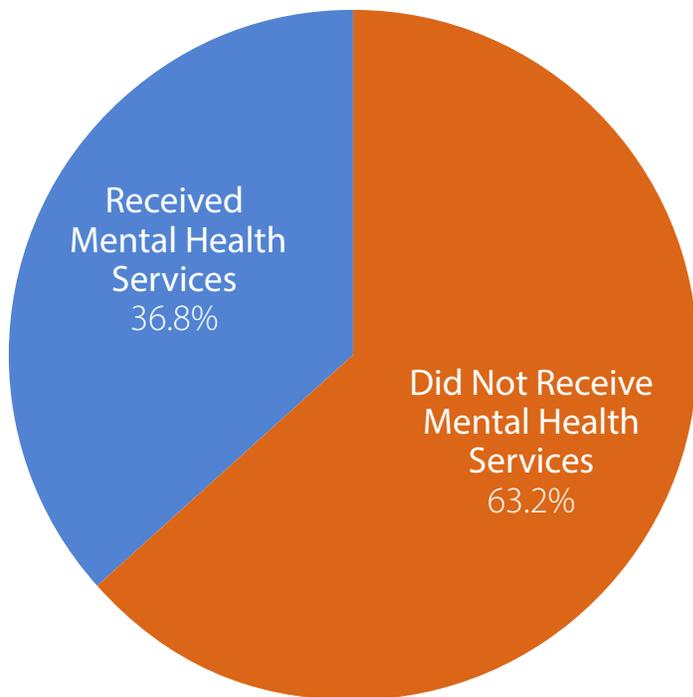
Prevalence

The prevalence of serious mental illness was highest among Californians with the lowest incomes. Nearly one in 12 adults in families with incomes below 100% of the federal poverty level had serious mental illness.

Mental Health Service Use

Adults with AMI, California, 2017 to 2019

PERCENTAGE WHO . . .



Notes: Estimates are annual averages based on combined 2017 to 2019 National Survey on Drug Use and Health data. *Mental health service* use is defined as receiving treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months before the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of any mental or emotional condition that was not caused by the use of alcohol or drugs. Respondents with unknown service use were excluded. Estimates of any mental illness were based on self-report of symptoms indicative of any mental illness. *Any mental illness (AMI)* is a categorization for adults age 18 and older. See page 3 for full definitions.

Source: *Behavioral Health Barometer: California, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, Substance Abuse and Mental Health Services Administration, 2020.

Mental Health

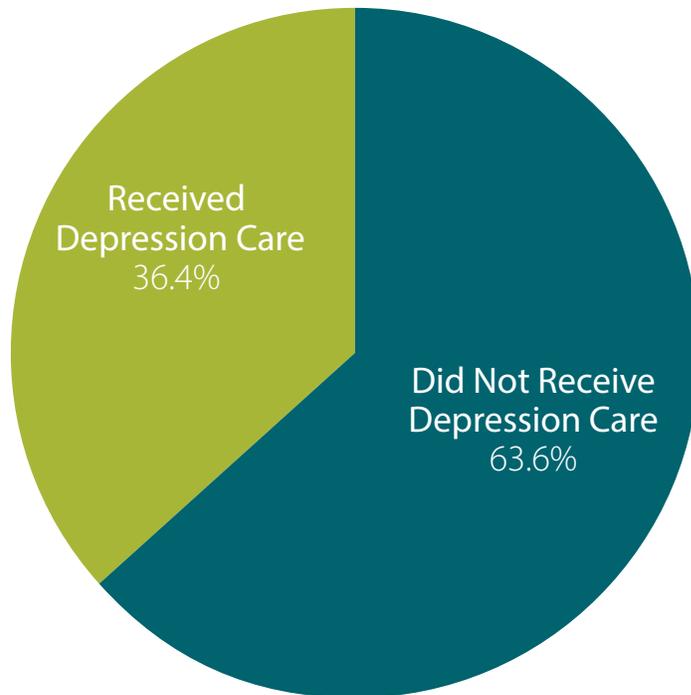
Treatment

Among California adults with any mental illness, slightly more than one-third reported receiving mental health services, which include treatment, counseling, or prescription medication, during the past year. This was lower than the national rate of 43.6% (not shown). While adults in California with serious mental illness were more likely to receive treatment, 40% did not get any (not shown).*

*"Mental Health in California," KFF.

Treatment for Major Depressive Episode Adolescents, California, 2016 to 2019

PERCENTAGE REPORTING MDE IN THE PAST YEAR WHO . . .



Notes: *Adolescents* are age 12 to 17. Estimates are annual averages based on combined 2016 to 2019 NSDUH data. *MDE* is major depressive episode. Respondents with unknown past-year MDE or treatment data were excluded.

Source: *Behavioral Health Barometer: California, Volume 6: Indicators as Measured Through the 2019 National Survey on Drug Use and Health and the National Survey of Substance Abuse Treatment Services*, Substance Abuse and Mental Health Services Administration, 2020.

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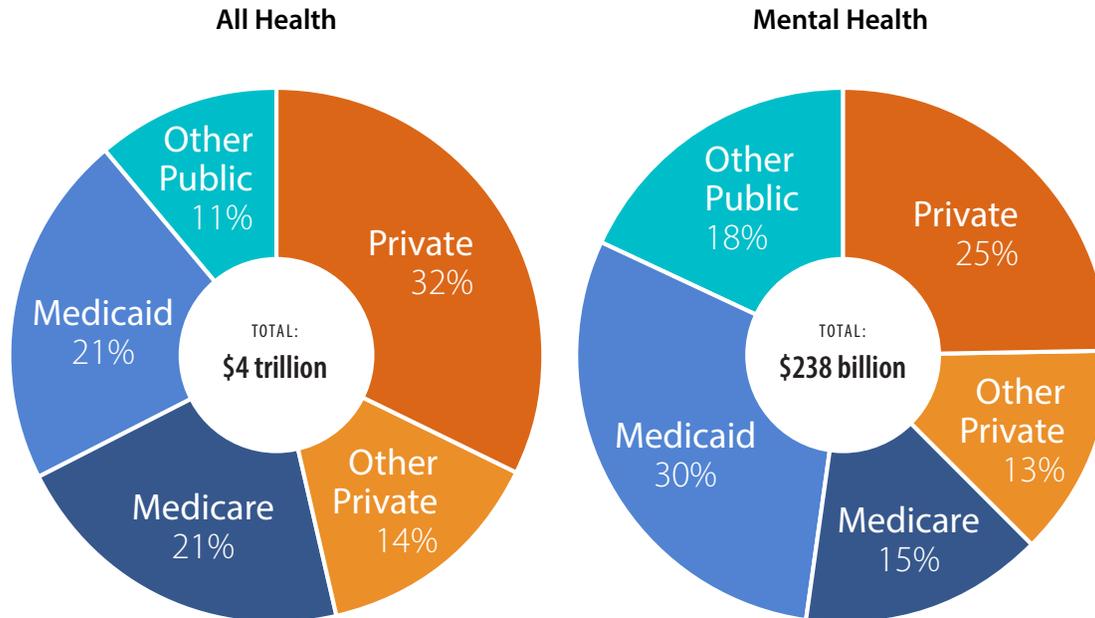
Treatment

Between 2016 and 2019, about one in three California adolescents who reported experiencing symptoms of major depressive episode during the past year received treatment. This was lower than the national rate of 41.8% and the Healthy People 2030 target of 46.6% (not shown).

Expenditures for Health and Mental Health Services, by Payer

United States, 2020 Projected

PERCENTAGE OF TOTAL SPENDING



Notes: Expenditures are projections. *Other public* includes other federal, state, and local payers. *Other private* includes out-of-pocket and other private expenditures. Mental health estimates include clinical treatment, rehabilitative services, and medications and exclude activities to prevent mental illness and unpaid peer support services. Estimates of Medicare and private insurance mental health spending are based on claims. Payments for all other payers are based on survey and other data sources. Overall health expenditures are from the Centers for Medicare & Medicaid Services National Health Expenditure Accounts.

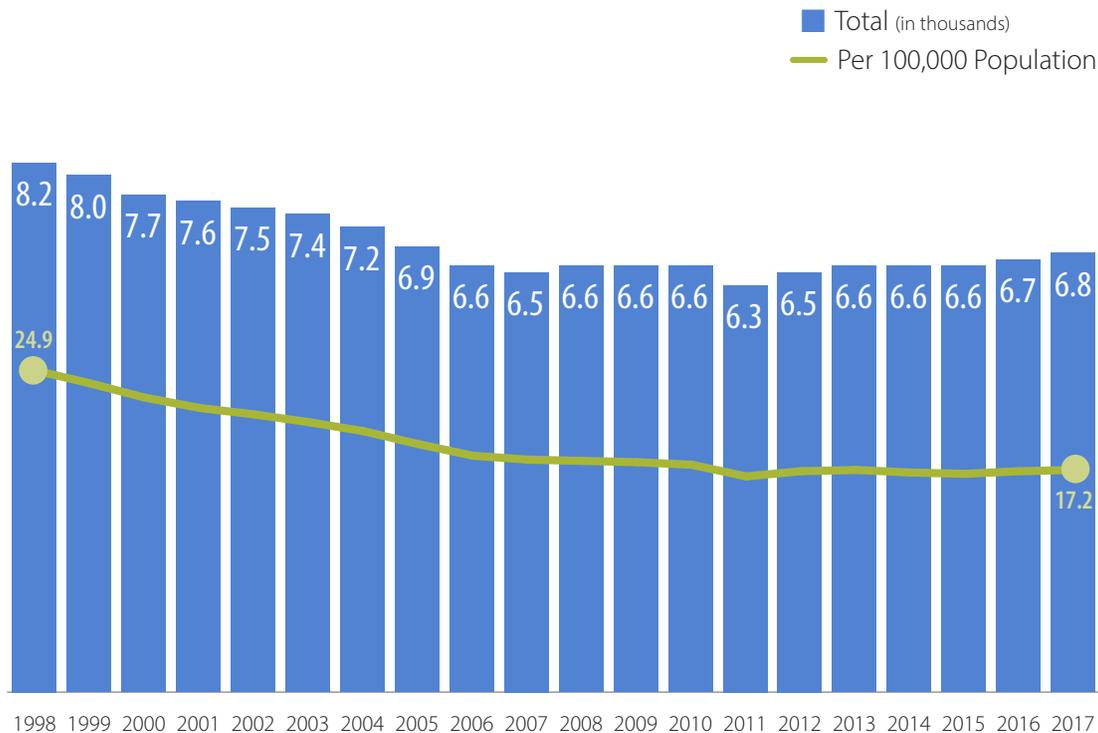
Source: *Projections of National Expenditures for Treatment of Mental and Substance Use Disorders, 2010-2020*, Substance Abuse and Mental Health Services Administration, October 2014.

Mental Health Spending

Total US mental health expenditures in 2020 were projected to be \$238 billion, or 6% of total health care expenditures. Public payers (Medicaid, Medicare, and other public) were projected to pay for 63% of mental health expenditures, compared to 53% of overall health expenditures.

Acute Psychiatric Inpatient Beds

California, 1998 to 2017



Notes: Acute psychiatric inpatient beds include those in psychiatric units in general acute care hospitals (including city and county hospitals), acute psychiatric hospitals, and psychiatric health facilities (PHFs). Acute psychiatric inpatient beds are licensed to provide one of the following types of psychiatric service: adult, child/adolescent, geriatric psychiatry, psychiatric intensive care, or chemical dependency. PHFs do not have to meet the same facility regulations as hospitals, and provide medical care through arrangements with other providers. Excludes acute and intermediate beds in California state hospitals, which treat forensic patients committed by criminal courts, and civil patients involuntarily committed by civil courts because they are a danger to themselves or others. (See page 57.)

Source: *California's Acute Psychiatric Bed Loss* (PDF), California Hospital Assn., February 2019.

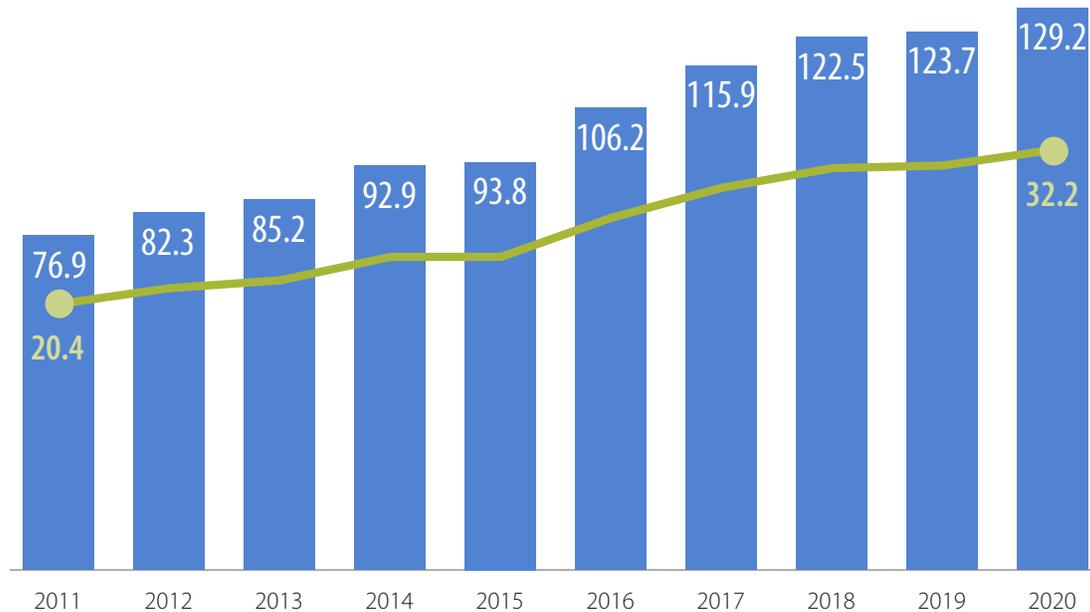
Mental Health Facilities

Acute psychiatric beds in both general acute care and psychiatric hospitals are used for people who require 24-hour care for a psychiatric crisis. In California, the number of psychiatric beds per 100,000 population decreased 31% from 1998 through 2017 as 35 facilities either closed or eliminated psychiatric units.

Emergency Department Discharges to Psychiatric Care California, 2011 to 2020

ED VISITS WITH DISPOSITION TO PSYCHIATRIC CARE

■ Total (in thousands) — Per 10,000 Population



Notes: ED is emergency department. Disposition to psychiatric care includes discharges or transfers to a psychiatric hospital or distinct psychiatric unit of a hospital, including planned inpatient readmissions. Visits are the total of ED visits and ED admissions with a disposition to inpatient psychiatric care. Due to data limitations, 2011 through 2014 figures include only those from ED visits and not ED admissions.

Sources: Author calculations based on *Hospital Emergency Department - Characteristics by Facility (Pivot Profile)* (2010–20), California Health and Human Services Open Data Portal; and *Report P-2A: Total Population Projections, 2010–2060: California and Counties (2019 Baseline)*, California Dept. of Finance, July 19, 2021.

Mental Health Facilities

People experiencing mental health crises frequently receive care in hospital emergency departments.

Mental Health Professions

PROFESSION	CREDENTIALS, QUALIFICATIONS, AND CUSTOMARY PRACTICE	PSYCHOTROPIC MEDICATIONS	PSYCHOLOGICAL TESTING	TREATMENT PLANNING	THERAPY	CASE MANAGEMENT	REHABILITATION AND SUPPORT
Physicians	MD/DO with general licensure as physician and surgeon	✓		✓			
Psychiatrists	MD/DO with a specialty in psychiatry, some with a second specialty in child and adolescent psychiatry	✓		✓	✓		
Psychiatric Clinical Nurse Specialists (CNS)	Advanced practice nurses, with a master's or doctoral degree, who specialize in psychiatry	✓		✓	✓		
Nurses	RNs and LVNs with and without specialty psychiatric training, plus licensed psychiatric technicians			✓		✓	✓
Psychologists	Clinical psychologists licensed at the doctoral level, perhaps specializing in psychological or neuropsychological assessment, including diagnostic test administration, assessment, and treatment recommendations		✓	✓	✓		
Licensed Independent Clinical Social Workers (LICSW), Mental Health Counselors (LMHC), and Marriage and Family Therapists (MFT)	Master's level clinicians licensed by the state LICSWs and LMFTs are eligible for reimbursement under Medi-Cal and Medicare as independent practitioners outside of a clinic.			✓	✓	✓	✓
Occupational Therapists (OT)	Licensed OT			✓		✓	✓
Unlicensed Mental Health Workers Qualified Under the California Medi-Cal Rehabilitation Option	Mental health workers with high school, associate's, or bachelor's degrees providing (under supervision) care management, rehabilitation, behavior management, mentoring, milieu support, respite, and other supportive roles			✓		✓	✓

Notes: MD/DO is medical doctor / doctor of osteopathic medicine. RN is registered nurse. LVN is licensed vocational nurse.

Sources: California Welfare and Institutions Code; and California Business and Professions Codes.

Mental Health

Care Providers

All licensed mental health practitioners are qualified to conduct assessments, determine diagnoses, develop treatment plans, and provide therapies. Unlicensed mental health staff, including peer providers, offer important case management, rehabilitation, and support services.

Licensed Mental Health Professionals, by Region

California, 2020

PER 100,000 POPULATION

■ HIGHER THAN STATE AVERAGE

	LICENSED PSYCHIATRISTS*	LICENSED CLINICAL SOCIAL WORKERS	LICENSED MARRIAGE AND FAMILY THERAPISTS	LICENSED PROFESSIONAL CLINICAL COUNSELORS	LICENSED PSYCHOLOGISTS	PSYCHIATRIC TECHNICIANS
Central Coast	11.6	61.8	144.4	5.2	47.1	52.6
Greater Bay Area	18.7	82.8	135.3	6.8	72.6	17.9
Inland Empire	8.2	39.0	60.8	3.7	15.9	40.9
Los Angeles County	12.0	81.1	106.2	4.0	48.7	8.8
Northern and Sierra	5.8	65.4	100.3	5.5	21.8	12.8
Orange County	7.9	56.8	106.3	5.6	40.1	15.2
Sacramento Area	12.3	72.6	98.4	5.7	37.6	12.4
San Diego Area	13.3	64.8	94.1	7.3	55.0	3.1
San Joaquin Valley	6.2	35.5	48.2	2.5	16.2	58.3
California	11.8	65.9	100.8	5.0	44.2	22.7

* Includes psychiatrists who have completed residency training and are active in patient care at least 20 hours per week.

Note: See Appendix for a map of counties included in each region.

Sources: Public Information Licensee List, California Dept. of Consumer Affairs; Survey of Licensees (private tabulation), Medical Board of California, January 2020; and *Annual Estimates of the Resident Population for Counties in California: April 1, 2010 to July 1, 2019* (CO-EST2019-ANNRES-06), US Census Bureau, last modified March 26, 2020.

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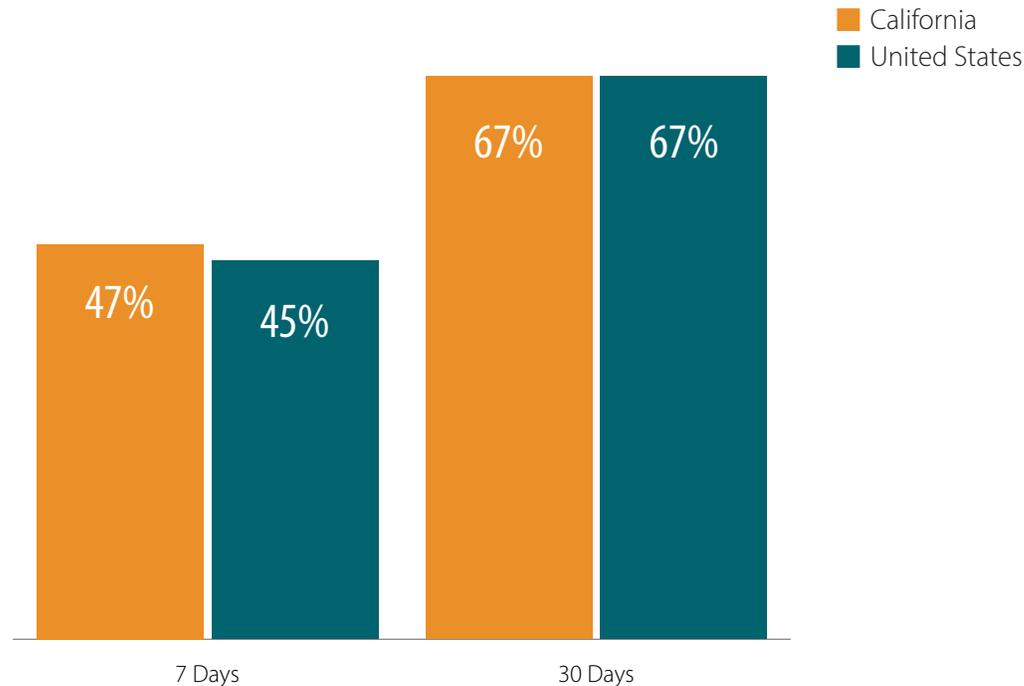
Care Providers

The number of mental health professionals per population varied considerably by region in California. The Greater Bay Area's rates were higher than the state average for almost all of the professions shown, while the Inland Empire and San Joaquin Valley regions had rates that were lower than average for almost all of the professions shown.

Follow-Up After Hospitalization for Mental Illness

HMO and PPO Plans, California vs. United States, 2019

PERCENTAGE OF DISCHARGES WITH A FOLLOW-UP VISIT WITHIN . . .



Notes: Percentage of patients hospitalized for a mental illness who were seen by a mental health provider within 7 days and 30 days after leaving the hospital. Includes HMO and PPO health plan members age six and older.* *HMO* is health maintenance organization. *PPO* is preferred provider organization. The California plans' scores are the average across all California HMO and PPO health plans. National results are from health plans throughout the US and were calculated giving equal weight to each plan's score regardless of its enrollment.

**Follow-Up After Hospitalization for Mental Illness (FUH); Nat'l Committee for Quality Assurance.

Source: "California Health Plans Compared to Health Plans Nationwide," Office of the Patient Advocate.

Mental Health

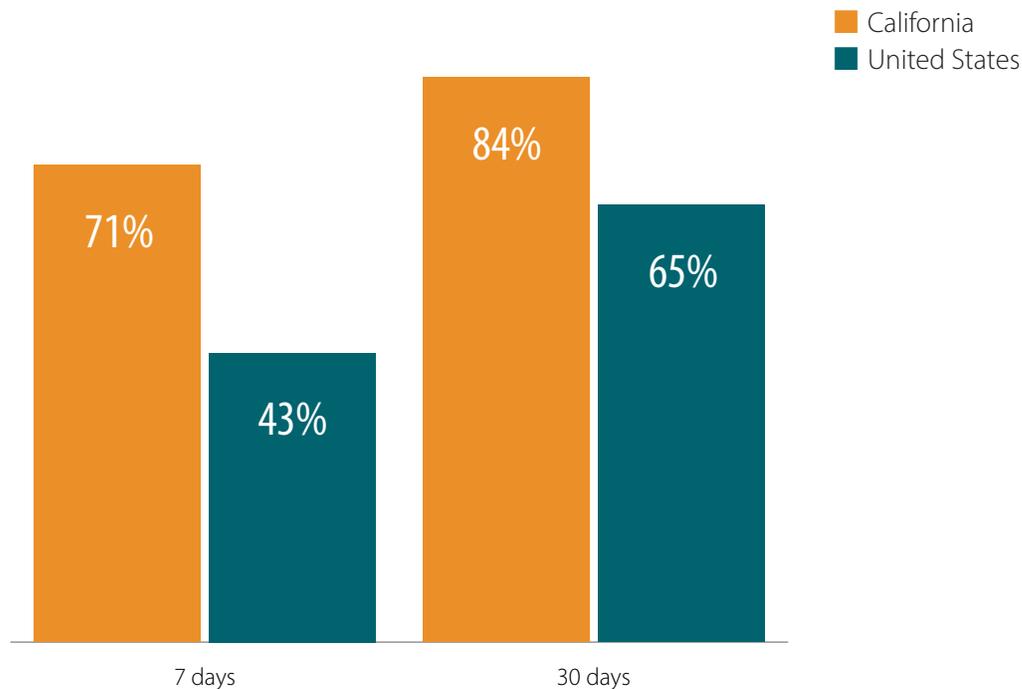
Quality of Care

Prompt follow-up with a mental health provider after hospitalization for a mental illness helps care and medication management. California and United States HMO and PPO plans had similar rates of follow-up care. Close to half of patients were seen within seven days after discharge, and two-thirds were seen within 30 days after discharge.

Follow-Up After Hospitalization for Mental Illness

Children Enrolled in Medicaid, California vs. United States, FFY 2019

PERCENTAGE OF DISCHARGES WITH A FOLLOW-UP VISIT WITHIN ...



Notes: Percentage of discharges for children age 6 to 17 hospitalized for treatment of mental illness or intentional self-harm with a follow-up visit within 7 and 30 days after discharge. Federal fiscal year (FFY) 2019 is October 2018 through September 2019. Measure is a weighted average of children enrolled in Medicaid managed care plans and fee-for-service, and the Children's Health Insurance Program.

Sources: 2019 *Child and Adult Health Care Quality Measures Quality* (FFY 2019), Centers for Medicare & Medicaid Services (CMS), October 2020; and *Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set — Chart Pack* (PDF), CMS, February 2021.

Mental Health

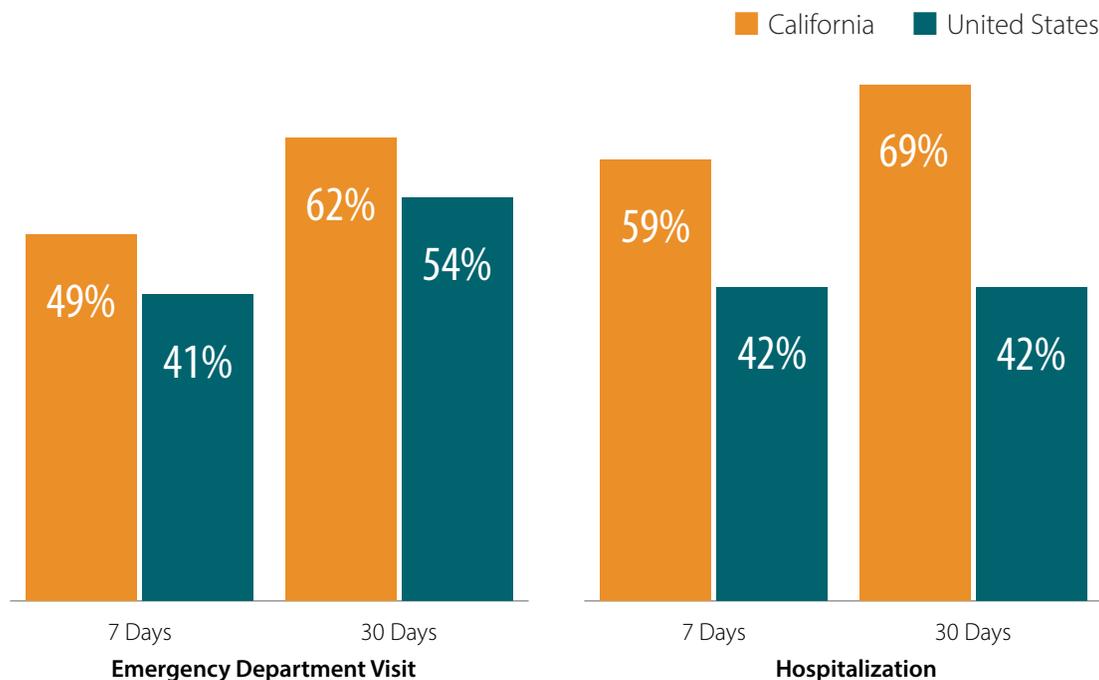
Quality of Care

High percentages of children enrolled in Medicaid received follow-up care after hospitalization for mental illness or intentional self-harm. In California, 71% of children had a follow-up visit within seven days after discharge, and 84% had a visit within 30 days after discharge, both exceeding the national rates.

Follow-Up After ED Visit and Hospitalization for Mental Illness

Adults Enrolled in Medicaid, California vs. United States, FFY 2019

PERCENTAGE OF MENTAL HEALTH VISITS / HOSPITALIZATIONS WITH A FOLLOW-UP VISIT WITHIN . . .



Notes: Percentage of emergency department (ED) visits and discharges for adults 18 and over who had a principal diagnosis of mental illness or intentional self-harm with a follow-up visit within 7 days and 30 days of the ED visit. Percentage of discharges for adults 18 and over hospitalized for mental illness or intentional self-harm with a follow-up visit within 7 days and 30 days after discharge. Federal fiscal year (FFY) 2019 is October 2018 through September 2019. Measure is a weighted average of adults enrolled in managed care plans and fee-for-service.

Sources: 2019 Child and Adult Health Care Quality Measures Quality (FFY 2019), Centers for Medicare & Medicaid Services (CMS), October 2020; and Quality of Behavioral Health Care in Medicaid and CHIP: Findings from the 2019 Behavioral Health Core Set — Chart Pack (PDF), CMS, February 2021.

Mental Health

Quality of Care

Medi-Cal rates of follow-up care exceeded those for Medicaid programs nationally. Sixty-two percent of adults enrolled in Medi-Cal who had an emergency department visit, as well as almost 70% of those hospitalized for mental illness, had a mental health visit within 30 days of discharge.