

# MENTAL HEALTH

## IN THE COACHELLA VALLEY



A SPECIAL REPORT

BY HARC



*Funded by*



*January 2015*

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HARC provides research driven data and recommendations to nonprofits, businesses and governments that, in turn, help create programs and policies to improve community health and well-being.

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## About this report

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Written by Jenna LeComte-Hinely, PhD and Teresa Segovia, MA

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## Contents

EXECUTIVE SUMMARY .....	1
INTRODUCTION .....	3
METHOD .....	5
RESULTS: ADULT MENTAL HEALTH.....	7
Prevalence of Mental Health Disorders .....	8
Adult Demographics .....	9
Gender.....	9
Race/Ethnicity.....	10
Age.....	11
Socioeconomic Status .....	12
Marital Status .....	16
Sexual Orientation .....	17
Citizenship .....	18
Military Service .....	19
Adult Access .....	20
Healthcare Coverage.....	20
Prescription Coverage.....	21
Dental Coverage.....	22
Mental Health Coverage .....	23
Vision Coverage.....	24
Underutilization of Benefits.....	25
Adult Utilization .....	26
Recent Utilization .....	26
Usual Source of Care .....	27
Barriers to Care .....	28
Seeking Treatment in Mexico.....	29
Adherence to Medication Regimen .....	30
Adult General Health .....	31
Adult Prevention .....	32
Blood Cholesterol Screening .....	32
Colorectal Cancer Screening.....	33
Dental Care .....	34
Vision Care .....	36
Women’s Health .....	37
Men’s Health – Prostate Cancer Screening .....	41
Influenza Vaccination .....	44
Adult Health Behaviors.....	45
Alcohol Use .....	45
Tobacco Use.....	47
Medical Marijuana Use.....	48
Sexual Health .....	49

HIV/AIDS Screening .....	51
Adult Major Disease .....	52
Chronic Illness & Major Disease .....	52
Diabetes .....	53
Adult Disability .....	55
Adult Mental Health .....	56
Adult Weight and Fitness .....	60
Body Mass Index (BMI) .....	60
Physical Activity .....	61
Adult Food Insecurity .....	62
Adult Social and Economic Needs .....	63
Senior Health .....	64
Elder Abuse .....	64
Senior Support .....	65
Senior Daily Care .....	66
Summary of Adult Mental Health .....	67
RESULTS: CHILD MENTAL HEALTH .....	70
Prevalence of Mental Health Disorders in Children .....	71
Child Demographics .....	72
Gender .....	72
Age .....	72
Race/Ethnicity .....	73
Socioeconomic Status .....	74
Child Access .....	75
Healthcare Coverage .....	75
Prescription Coverage .....	77
Dental Coverage .....	78
Vision Coverage .....	79
Mental Health Coverage .....	80
Child Utilization .....	81
Routine Care .....	81
Child General Health .....	84
Child Prevention .....	85
Dental and Oral Health .....	85
Vision Exam .....	86
Vaccinations .....	87
Safety and Injury Prevention .....	88
Child Mental Health Difficulties .....	89
Child Weight, Nutrition and Physical Activity .....	91
Weight Status .....	91

Parent Perception of Weight .....	92
Physical Activity .....	93
Outdoor Activity and Safety .....	94
Nutrition .....	95
Child Food Insecurity .....	98
Child Learning and Socialization.....	99
School Achievement .....	99
School Absenteeism.....	100
School Discipline .....	101
Greatest Concern for Child .....	102
Parent/Guardian Discussions .....	103
Summary of Child Health .....	104
CONCLUSION.....	106
RESOURCES .....	107
General Mental Health Resources .....	107
Suicide Prevention Hotlines.....	109
Coachella Valley Mental Health Resources .....	110
Mental Health Services Organizations.....	110
Crisis Services.....	111
Counseling Services.....	112
Substance Use and Addiction Resources .....	114
APPENDIX.....	115

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## EXECUTIVE SUMMARY

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### *Background and Methods*

HARC, Inc. is a 501(c)(3) nonprofit, community-based organization developed by a collaboration of community agencies and individuals in response to a scarcity of objective, timely, and comprehensive health data for the Coachella Valley, California.

To that end, in 2007, HARC conducted the region's first community-wide survey. In addition to providing the needed data, the 2007 survey also established baseline data for several measures. HARC conducted another community-wide survey in 2010, and a third in 2013.

This survey, known as the Community Health Monitor, is a random digit dial telephone survey of landline and cellular telephones. The survey process consists of two independent random samples of households within Coachella Valley. The first sample includes randomly selected adults, age 18 and over (called the "adult" sample). The second sample also targets adults age 18 and over, but the questions ask the adult to reflect on the health and well-being of a randomly selected child within the household, between the ages of 0 and 17 (called the "child" sample).

This report represents one of several special reports based on the 2013 data. This special report focused on the mental health of Coachella Valley adults and children (age 3 to 17—younger children are excluded as they are not likely to have adequate development for assessment of mental health). For this report, those who have been diagnosed with mental health disorders are compared to those who have never been diagnosed with such disorders in order to identify health issues that may be comorbid with mental health disorders.

In the adult sample, participants were asked, "Have you ever been told by a doctor, or other health care professional that you have any of the following mental health conditions?" followed by a list of eight common mental health disorders (bipolar disorder, depressive disorders, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, and/or schizophrenia.). An individual who answered "Yes" to one or more of the eight mental health disorders was categorized as "diagnosed with a mental health disorder". Those who answered "No" to all eight mental health disorders were categorized as "never diagnosed with a mental health disorder".

In the child sample, participants were asked, "Has a doctor or health professional ever told you that [child] had..." followed by a list of eight common mental health disorders (anxiety disorders, attention deficit disorder, attention deficit hyperactivity disorder, autism, developmental delay, eating disorders, mental retardation, mood disorders, and/or suicidal thoughts). These questions were only addressed towards those parent/guardians who were describing a child age 3 or older. A child whose parent/guardian answered "Yes" to one or more of the eight mental health disorders was categorized as "diagnosed with a mental health disorder". Those whose parent/guardian answered "No" to all eight mental health disorders were categorized as "never diagnosed with a mental health disorder".

It is important to note that simply because a person has never been diagnosed with a mental health disorder, it does not necessarily mean that they do not have a mental health disorder. Many have never seen a doctor about their issues, and thus, may be suffering from undiagnosed mental health disorders.

### *Results*

Results are presented here based on age: adults (18+), seniors (55+), and children (3 to 17).

#### *Adults*

Adults with a diagnosed mental health disorder have significantly worse general health than their counterparts without a diagnosed mental health disorder. They also suffer from significantly more major diseases and chronic illnesses than their counterparts without a diagnosed mental health disorder. Specifically, those with a diagnosed mental health disorder also have higher rates of arthritis, osteoporosis, respiratory disease other than asthma, stroke, liver disease, and tuberculosis. Coachella Valley adults with diagnosed mental health disorders are also significantly more likely than their counterparts without a diagnosed mental health disorder to need assistance with food, rent, finances, utilities, transportation, and home health care. Levels of need for this population—especially food, utilities, and transportation—is extremely high.

#### *Seniors*

Seniors with diagnosed mental health disorders are more likely than their counterparts without a diagnosed mental health disorder to experience abuse and neglect, and more likely to be taken advantage of financially. They are also less likely to experience adequate social support, making them vulnerable to this type of elder abuse. Seniors with diagnosed mental health disorders are also more likely to need assistance with their activities of daily living than those without a diagnosed mental health disorder. They are also significantly more likely to be unable to live alone due to the need for assistance.

#### *Children*

Children with a diagnosed mental health disorder are also less likely than their counterparts with no diagnosed mental health disorders to have “excellent” health, and more likely to have “fair” or “poor” health. Compared to their counterparts without a diagnosed mental health disorder, Coachella Valley children with a diagnosed mental health disorder have significantly lower academic achievement, higher absenteeism, and more disciplinary problems.

### *Conclusion*

Mental health is not the only health concern of this population. As illustrated above, Coachella Valley residents with diagnosed mental health disorders also experience greater social and economic needs, are more prone to disease, and, for children, do poorly in school. Care providers should be made aware of these issues and comorbidities, and should refer their clients to additional resources as necessary.

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## INTRODUCTION

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HARC, Inc. is a 501(c)(3) nonprofit, community-based organization developed by a collaboration of community agencies and individuals in response to a scarcity of objective, timely, and comprehensive health data for the Coachella Valley, California.

To that end, in 2007, HARC conducted the region's first community-wide survey. In addition to providing the needed data, the 2007 survey also established baseline data for several measures. HARC conducted another community-wide survey in 2010, and a third in 2013.

HARC shared the results of the most recent survey with the public in February 2014 in the form of an Executive Report. Although this Executive Report was substantial (over 100 pages of narrative, graphs, and tables), it was only the tip of the iceberg in terms of the data. To supplement the Executive Report, HARC released the data in an online database format in April 2014. This database, called HARCSearch, covered many of the variables from the survey for all three surveys. HARCSearch allows users to run specific queries, and to dissect the results further into demographic groups.

However, even HARCSearch does not encompass the entire wealth of information provided by the survey. Thus, in order to bring this valuable information to the general public, HARC sought funding to release several special reports, which provided in-depth examinations of the latest data to highlight health disparities in populations of interest.

This report represents one of several special reports. This special report focused on mental health of Coachella Valley adults (age 18 and over) and children (ages 3 to 17). This report compares those who have been diagnosed with one or more mental health disorders with those who have never been diagnosed with a mental health disorder. This comparison allows for identification of areas where people with diagnosed mental health disorders experience significant health disparities.

This particular report was funded by the Riverside County Department of Mental Health (RCDMH), the primary source of mental health care for many Coachella Valley residents.

For the purposes of this report, the mental health disorders included in this definition for adults include bipolar disorder, depressive disorders (major or chronic, mild depression), generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), panic disorder, phobia, post-traumatic stress disorder (PTSD), and/or schizophrenia.

For children, the mental health disorders include anxiety disorders (panic disorders, obsessive compulsive disorders, and phobia), attention deficit disorder (ADD), attention deficit hyperactivity disorder (ADHD), autism, developmental delay, eating disorders, mental retardation, mood disorders (depressive or bipolar disorders), and/or suicidal thoughts.

It is important to note that simply because a person has never been diagnosed with a mental health disorder, it does not necessarily mean that they do not have a mental health disorder. Many have never seen a doctor about their issues, and thus, may be suffering from undiagnosed



mental health disorders. Thus, throughout this report, two groups are compared: those who have been diagnosed with one or more mental health disorders, and those who have not been diagnosed with one or more mental health disorders. It is important to note that this is not necessarily the same as “those with mental health disorders” and “those without mental health disorders”, although there is most likely significant overlap.

This report focuses on the health status of the Coachella Valley. The region is composed of nine incorporated cities and a large, but sparsely populated, unincorporated area. The nine incorporated cities in the Coachella Valley are Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. The unincorporated areas within the Coachella Valley include Bermuda Dunes, Indio Hills, Mecca, North Palm Springs, Oasis, Sky Valley, Thermal, and Thousand Palms. Several Indian reservations are home to the Cahuilla band of Indians in the Coachella Valley, including the Agua Caliente Indian Reservation, the Augustine Reservation, the Cabazon Indian Reservation, and the Torres-Martinez Desert Cahuilla Indian Reservation.

HARC has provided this information in the hopes that it will increase understanding and awareness of mental health issues that are present in the Coachella Valley community. Ideally, this information will provide healthcare providers and other service providers with the in-depth information they need to protect and promote the well-being of people with mental health disorders. Additionally, the information contained in this report may also bring to light areas where services are needed to adequately address the health of people with mental health disorders that were previously unknown.

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## METHOD

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The data presented in this report are from the Community Health Monitor, a systematic survey of households in Coachella Valley to determine the health and social well-being of its adult and child residents. Telephone surveys were administered to individuals 18 years of age and older residing in randomly selected households in Coachella Valley between January and September, 2013. Surveys were conducted in English and Spanish.

Survey data were collected via a random digit dialing (RDD) sample of both landline and cellular telephones. Due to this method of phone data collection, the homeless, and persons in institutions including penal facilities, hospitals, and military barracks, are excluded from the sampling frame. Participants were screened to ensure that they were within Coachella Valley.

The survey process consisted of two independent random samples of households within Coachella Valley. The first sample included randomly selected adults, age 18 and over (called the “adult” sample). The second sample also targeted adults age 18 and over, but the questions asked the adult to reflect on the health and well-being of a randomly selected child within the household, between the ages of 0 and 17 (called the “child” sample). The adult sample included 1,962 people and the child sample included 509 people. However, in this report, the child sample is restricted to only those children between the ages of 3 and 17, a sample size of 438. This is because younger children are unlikely to be able to demonstrate any mental health disorders at such an early stage of development.

The information from these participants was “weighted” in a complex statistical method that allows the actual survey responses to more accurately reflect the entire population of Coachella Valley. The weights were post-stratified to 2010 population data by age, gender, and race using U.S. Census Bureau’s datasets. These were then adjusted to be consistent with total population estimates developed from figures in the “Riverside County Progress Report 2012,” obtained from the Riverside County Administrative Services Department. Thus, while 1,959 adult participants actually participated in this survey, the figures you will see in this report will be closer to 350,000, the estimated adult population of the entire Coachella Valley. Weighting techniques utilized in this survey are standard practice for other major surveys, such as the Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS). Please contact HARC if you would like more detailed information about population estimates.

The survey instruments were modeled after the well-respected Centers for Disease Control and Prevention’s Behavioral Risk Factor Surveillance System (BRFSS) and the California Health Interview Survey (CHIS). The instrument assessed topics such as access to and utilization of health care, health status indicators, health insurance coverage, and health related behaviors.

This report compares people who have been diagnosed with one or more mental health disorders to those who have never been diagnosed with a mental health disorder. Data were analyzed using the Statistical Package for the Social Sciences (SPSS), a statistical analysis program.

In the adult sample, participants were asked, “Have you ever been told by a doctor, or other health care professional that you have any of the following mental health conditions?” followed by a list of eight common mental health disorders (bipolar disorder, depressive disorders, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, and/or schizophrenia.). An individual who answered “Yes” to one or more of the eight mental health disorders was categorized as “diagnosed with a mental health disorder”. Those who answered “No” to all eight mental health disorders were categorized as “never diagnosed with a mental health disorder”.

In the child sample, participants were asked, “Has a doctor or health professional ever told you that [child] had...” followed by a list of eight common mental health disorders (anxiety disorders, attention deficit disorder, attention deficit hyperactivity disorder, autism, developmental delay, eating disorders, mental retardation, mood disorders, and/or suicidal thoughts). These questions were only addressed towards those parent/guardians who were describing a child age 3 or older. A child whose parent/guardian answered “Yes” to one or more of the eight mental health disorders was categorized as “diagnosed with a mental health disorder”. Those whose parent/guardian answered “No” to all eight mental health disorders were categorized as “never diagnosed with a mental health disorder”.

It is important to remember that this data is all collected from individual’s self-report, and thus, statements such as “X% of people are without healthcare coverage” would more accurately be stated as, “X% of people report that they are without healthcare coverage”. For parsimony and readability, we have omitted reference to “reporting.”

Differences reported in the text are “statistically significant”, which means that the differences are 95% sure to be “real” differences in the entire population of the Coachella Valley (and not just a fluke of HARC’s sample of Coachella Valley residents). This means that there is a 95% likelihood that the differences described here are true differences, not just due to chance.

Most tables display both the estimated population and the weighted percent of responses for each question reported. The “Population Estimate” refers to the estimated number of people in the population (the Coachella Valley) represented by the actual number of survey respondents. The “Weighted Percent” is the proportion of people that the population estimate represents.

Charts are used in this report to visually compare the data from those with a mental health disorder to those who have not been diagnosed with a mental health disorder. Given the different sample sizes, charts routinely use the weighted percent, as it is easier to compare the two populations in this manner.

The results of this report are presented in two sections: one on adults (age 18 and over) and another on children (ages 3 to 17). Very young children (those younger than age 3) are excluded from this report, as they are unlikely to have reached a developmental phase where they exhibit signs of mental health disorders. Thus, including these infants and toddlers would likely underrepresent the prevalence of mental health disorders, and so they are not included in this report.

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## **RESULTS: ADULT MENTAL HEALTH**

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## Prevalence of Mental Health Disorders

There are approximately 355,074 adults age 18 and older living in the Coachella Valley, and approximately 67,623 of them (19%) have been diagnosed with one or more mental health disorders. As illustrated in Table 1, depressive disorders are by far the most common.

**Table 1. Prevalence of Mental Health Disorders – Adults**

	Weighted Percent	Population Estimates
Depressive disorder (major or chronic, mild depression)	11.4%	40,458
Generalized anxiety disorder (GAD)	7.9%	28,087
Phobia	4.7%	16,541
Post-traumatic stress disorder (PTSD)	4.2%	14,683
Panic disorder	3.9%	13,951
Obsessive-compulsive disorder (OCD)	2.6%	9,362
Bipolar disorder	1.9%	6,682
Schizophrenia	1.1%	3,802
Other mental health disorder	0.9%	3,092

The rates of mental health diagnoses have remained relatively stable over the years. One exception is the rate of phobia diagnoses, which are significantly higher in 2013 than they were in 2010 (4.7% versus 1.7%, respectively).

The most common treatment for these adults is provided by medication, as illustrated in Table 2.

**Table 2. Treatment in Past Year for Adults with Diagnosed Mental Health Disorders**

	Weighted Percent	Population Estimate
Taken any medication for mental health condition	56.2%	33,931
Visited a mental health professional for mental health condition	46.1%	27,998
Received psychological counseling for mental health condition	37.3%	22,659
Visited a primary care doctor for mental health condition	29.1%	17,667

Approximately 16% of Coachella Valley adults with a diagnosed mental health disorder (9,453 adults) have experienced a time in the past year when they needed mental health care and could not get it. Similarly, approximately 16% of Coachella Valley adults with a diagnosed mental health disorder (9,430 adults) have experienced a time in the past year when they needed mental health medication and could not get it.

Unfortunately, 8.4% of Coachella Valley adults with a diagnosed mental health disorder (5,633 adults) have seriously considered suicide in the past year. This is significantly higher than the rate for adults with no diagnosed mental health disorder—only 1.1% of whom have considered suicide in the past year (3,095 adults).

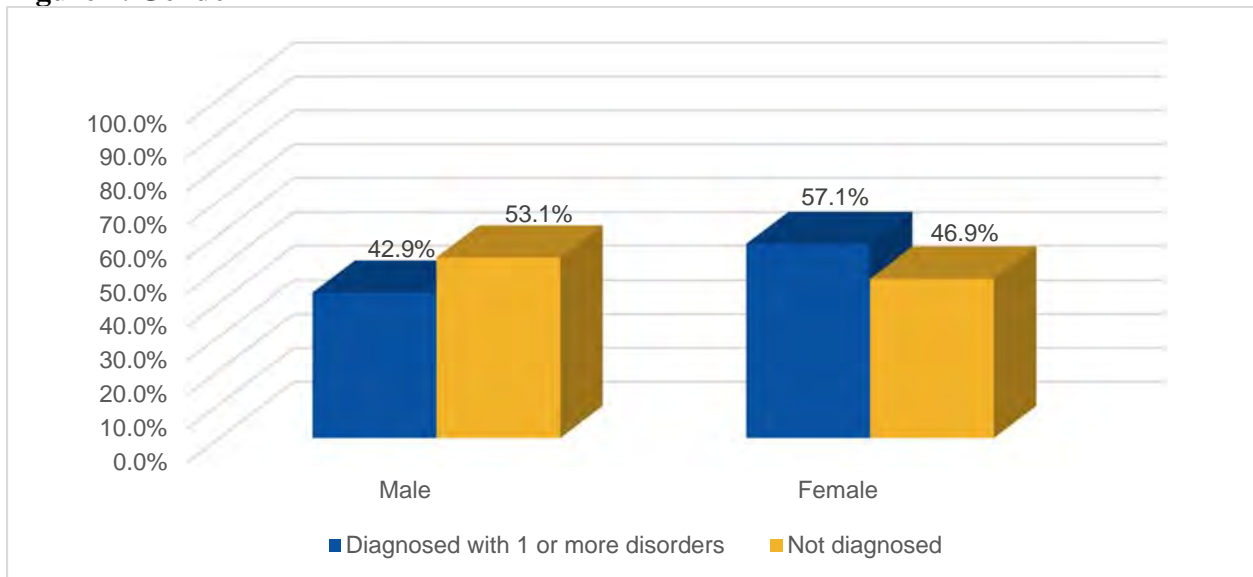
## Adult Demographics

### Gender

On a global level, rates of mental health disorders are roughly equal between men and women, although the types of mental illness that affect each gender are different.<sup>1</sup> Overall, women are more likely to be diagnosed with depression, while men are more likely to be diagnosed with anti-social personality disorder.<sup>2</sup>

In the Coachella Valley, mental illness is evenly distributed across the genders. As illustrated in Figure 1, 42.9% of Coachella Valley adults diagnosed with mental health disorders are a male, and 57.1% are female.

**Figure 1. Gender**



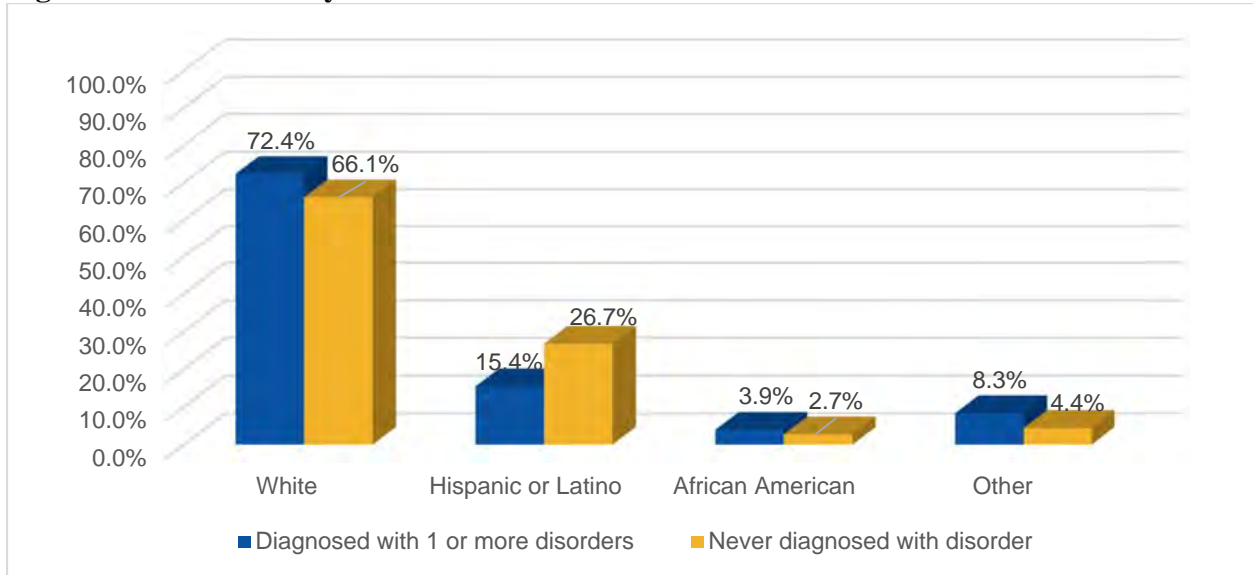
<sup>1</sup> World Health Organization. Gender disparities in mental health. Available online at: [http://www.who.int/mental\\_health/prevention/genderwomen/en/](http://www.who.int/mental_health/prevention/genderwomen/en/)

<sup>2</sup> Ibid.

## Race/Ethnicity

A large proportion of Coachella Valley adults are Caucasian/White. As illustrated in Figure 2, this holds true for adults with diagnosed mental health disorders as well. Adults with a diagnosed mental health disorder were significantly less likely to be Hispanic/Latino than adults with no diagnosed mental health disorder. As illustrated in Figure 2, only 15% of adults with a diagnosed mental health disorder were Hispanic/Latino—but Hispanics make up approximately one-quarter (25%) of the adult population in the Coachella Valley.

**Figure 2. Race/Ethnicity**

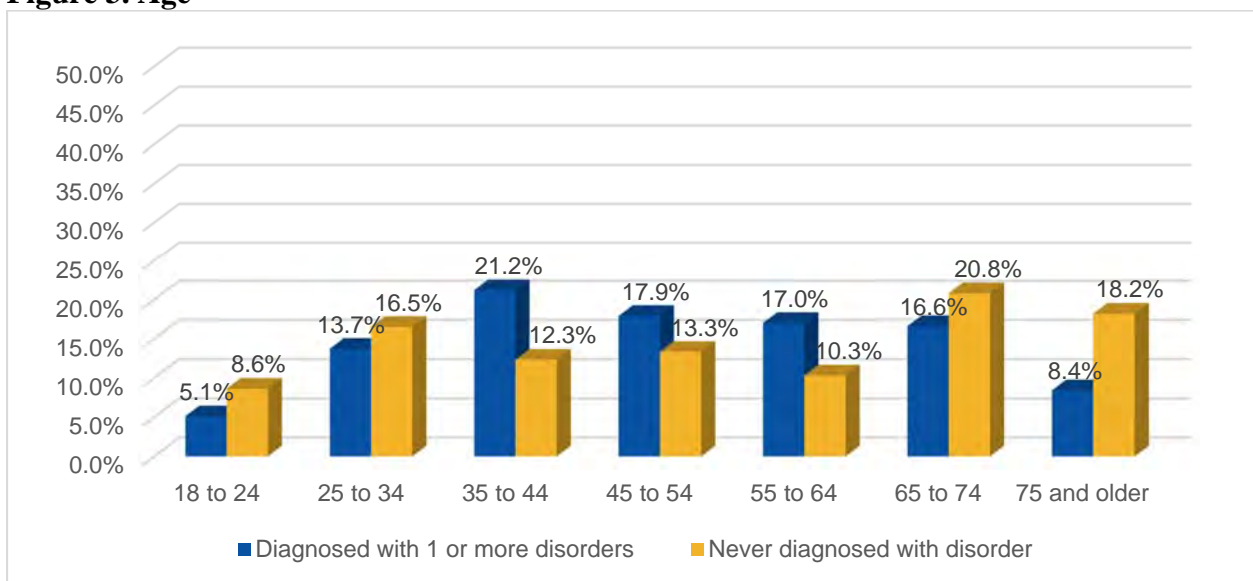


## Age

Unlike most physical ailments, mental health disorders typically emerge early in life. About 75% of all lifetime cases have begun by age 24.<sup>3</sup> Coachella Valley is no exception to this: despite the fact that the overall population is older than many other regions, mental health disorders are more prevalent among younger Coachella Valley adults.

As illustrated in Figure 3, adults with a diagnosed mental health disorder are generally younger than adults without a mental health disorder. Most adults with a diagnosed mental health disorder are under the age of 55, while most adults with no diagnosed mental health disorders are over the age of 55.

**Figure 3. Age**



<sup>3</sup> National Institute of Mental Health. (2005). Mental illness exacts heavy toll, beginning in youth. Available online at: <http://www.nimh.nih.gov/news/science-news/2005/mental-illness-exacts-heavy-toll-beginning-in-youth.shtml>



## Socioeconomic Status

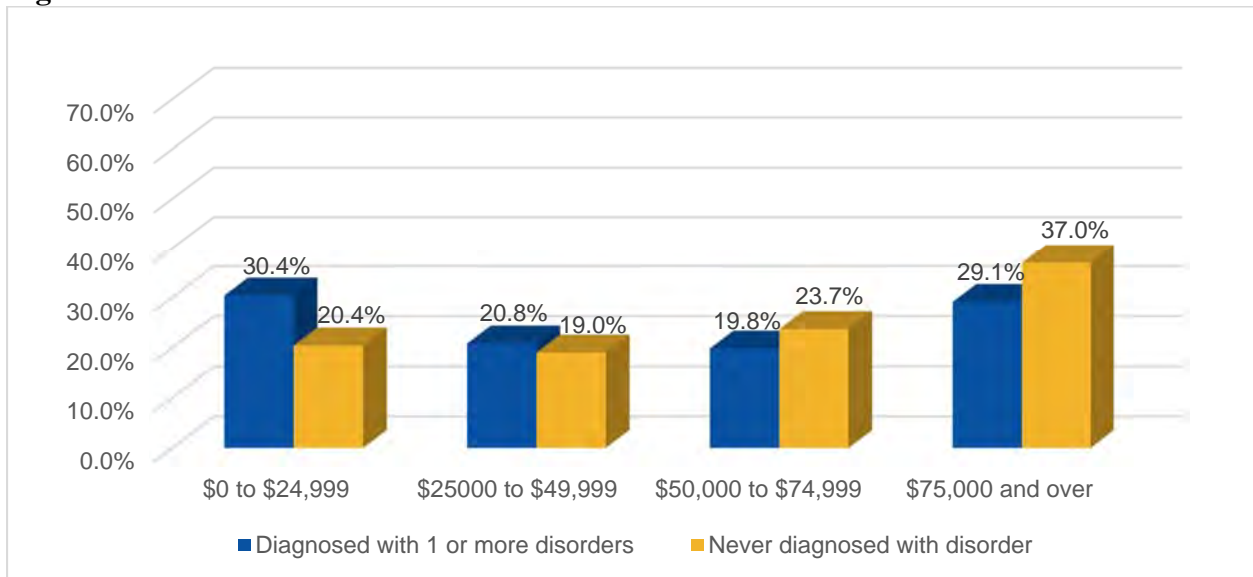
Socioeconomic status, or SES, has been shown to be strongly related to health and wellness. According to the American Psychological Association, adults with low socio-economic status have less access to resources and therefore are more susceptible to health problems as well as mental health problems, such as depression and stress, from poor employment conditions or no employment.<sup>4</sup>

This survey covered several indicators of SES, including annual household income, poverty level, education level, and employment status.

### Income

As illustrated in Figure 4, mental health disorders can affect people of all income levels. There are no statistically significant differences in household income between adults who have been diagnosed with a mental health disorder and those who have not been diagnosed with a mental health disorder. Clearly, mental health is an issue that impacts a broad spectrum of people. About half of Coachella Valley adults with a diagnosed mental health disorder live in households with an annual income below \$50,000.

**Figure 4. Household Income**



<sup>4</sup> Fact Sheet: Age and Socioeconomic Status. (2014). American Psychological Association. <http://www.apa.org/pi/ses/resources/publications/factsheet-age.aspx>

*Poverty*

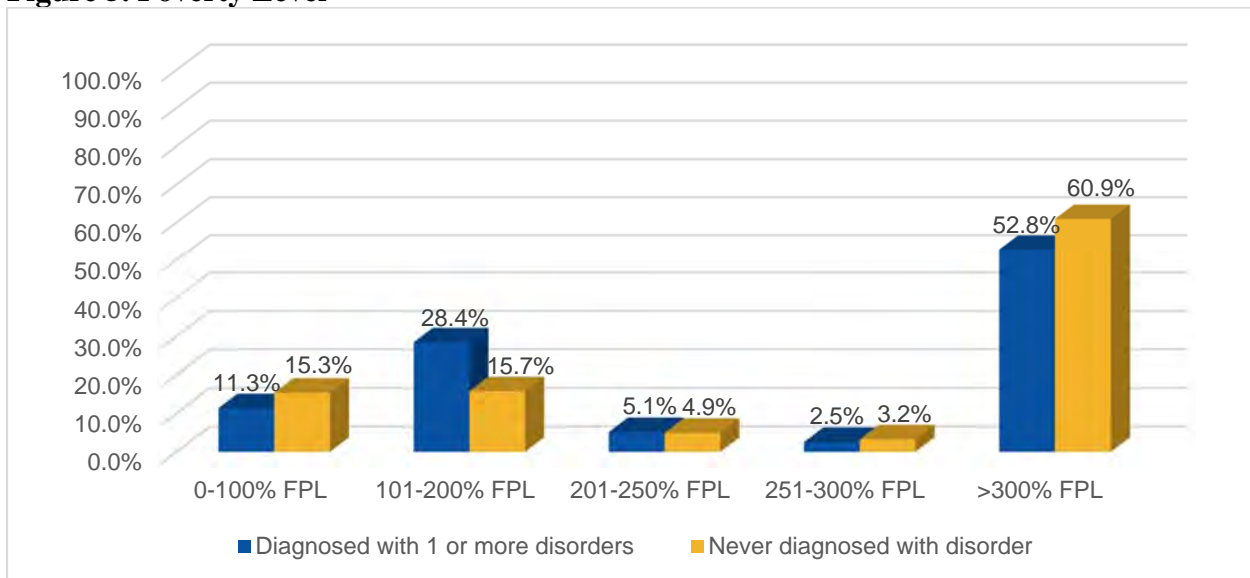
Poverty was calculated by HARC, based on the reported household income and number of people residing in the household, per the Department of Health and Human Services’ Federal Poverty Guidelines for 2013. These “thresholds” are illustrated in Table 3.

**Table 3. Federal Poverty Guidelines 2013**

Number of People in Household	Annual Income Guideline for Poverty
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630

As illustrated in Figure 5, mental health disorders do not disproportionately affect the poor or the wealthy. Individuals from all poverty levels have been diagnosed with mental health disorders, and there are no significant differences in poverty based on mental health diagnoses. About half of Coachella Valley adults with a diagnosed mental health disorder live in relative wealth (at or above 300% of the federal poverty guideline).

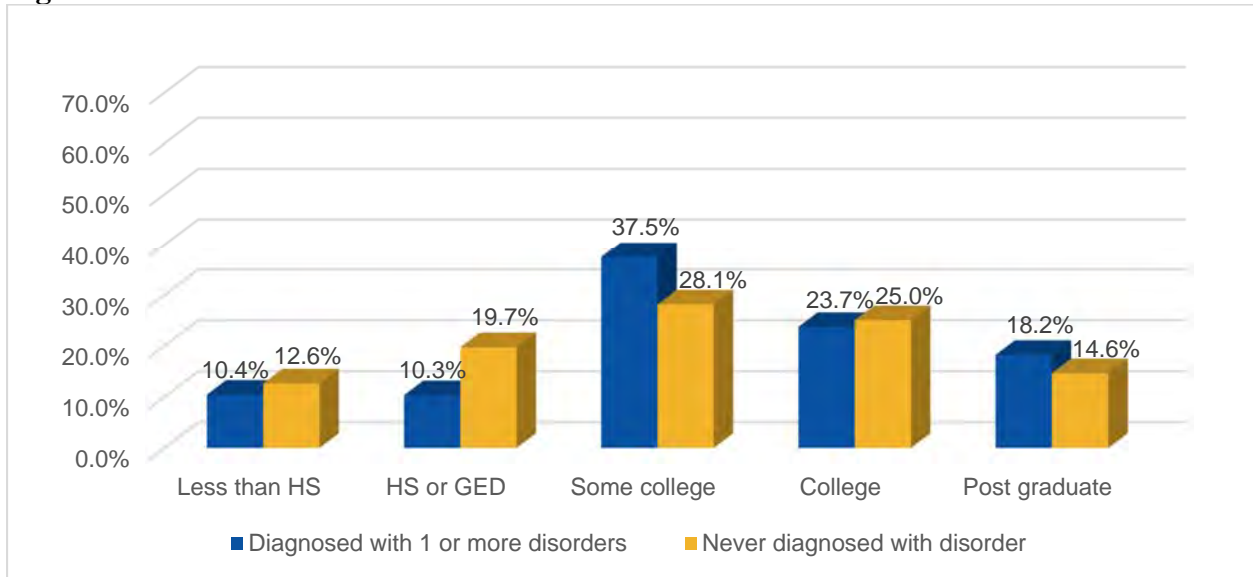
**Figure 5. Poverty Level**



### Education

As illustrated in Figure 6, adults with a diagnosed mental health disorder tend to be well-educated. Most adults with a diagnosed mental health disorder (79%) have at least some college experience, which is significantly higher than many adults without a diagnosed mental health disorder.

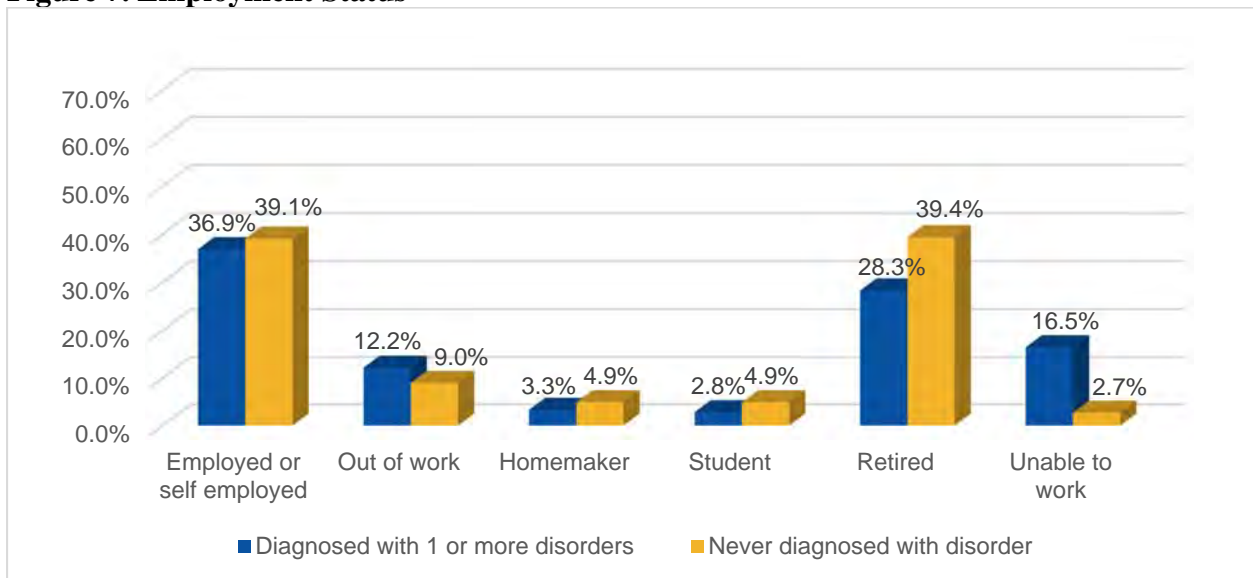
**Figure 6. Education Level**



### Employment

Most adults in the Coachella Valley are either employed or retired, given the age demographics of the Coachella Valley. As illustrated in Figure 7, this holds true for adults with a diagnosed mental health disorder—about 39% are employed, and another 39% are retired. Coachella Valley adults with a diagnosed mental health disorder are significantly more likely than their counterparts without a diagnosed mental health disorder to be unable to work. Approximately 17% of adults with a diagnosed mental health disorder—11,271 adults—are unable to work, compared to only 3% of adults without a diagnosed mental health disorder. This may be because the nature of the mental health disorder may make it difficult or impossible to retain employment for those who have been diagnosed.

**Figure 7. Employment Status**

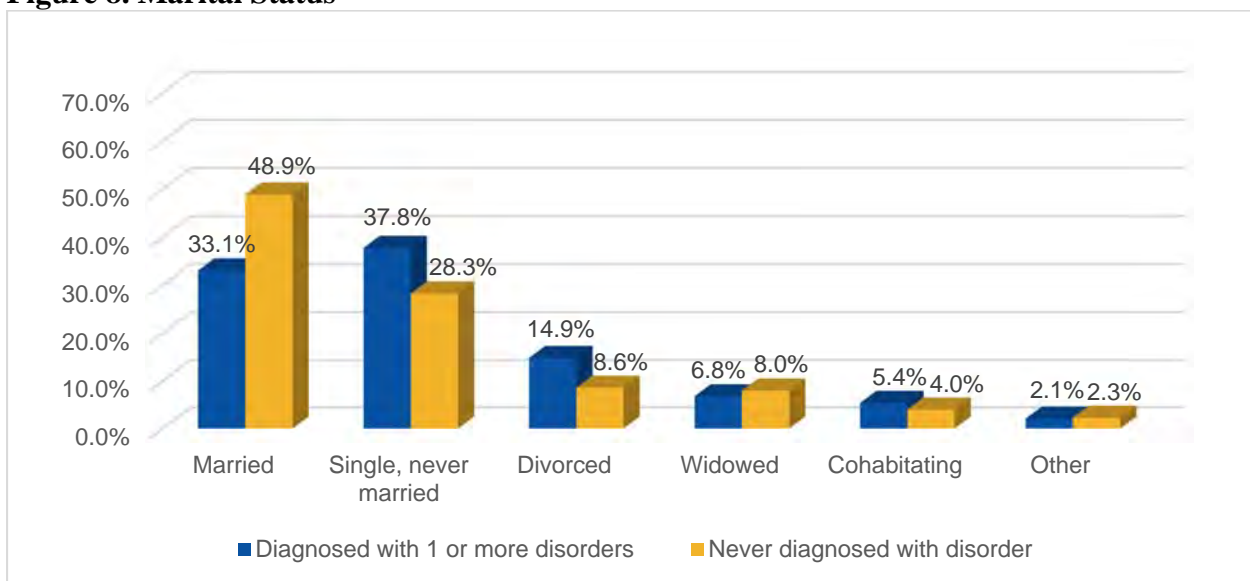


## Marital Status

The presence of a significant other can have many positive effects on an individual's health due to the social interaction they provide; support, companionship and love.

As illustrated in Figure 8, adults with a diagnosed mental health disorder are significantly less likely to be married than their counterparts without diagnosed mental health disorders. Only about a third of adults with a diagnosed mental health disorder are married, compared to nearly half of adults without a diagnosed mental health disorder. In contrast, many adults with a diagnosed mental health disorder are single and have never married. Thus, they may be lacking the social support needed to adequately cope with their mental health disorder.

**Figure 8. Marital Status**



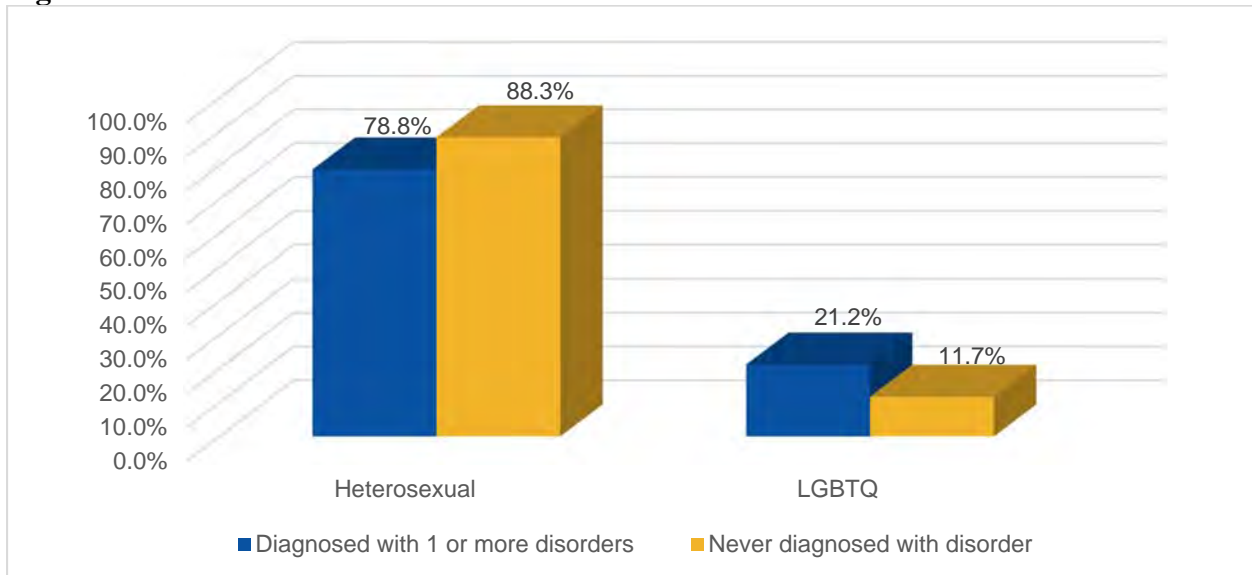
## Sexual Orientation

Despite increasing social acceptance, many non-heterosexual individuals (e.g., lesbian, gay, bisexual, or transgender, “LGBT”) may have encountered discrimination in the past or continue to encounter it currently. As a result of discrimination and stigma, many members of the LGBT community have serious mental and physical health challenges. Some of these challenges include high rates of depression and suicidality, HIV/AIDS and other sexually transmitted infections, obesity and substance abuse.<sup>5</sup>

To identify sexual and gender orientation, participants were asked if they considered themselves to be heterosexual, homosexual, bisexual, transgender, questioning, or “other”. For comparison purposes, all non-heterosexual responses (homosexual, bisexual, transgender, questioning, other) were grouped together to represent non-normative sexual orientations.

As illustrated in Figure 9, adults with diagnosed mental health disorders are significantly more likely to identify as LGBT than their counterparts without diagnosed mental health disorders. Approximately 21% of Coachella Valley adults with diagnosed mental health disorders identify as LGBT, compared to only 12% of Coachella Valley adults without a diagnosed mental health disorder. There are approximately 14,099 LGBT adults with a diagnosed mental health disorder living in the Coachella Valley.

**Figure 9. Sexual Orientation**



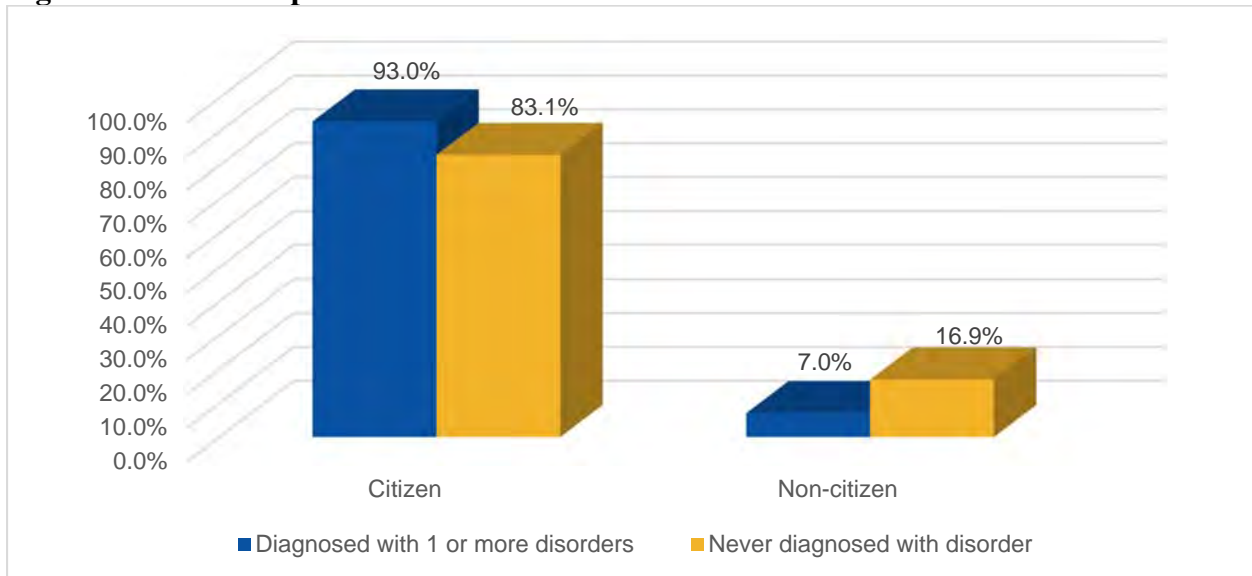
<sup>5</sup> Improving the Health Care of lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. (2012). [http://www.lgbtagingcenter.org/resources/pdfs/12-054\\_LGBTHealtharticle\\_v3\\_07-09-12.pdf](http://www.lgbtagingcenter.org/resources/pdfs/12-054_LGBTHealtharticle_v3_07-09-12.pdf)

## Citizenship

According to the National Immigration Law Center, lawfully present immigrants have limited federal coverage so they have access to some form of insurance. In contrast, undocumented immigrants have no federal coverage and are therefore not eligible for Medicare or nonemergency Medicaid. For this reason, many non-citizens—especially those who are not legal permanent residents of the United States—do not receive preventive care on a regular basis.<sup>6</sup>

As illustrated in Figure 10, most Coachella Valley residents are U.S. citizens. However, adults with a diagnosed mental health disorder are significantly less likely to be non-citizens than their counterparts without a diagnosed mental health disorder. Only 7% of adults with a diagnosed mental health disorder are not U.S. citizens, compared to nearly 17% of adults who have not been diagnosed with a mental health disorder. It is important to note that this may be partially due to the difficulty that non-citizens have in seeking preventive care, and thus, may not have had the opportunity to have their issues diagnosed.

**Figure 10. Citizenship**



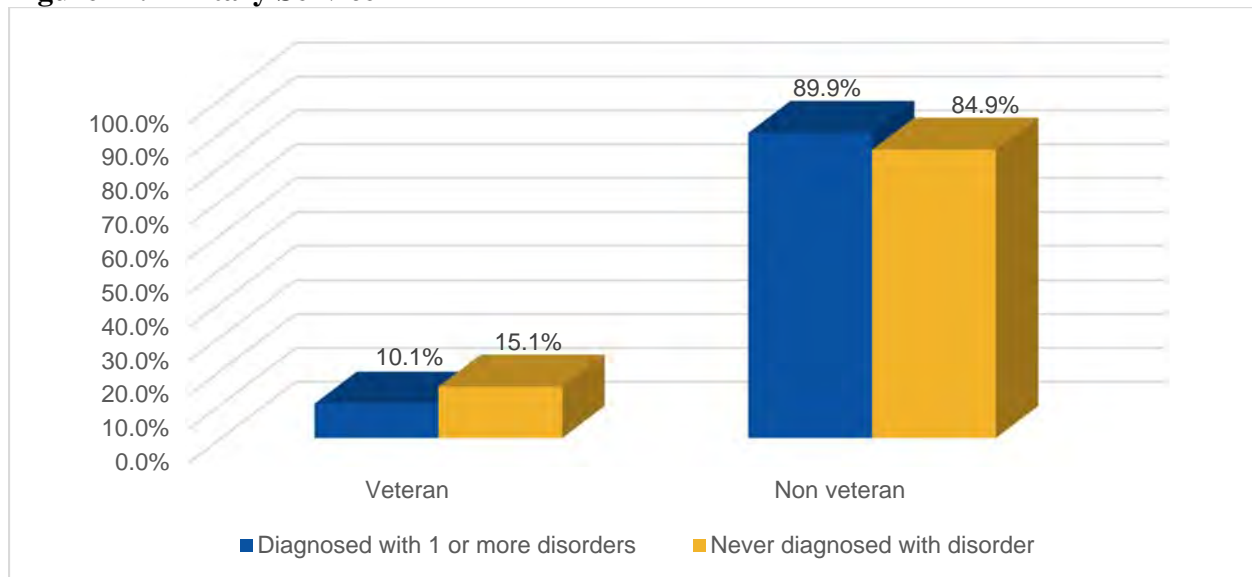
<sup>6</sup> Immigrants and the Affordable Care Act (ACA). (2014). <http://www.nilc.org/immigrantsshr.html>

## Military Service

Soldiers experience a unique environment that can produce serious health disparities. In relation to mental health, service members and veterans have high rates of depression, anxiety, PTSD, substance abuse, and suicide.<sup>7</sup> PTSD is especially prevalent for veterans. In the general population, PTSD occurs in about 7% to 8% of the population. In contrast, PTSD prevalence among veterans ranges from about 12% (Gulf War Veterans) to 30% (Vietnam Veterans) based on era of service.<sup>8</sup>

As illustrated in Figure 11, approximately 10% of adults with a diagnosed mental health disorder are veterans of the armed forces. Approximately 6,896 Coachella Valley veterans have a diagnosed mental health disorder. There was no significant difference in military service based on mental health status.

**Figure 11. Military Service**



<sup>7</sup> Medline Plus. Veterans and Military Health. Available online at: <http://www.nlm.nih.gov/medlineplus/veteransandmilitaryhealth.html>

<sup>8</sup> How common is PTSD? (2014) U.S. Department of Veterans Affairs. <http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>



## Adult Access

Access to healthcare is a crucial component of health. Healthcare is provided in doctor’s offices, clinics, hospitals, nursing homes, assisted living facilities, and many other types of facilities. However, as the United States has no socialized medicine, nearly all visits to all types of healthcare providers incur substantial costs. Without health insurance coverage to absorb some of the cost of these visits, many people are unable to afford healthcare. Thus, health insurance coverage is a key aspect to protecting and promoting health and wellness.

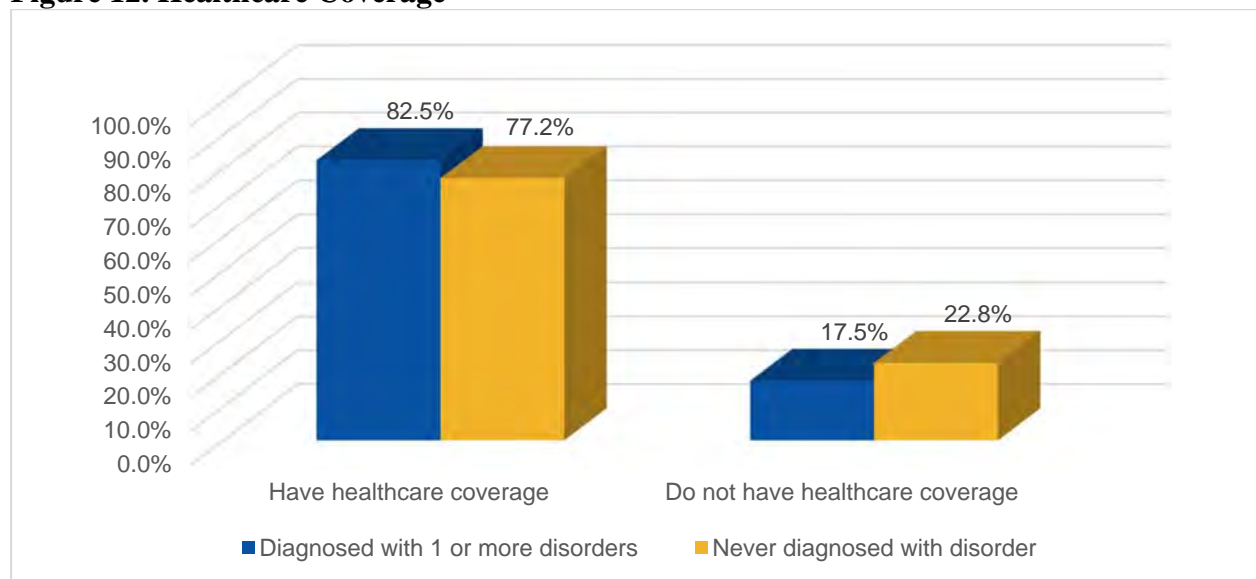
### *Healthcare Coverage*

Health insurance is the primary means for accessing and obtaining needed medical care and for reimbursing providers who deliver medical care. Access to healthcare allows for patients to have a medical provider who is able to monitor their health regularly. Uninsured persons tend to have much less frequent health care visits than those who are insured.

As illustrated in Figure 12, most Coachella Valley adults—regardless of their mental health status—have health insurance. Approximately 83% of adults with a diagnosed mental health disorder have health insurance, as do 77% of adults without a diagnosed mental health disorder. This difference is not statistically significant—that is, adults with and without diagnosed mental health disorders are equally likely to have health insurance.

However, this does mean that approximately 11,815 Coachella Valley adults with one or more diagnosed mental health disorders is without health insurance, and thus, may struggle to get the care that they need.

**Figure 12. Healthcare Coverage**

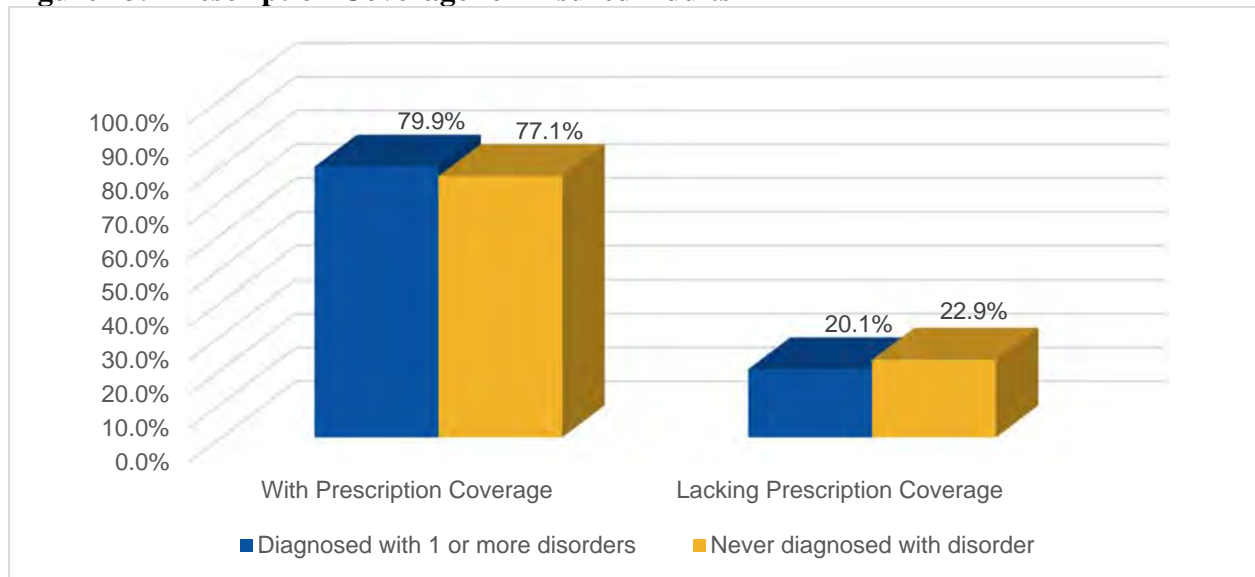


## Prescription Coverage

As illustrated in Figure 13, approximately 80% of Coachella Valley adults with a diagnosed mental health disorder have health insurance that covers some or all of the cost of their prescription medication. This is roughly the same for adults without a diagnosed mental health disorder—77% have prescription coverage.

Approximately 20% of Coachella Valley adults with a diagnosed mental health disorder do not have prescription coverage under their health insurance. Thus, these 11,121 adults may struggle to obtain medications that are necessary to treat their mental disorders.

**Figure 13. Prescription Coverage for Insured Adults**

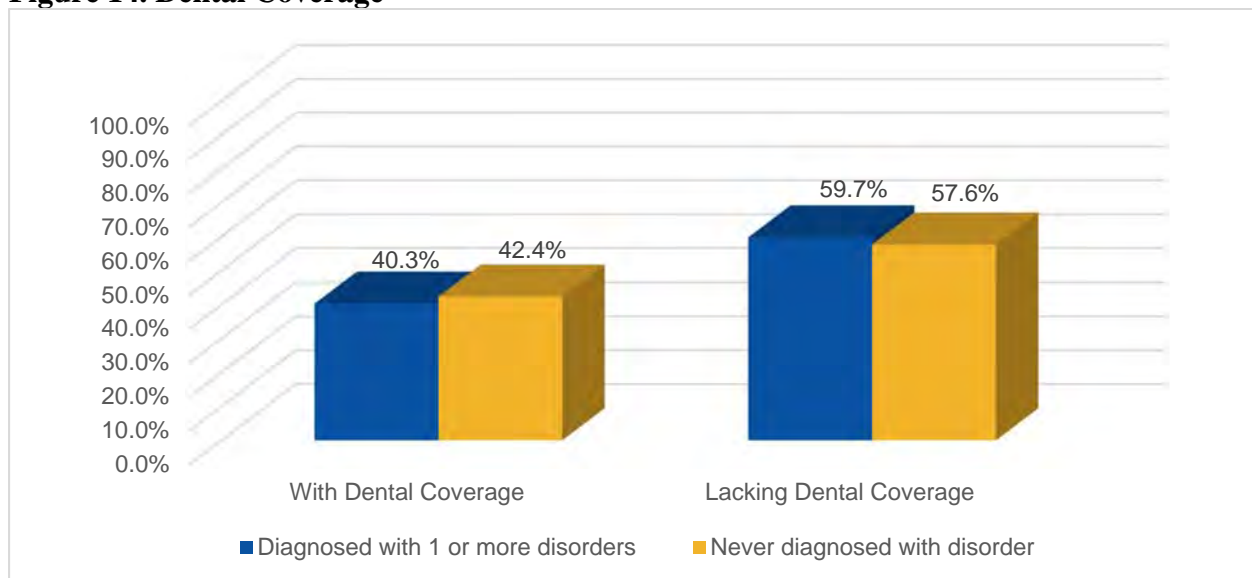


## Dental Coverage

Dental health contributes to general health and wellness, self-esteem and quality of life. For many people living with mental illness, dental health may be a low priority when other treatment and health issues must also be addressed. Cost and fear are routinely cited as the largest barriers to care. Additionally, an illness may lead to deterioration of self-care, and an individual may have no experience or history of engaging in dental care as part of his or her overall health practice.<sup>9</sup>

As illustrated in Figure 14, most Coachella Valley adults do not have healthcare coverage that covers some or all of the cost of dental care. This holds true for both adults with a diagnosed mental health disorder and adults without a diagnosed mental health disorder. Approximately 60% of adults with a diagnosed mental health disorder lack dental coverage. These 40,041 adults likely struggle to receive adequate dental care.

**Figure 14. Dental Coverage**



<sup>9</sup> Dental Health. 2014. National Alliance on Mental Illness.  
[http://www.nami.org/Content/NavigationMenu/Hearts\\_and\\_Minds/Medical\\_Self\\_Advocacy/Dental\\_Care.htm](http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Medical_Self_Advocacy/Dental_Care.htm)

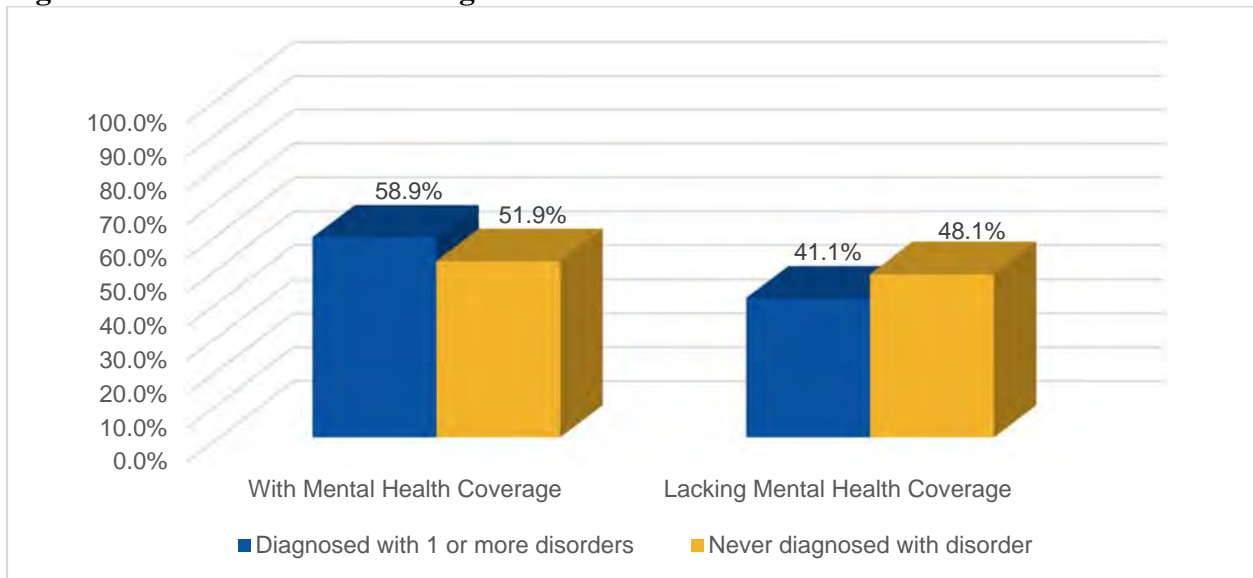
## Mental Health Coverage

Without treatment the consequences of mental illness for the individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives; The economic cost of untreated mental illness is more than \$100 billion each year in the United States.<sup>10</sup>

As illustrated in Figure 15, a little over half of Coachella Valley adults have healthcare coverage that covers the cost of some or all of the costs of their mental health care. This holds true for both adults with a diagnosed mental health disorder and adults without a diagnosed mental health disorder.

Approximately 59% of adults with a diagnosed mental health disorder have mental health coverage. However, approximately 41% do not have such coverage. Obtaining adequate mental health care is likely challenging for the 24,540 Coachella Valley adults with a diagnosed mental health disorder who lack mental health coverage.

**Figure 15. Mental Health Coverage**



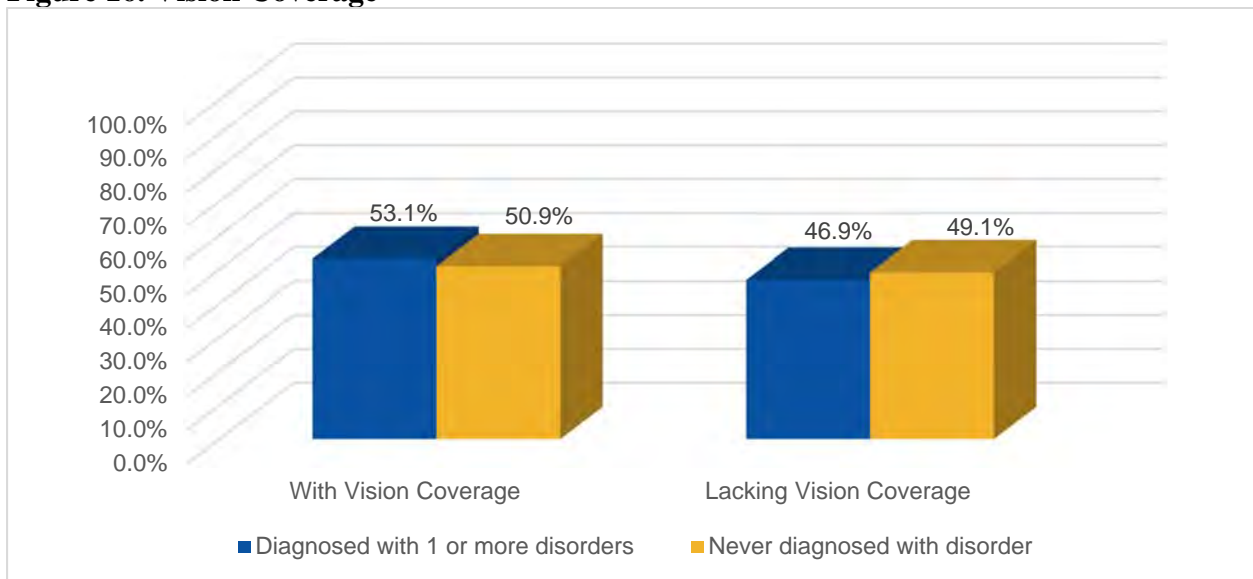
<sup>10</sup> What is Mental Illness: Mental Illness Facts. National Alliance on Mental Illness. [http://www.nami.org/template.cfm?section=about\\_mental\\_illness](http://www.nami.org/template.cfm?section=about_mental_illness)

## Vision Coverage

As illustrated in Figure 16, about half of Coachella Valley adults have health insurance that covers some or all of the cost of their routine vision care. Approximately 53% of adults with a diagnosed mental health disorder have vision coverage, which is comparable to adults without a diagnosed mental health disorder (51%).

Approximately 47% of adults with a diagnosed mental health disorder lack vision coverage, and thus, likely do not receive routine vision care.

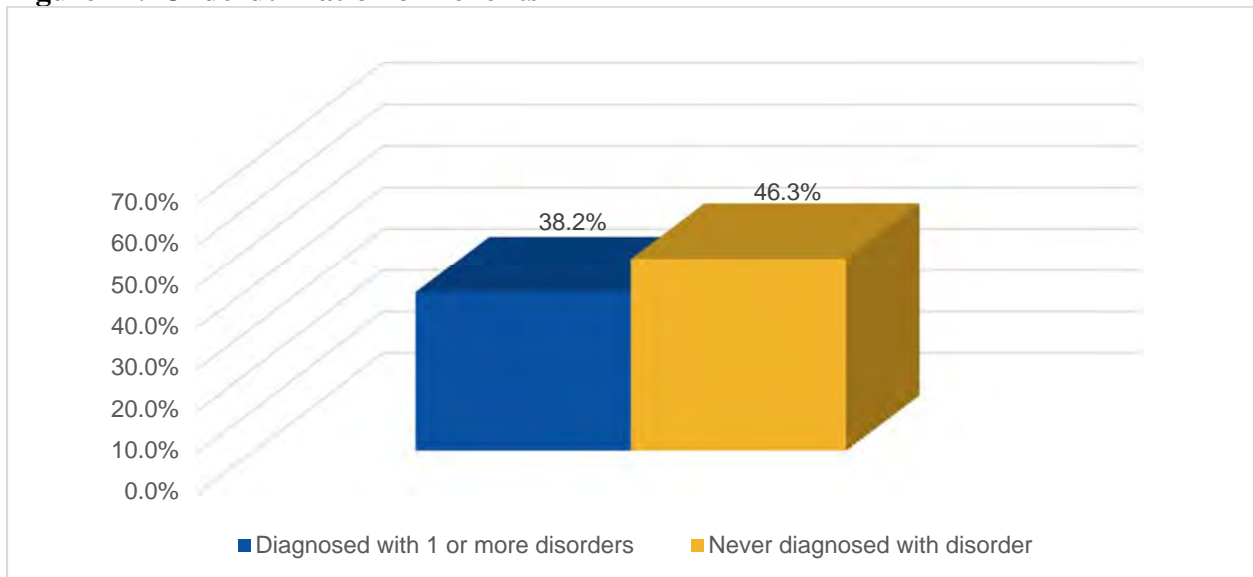
**Figure 16. Vision Coverage**



## *Underutilization of Benefits*

The simple presence of health insurance does not always mean that people take advantage of the benefits associated with coverage. To assess this concept, participants with health insurance were asked if there was a time in the past year when they did not use all of their benefits. As illustrated in Figure 17, approximately 38% of insured adults with a diagnosed mental health disorder reported that they did not use all of their insurance benefits in the past year. This is comparable to the rate for insured adults without a mental health disorder—46% did not use all their benefits in the past year. Approximately 33,069 Coachella Valley adults with one or more diagnosed mental health disorders are not fully utilizing their benefits.

**Figure 17. Underutilization of Benefits**



## Adult Utilization

Simply having insurance is not enough to improve health—to reap the benefits, one must be able to access said healthcare. Thus, utilization is an important topic in relation to healthcare—are people able to get the care they need to stay healthy? And where do they need to go to receive healthcare?

### *Recent Utilization*

As illustrated in Table 3, most Coachella Valley adults have seen a healthcare provider for treatment within the past six months. This indicates that they are likely getting timely care. This is true for both those who have a diagnosed mental health disorder, and those who have never been diagnosed with a mental health disorder.

It is worth noting, as illustrated in Table 4, that approximately 3% of Coachella Valley adults with diagnosed mental health disorders (2,129 adults) have not seen their healthcare provider in 5 years or more, and thus, are likely overdue for a check-up. Regular check-ups are especially important for people with mental health disorders, as regular monitoring by trained healthcare providers can prevent major problems and catch declines in mental functioning.

**Table 4. Time Since Most Recent Visit to a Healthcare Provider**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimates	Weighted Percent	Population Estimates
Less than 6 months	79.3%	54,279	69.0%	197,838
6 months to less than 1 year	9.8%	6,732	14.8%	42,522
1 year to less than 2 years	4.0%	2,736	5.7%	16,210
2 years to less than 5 years	3.7%	2,541	5.5%	15,737
5 or more years ago	3.1%	2,129	4.8%	13,668
Never	-----	-----	.2%	589
<b>Total</b>	<b>100.0%</b>	<b>68,416</b>	<b>100.0%</b>	<b>286,564</b>

## *Usual Source of Care*

Ideally, an adult’s usual source of care would be their primary physician who, through routine checkups, could recommend preventative measures to take if needed. However, it is an unfortunate truth that many adults resort to emergency rooms for their usual source of care.

The majority of Coachella Valley adults go to the doctor’s office for their usual care. This holds true for adults with a diagnosed mental health disorder (58% receive their usual care at a doctor’s office) and adults without diagnosed mental health disorders (53% receive their usual care at a doctor’s office). Unfortunately, as illustrated in Table 5, 11% of adults receive their usual source of care at the emergency room or hospital, a venue that should be reserved for medical emergencies. These people are unlikely to be receiving adequate preventive care, or appropriate mental health care.

**Table 5. Usual Source of Care**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Doctor’s office	57.5%	39,249	53.4%	151,855
Urgent Care	16.4%	11,220	12.2%	34,652
Clinic	7.9%	5,411	13.9%	39,469
Emergency room/hospital	10.5%	7,159	10.5%	29,960
No usual place	4.3%	2,919	6.2%	17,750
Health Center	1.1%	740	2.1%	6,049
Other	2.3%	1,537	1.7%	4,756
<b>Total</b>	<b>100.0%</b>	<b>68,235</b>	<b>100.0%</b>	<b>284,491</b>



## *Barriers to Care*

Participants were asked whether a series of barriers consistently made it very difficult for them to receive the healthcare they needed in the past year.

As illustrated in Table 6, the most common barrier for adults with a diagnosed mental health disorder was transportation—21% of adults with a diagnosed mental health disorder had transportation-related issues that made it difficult to obtain healthcare. This barrier is significantly more common for adults with a diagnosed mental health disorder than those without a diagnosed mental health disorder—only 5% of adults with no diagnosed disorders struggled with transportation.

Adults with one or more diagnosed mental health disorders were also more likely to struggle with HMO authorization than their counterparts without a diagnosed mental health disorder—19% versus 8%, respectively. Other barriers—like understanding what is covered, or taking time off of work—did not differ between adults with a diagnosed mental health disorder and those without a diagnosed mental health disorder.

**Table 6. Barriers to Receiving Care**

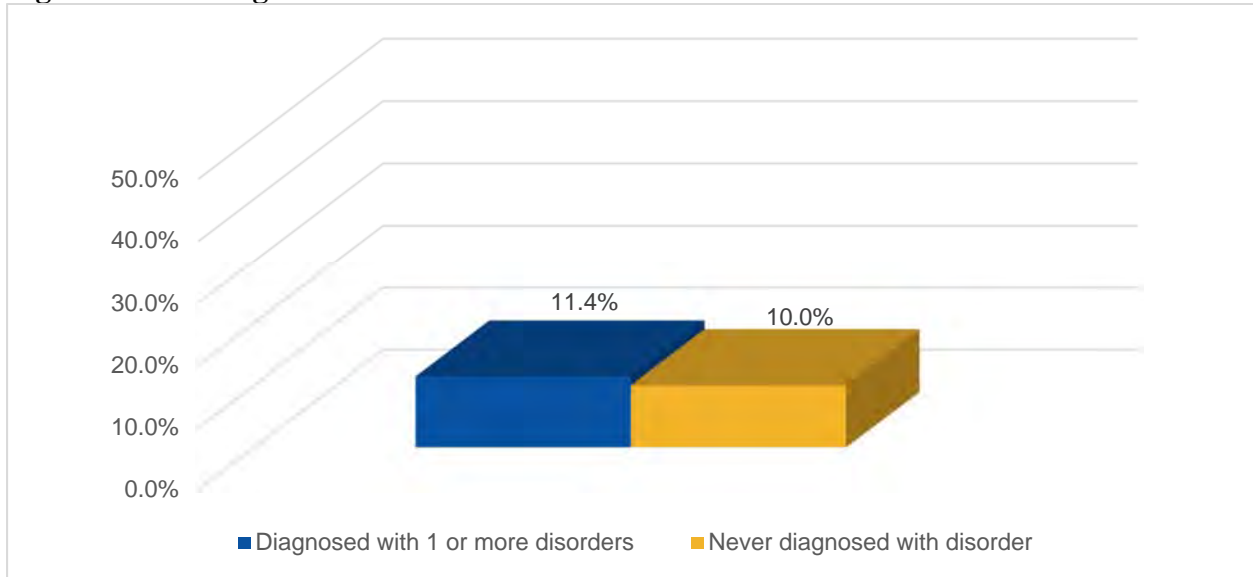
	Diagnosed with 1 or more disorder		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Transportation	20.7%	14,161	5.2%	14,978
Hours that the healthcare provider is open to see patients	20.2%	13,792	12.7%	36,097
Not having authorization from an HMO	19.3%	12,650	7.6%	20,880
Understanding what is covered by your plan	19.2%	12,956	15.1%	42,308
Taking time off of work	13.5%	9,231	12.5%	35,628
Finding a doctor of the gender, age, ethnicity, or sexual orientation that is comfortable for you	12.6%	8,604	6.6%	18,791
Language barriers or problems	3.5%	2,419	3.9%	11,052

## Seeking Treatment in Mexico

For many Coachella Valley adults, seeking treatment in Mexico is feasible, given the geographic proximity to the U.S-Mexico border. Often, obtaining medical care in Mexico can be cheaper and/or less strictly regulated.

As illustrated in Figure 18, 11% of adults diagnosed with one or more mental health disorders have sought treatment in Mexico in the past year. This is very comparable to adults without diagnosed mental health disorders—10% of whom have sought care in Mexico.

**Figure 18. Seeking Healthcare in Mexico**



## *Adherence to Medication Regimen*

Prescription medications can be extremely effective at treating disorders and diseases. However, an important—and too often neglected—part of their efficacy is a strict adherence to the prescription directions. The result of not closely adhering to prescription instructions can range from reduced effectiveness to severe adverse effects, potentially including death.

As illustrated in Table 7, most Coachella Valley adults take their prescription medication as directed by their healthcare providers. This is especially important for individuals who may be taking psychoactive medication to treat their mental health disorder. However, about 5% of Coachella Valley adults with a diagnosed mental health disorder do not always follow the directions of their prescription medications. These 3,500 adults are at risk for reduced medication efficacy and adverse effects.

Adherence to prescription instructions was not significantly different based on mental health status. That is, adults with a diagnosed mental health disorder are no more (or less) likely to adhere to their medication instructions than adults with no diagnosed mental health disorders.

**Table 7. Adherence to Medication Regimen**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimates	Weighted Percent	Population Estimates
Always take medications exactly the way they are prescribed	83.7%	57,372	77.5%	222,656
Do NOT always take medications exactly the way they are prescribed	5.1%	3,505	8.6%	24,650
Do not take prescription medications	11.2%	7,650	14.0%	40,145
<b>Total</b>	<b>100.0%</b>	<b>68,527</b>	<b>100.0%</b>	<b>28,7450</b>

## Adult General Health

Self-rated health is a powerful predictor of outcomes. Many individuals believe that we should feel healthy to actually live healthy.

As illustrated in Table 8, 30% of adults diagnosed with one or more mental health disorders rated their health as “fair or poor”. This is significantly higher than the rate for adults without a diagnosed mental health disorder (13%).

**Table 8. General Health**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	18.2%	12,261	22.4%	64,358
Very good	25.0%	16,876	35.2%	101,106
Good	26.7%	18,020	29.2%	83,941
Fair or poor	30.0%	20,242	13.2%	37,929
<b>Total</b>	<b>100.0%</b>	<b>67,399</b>	<b>100.0%</b>	<b>287,335</b>

As illustrated in Table 9, most adults with fair or poor health attribute this to chronic illness. This holds true for adults with and without diagnosed mental health disorders. It is worth noting that although adults with a diagnosed mental health disorder have significantly worse overall health than those without a diagnosed mental health disorder, the reason for this poor health is not necessarily due to mental health issues. Specifically, only 12% of the adults with a mental health disorder who rated their health as fair or poor attributed it to mental or emotional health problems.

**Table 9. Main Reason Health is Fair or Poor**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Chronic illness	34.2%	6,604	45.6%	16,109
Physical disability	12.1%	2,339	15.6%	5,481
Mental or emotional health problems	11.8%	2,275	1.7%	525
Severe illness	11.1%	2,149	19.4%	6,819
Other	30.7%	5,923	16.9%	5,933
<b>Total</b>	<b>100.0%</b>	<b>19,290</b>	<b>100.0%</b>	<b>34,867</b>

## Adult Prevention

Preventive health – or preventative health – aims to prevent major illness and injury by regular screenings for common ailments. Oftentimes, regular screening for illness can identify health problems at an early stage when they are more easily controlled and can result in a more positive prognosis. Common preventive health screenings include periodic mammogram screening for breast cancer, blood cholesterol and colon cancer screening, PSA blood test and digital rectal exam for the detection of prostate cancer, and regular dentist visits and professional tooth cleaning.

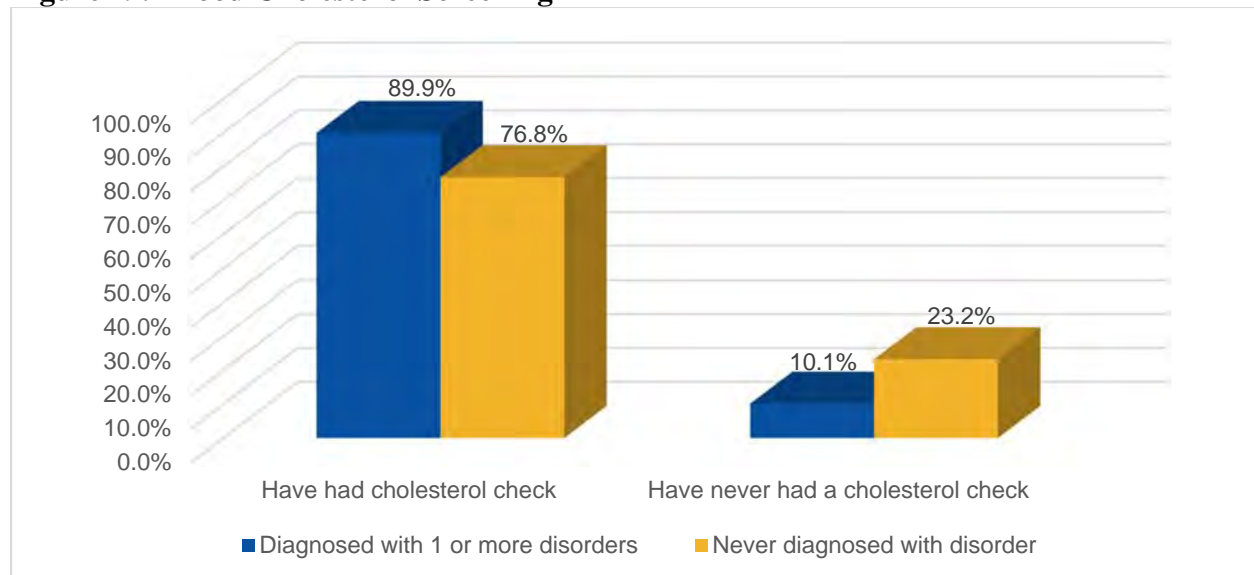
### *Blood Cholesterol Screening*

High blood cholesterol often does not have signs or symptoms, but is a major risk factor for heart disease. Monitoring blood cholesterol levels can alert one of the need to prevent and control high blood cholesterol levels through consuming a diet high in fiber and low in saturated fat and cholesterol. In addition, exercising regularly and maintaining a healthy weight also help in controlling blood cholesterol levels. In most cases, a doctor’s blood cholesterol screening is the only way to measure blood cholesterol.

According to the CDC and National Heart, Lung, and Blood Institute, all adults should have their cholesterol levels checked once every five years.<sup>11</sup>

As illustrated in Figure 19, most Coachella Valley adults have had a cholesterol check at least once in their lives. However, adults with a diagnosed mental health disorder are significantly more likely to have had a cholesterol check than their counterparts without a diagnosed mental health disorder—90% versus 77%, respectively.

**Figure 19. Blood Cholesterol Screening**



<sup>11</sup> Cholesterol: What You Can Do. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/heartdisease/prevention.htm>

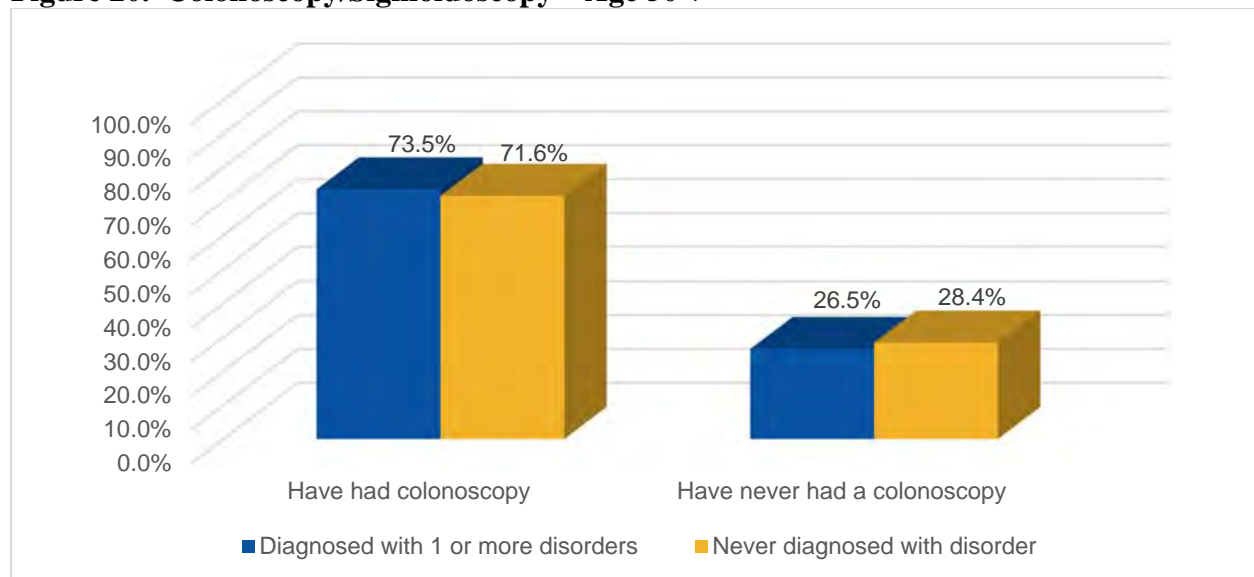
## Colorectal Cancer Screening

Colon cancer is cancer of the large intestine (colon). Rectal cancer is cancer of the last several inches of the colon. Together, they are often referred to as colorectal cancer. Screening tests can determine colorectal cancer in individuals who do not display symptoms. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.<sup>12</sup>

According to the CDC, colorectal cancer is second only to lung cancer in cancer-related deaths in the country.<sup>13</sup> In 2009 there were 136,717 individuals diagnosed with colorectal cancer in the U.S. and 51,848 deaths due to the disease.<sup>14</sup> As many as 60% of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.<sup>15</sup> As colorectal cancer typically strikes later in life, questions pertaining to this screening were limited to those adults age 50 and older.

As illustrated in Figure 20, approximately 74% of adults diagnosed with a mental health disorder have had a colonoscopy or sigmoidoscopy to check for colon cancer as recommended. However, approximately 9,247 adults diagnosed with a mental health disorder have never had a colonoscopy or sigmoidoscopy to check for colon cancer, and thus should get this important screening test as soon as possible. As illustrated in Figure 20, colon cancer screening rates for adults with a diagnosed mental health disorder were very similar to adults without a diagnosed mental health disorder.

**Figure 20. Colonoscopy/Sigmoidoscopy – Age 50 +**



<sup>12</sup> Colorectal (Colon) Cancer. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/colorectal/>

<sup>13</sup> Colorectal Cancer Statistics. (2012). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/colorectal/statistics/>

<sup>14</sup> Ibid.

<sup>15</sup> March is National Colorectal Cancer Awareness Month. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/Features/ColorectalAwareness/>

## Dental Care

Proper oral health is an important part in maintaining quality of life. Poor oral health and untreated oral diseases can cause pain, inflammation, and tooth decay that can make daily activities, such as eating, difficult and painful to perform. Oral health issues are common but preventable with periodic, regular dental visits. Advanced gum disease affects 4%-12% of adults in the United States.<sup>16</sup>

As illustrated in Table 10, most Coachella Valley adults have visited a dentist within the past year. This holds true for adults with a diagnosed mental health disorder and those without a diagnosed mental health disorder. However, about 9% of Coachella Valley adults with a diagnosed mental health disorder have not been to the dentist in five or more years, and thus, are overdue for a check-up.

**Table 10. Time since Last Dental Visit**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months	44.8%	30,096	48.1%	137,435
6 months to <1 year	19.5%	13,096	21.1%	60,245
1 year to < 2 years	5.8%	3,917	8.1%	23,062
2 years to < 5 years	20.7%	13,893	9.9%	28,280
5 or more years ago	8.8%	5,883	11.8%	33,813
Never	0.5%	336	1.0%	2,716
<b>Total</b>	<b>100.0%</b>	<b>67,221</b>	<b>100.0%</b>	<b>285,551</b>

As illustrated in Table 11, most people had their teeth cleaned on their most recent visit, as the most recent cleaning closely parallels the most recent visit displayed in Table 9.

**Table 11. Time Since Last Dental Cleaning**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months ago	42.1%	27,668	45.9%	127,090
6 months to < 1 year	18.0%	11,809	21.2%	58,707
1 year to < 2 years	5.9%	3,900	8.6%	23,722
2 years to < 5 years	22.6%	14,810	11.3%	31,313
5 or more years ago	9.9%	6,502	11.5%	31,885
Never	1.5%	958	1.6%	4,294
<b>Total</b>	<b>100.0%</b>	<b>65,647</b>	<b>100.0%</b>	<b>277,011</b>

<sup>16</sup> Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers At A Glance 2011. (2011). Centers for Disease Control and Prevention. <http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm>

It is important to identify reasons for not visiting a dentist if we are to overcome these barriers and encourage regular dental visits. To this end, participants who reported going a year or more since their last dental cleaning were asked why they had not visited the dentist.

As illustrated in Table 12, cost is the most common barrier to frequent dentist visits for both groups. Most other potential barriers, such as fear or lack of dental coverage, are roughly equal between the two groups. The one exception is “no reason to go, don’t need it, no pain”—adults with a diagnosed mental health disorder are significantly less likely to list this as a reason for not visiting the dentist in the past year, when compared to their counterparts without a diagnosed mental health disorder.

**Table 12. Main Reason for Not Visiting a Dentist within the Past Year**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Cost	48.0%	11,524	33.9%	29,936
Lack of dental coverage	11.9%	2,858	9.1%	7,998
No teeth/have dentures	9.4%	2,255	8.3%	7,374
Fear, nervousness, dislike going	6.4%	1,537	5.4%	4,744
No reason to go, don’t need it, no pain	5.7%	1,367	28.2%	24,917
Dislike dentist	4.8%	1,157	4.1%	3,641
Didn’t think of it	4.1%	985	1.7%	1,473
Other priorities	3.6%	860	3.2%	2,858
Other	6.1%	1467	6.1%	5407
<b>Total</b>	<b>100.0%</b>	<b>24,010</b>	<b>100.0%</b>	<b>87,778</b>



## Vision Care

The American Optometric Association recommends that adults have an eye exam at least once every two years (every year for seniors age 61 and older).<sup>17</sup>

As illustrated in Table 13, most Coachella Valley adults fall within these recommendations, as they have had a vision exam within the past two years. This holds true for adults with and without a diagnosed mental health disorder. However, approximately 17% of Coachella Valley adults with a diagnosed mental health disorder have not had a vision exam in the last two years, and thus, are overdue for this routine screening. About 3% of Coachella Valley adults with a diagnosed mental health disorder have *never* had a vision exam, and thus, should get their eyes checked as soon as possible.

**Table 13. Time Since Last Vision Exam**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within the past month	10.6%	7,091	15.6%	43,899
1 month to < 1 year	46.4%	31,077	43.3%	121,741
1 year to <2 years	22.2%	14,858	11.1%	31,284
2 or more years ago	17.4%	11,676	24.8%	69,621
Never	3.3%	2,222	5.2%	14,707
<b>Total</b>	<b>100.0%</b>	<b>66,924</b>	<b>100.0%</b>	<b>281,252</b>

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<sup>17</sup> American Optometric Association. Recommended Eye Examination Frequency for Pediatric Patients and Adults. Available online at: <http://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults?ss=0=y>

## Women's Health

### Breast Health

Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). Risk factors for developing breast cancer include older age, early age of menarche, family history, obesity, and hormone therapy.

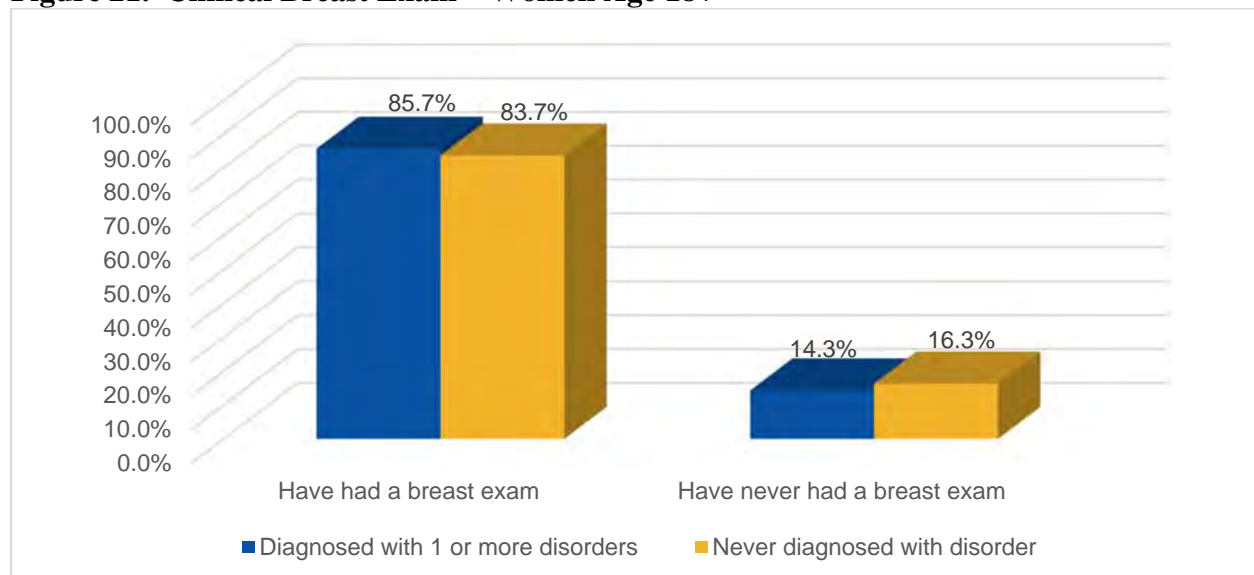
Breast cancer is the most common cancer among American women, except for skin cancers. About 1 in 8 (12%) women in the US will develop invasive breast cancer during their lifetime.<sup>18</sup> According to the American Cancer Society an estimated 40,000 women will die from breast cancer each year.

A clinical breast examination by a health professional is an important part of routine physical checkups and an important method of early breast cancer detection and should be performed along with mammography. A woman should have a clinical exam at least every three years starting at age 20 and every year starting at age 40.

As illustrated in Figure 21, most Coachella Valley women have had a clinical breast exam at least once in their lives. This does not significantly differ based on mental health diagnoses—that is, women with and without a diagnosed mental health disorder are equally likely to have had a clinical breast exam.

Approximately 5,544 women with a diagnosed mental health disorder have never had a clinical breast exam, and thus, should be examined shortly in order to screen for breast cancer.

**Figure 21. Clinical Breast Exam – Women Age 18+**



<sup>18</sup> Breast Cancer. (2014) American Cancer Society. <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

Of those women who have had a clinical breast exam, the majority had it within the past year, for both groups. As illustrated in Table 14, there were no significant differences in clinical breast exam timing between women with and without diagnosed mental health disorders.

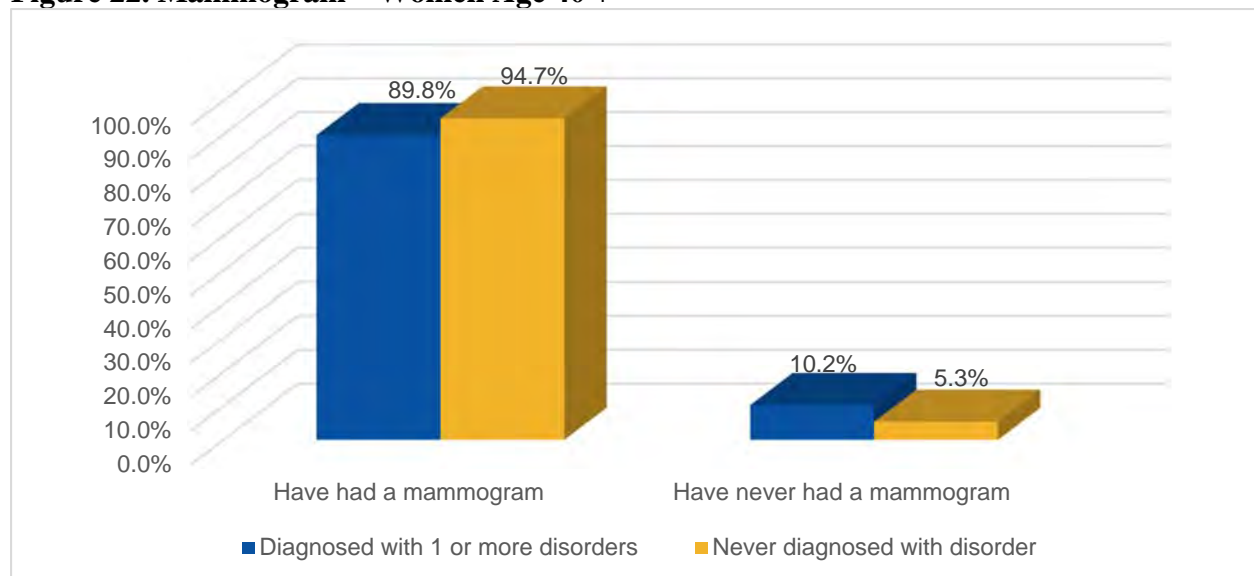
**Table 14. Most Recent Clinical Breast Exam – Women Age 18+**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within the past year	68.2%	22,313	69.1%	77,505
Within the past 2 years	16.1%	5,271	14.2%	15,893
Within the past 3 years	2.1%	686	5.7%	6,433
Within the past 5 years	4.3%	1,410	3.7%	4,205
5 or more years ago	9.3%	3,052	7.3%	8,209
<b>Total</b>	<b>100.0%</b>	<b>32,732</b>	<b>100.0%</b>	<b>112,245</b>

A mammogram is an x-ray exam of the breast that is used to detect and evaluate breast abnormalities. The National Cancer Institute recommends that women 40 and older have mammograms every 1 to 2 years. Thus, only women age 40 and over were asked questions about mammograms.

As illustrated in Figure 22, most Coachella Valley women age 40 and over have had a mammogram at least once in their life. This holds true for women with and without a diagnosed mental health disorder. Approximately 2,739 women over 40 with a diagnosed mental health disorder have never had a mammogram, and thus, should have one soon to screen for breast cancer.

**Figure 22. Mammogram – Women Age 40 +**



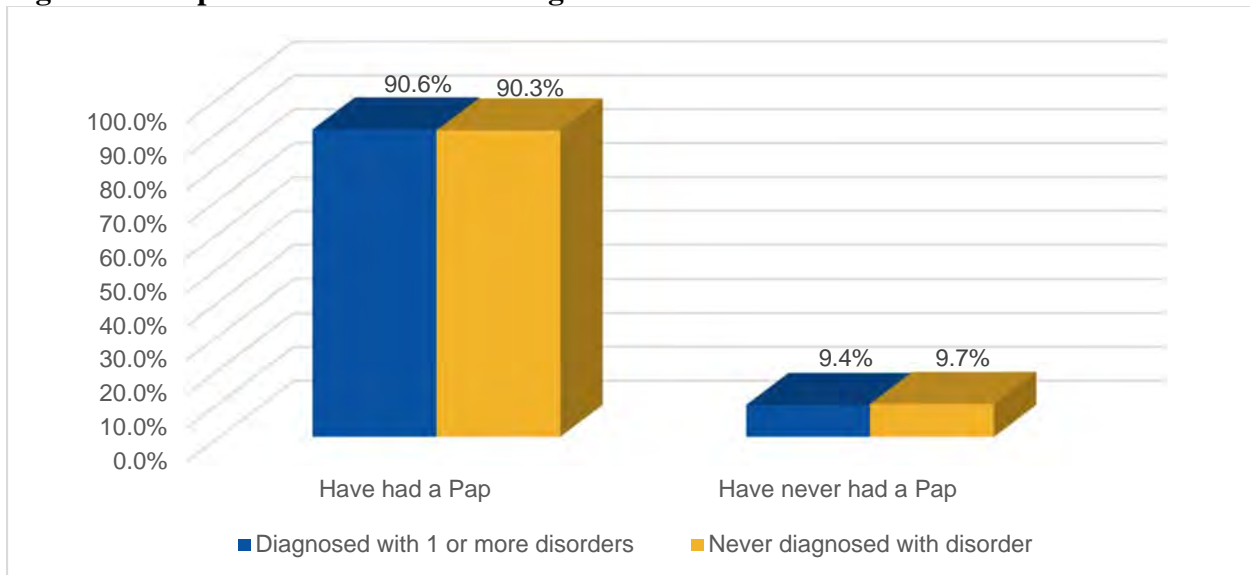
### *Pap Smear Test*

The Pap smear test (sometimes called a Pap smear) is a way to examine cells collected from the cervix (the lower, narrow end of the uterus). The main purpose of the Pap test is to detect cancer or abnormal cells that may lead to cancer. It can also find non-cancerous conditions, such as infection and inflammation.

All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than age 21. Adult women under the age of 64 should have a Pap smear at least every five years (more frequently if they have had an abnormal Pap smear in the recent past, or if they have risk factors).<sup>19</sup> Cervical cancer is one of the easiest cancers to prevent as long as screening and follow-ups are done regularly. Women age 65 or older should check with their doctor to determine if regular Pap tests are still needed, based on their risk factors.<sup>20</sup>

As illustrated in Figure 23, the majority of Coachella Valley women have had a Pap smear at least once in their lives. Approximately 10% of adult women—both with and without diagnosed mental health disorders—have never had a Pap smear, and thus, are likely overdue for this important check-up. Approximately 3,711 women with a diagnosed mental health disorder have never had a Pap smear.

**Figure 23. Pap Smear Test – Women Age 18 +**



<sup>19</sup> Pap test. (2013). Office on Women's Health, U.S. Department of Health and Human Services. <http://www.womenshealth.gov/publications/our-publications/fact-sheet/pap-test.html>

<sup>20</sup> Ibid.

Of those women who *have* had a Pap smear, the majority have had the test within the past two years. However, as illustrated in Table 15, over 20% of these adult women have not had a Pap smear within the last five years. Thus, these women are likely overdue for this screening test, and should get checked out. This holds true for women with and without a diagnosed mental health disorder.

**Table 15. Most Recent Pap Smear Test – Women Age 18 +**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within past year	50.9%	18,193	49.7%	60,285
1 year to < 2 years	18.6%	6,656	18.7%	22,700
2 years to < 3 years	5.9%	2,113	6.2%	7,507
3 years to < 5 years	2.5%	881	5.4%	6,525
5 or more years ago	22.1%	7,903	20.0%	24,190
<b>Total</b>	<b>100.0%</b>	<b>35,746</b>	<b>100.0%</b>	<b>121,207</b>

## Men's Health – Prostate Cancer Screening

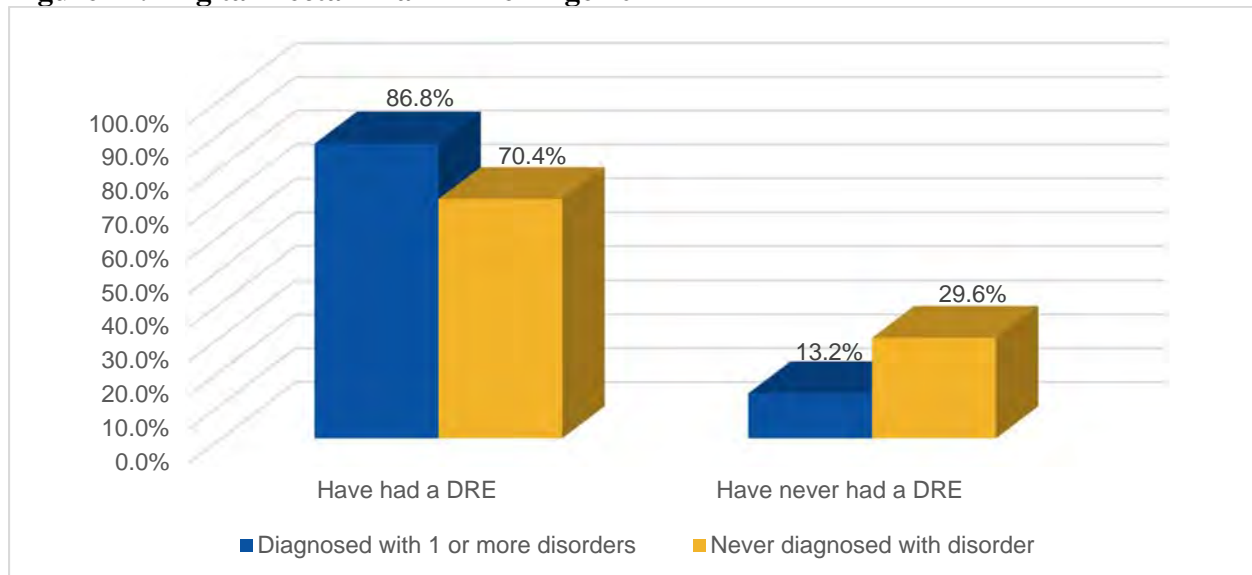
Prostate cancer, or abnormal cell growth in the prostate, is the second leading cause of cancer death in American men, behind only lung cancer.<sup>21</sup> According to the American Cancer Society, 1 in 6 American men will be diagnosed with prostate cancer sometime during his lifetime, and 1 in 36 will die of prostate cancer.<sup>22</sup>

Prostate cancer can be identified early by testing for a certain amount of prostate-specific antigen (PSA), in the blood. PSA tests alone are not enough to determine cancer in the patient, but higher levels of PSA indicate a higher probability of cancer. However, a high level of PSA may also be the result of an infection or inflammation of the prostate. Prostate cancer may also be found on a digital rectal exam (DRE). Although less effective than the PSA blood test, the DRE can sometimes find cancers in men with normal PSA levels. For this reason, American Cancer Society (ACS) guidelines recommended that when prostate cancer screening is done, both the DRE and the PSA should be used.

Prostate cancer typically strikes older men, and thus, PSA testing and DREs are recommended for men age 40 and older. Thus, this section only covers men age 40 and over.

As illustrated in Figure 24, most Coachella Valley men over the age of 40 have had a DRE. Men who have been diagnosed with a mental health disorder are significantly more likely to have had a DRE than men who have not been diagnosed with a mental health disorder. Approximately 2,626 men with a diagnosed mental health disorder have never had a DRE, and thus, should be examined to screen for prostate cancer.

**Figure 24. Digital Rectal Exam – Men Age 40+**

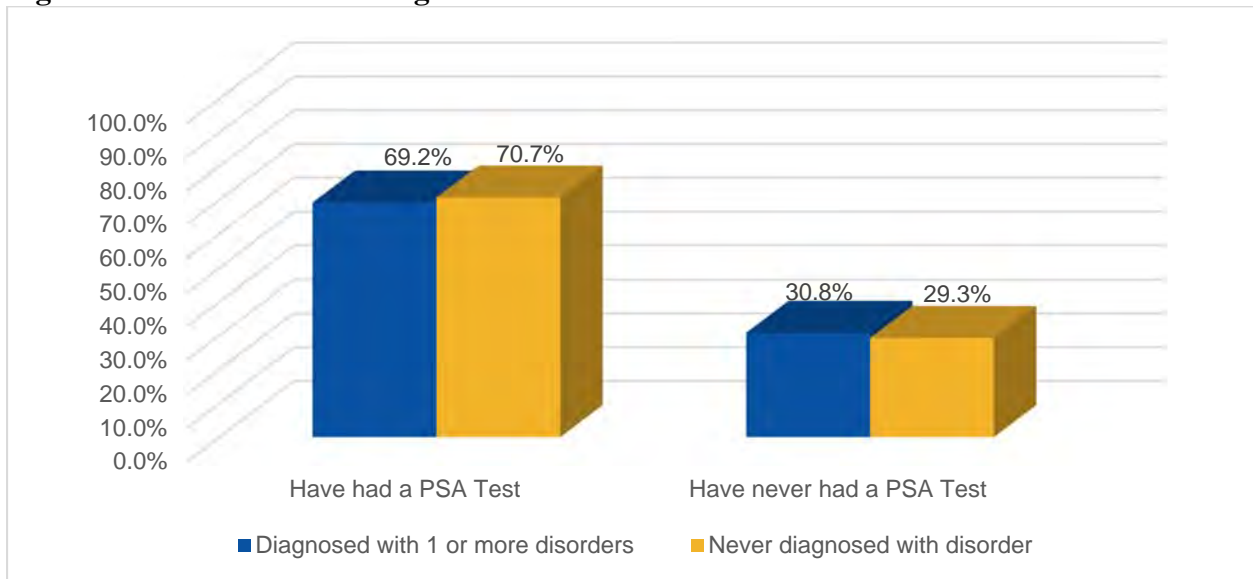


<sup>21</sup> Cancer and Men. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/features/cancerandmen/>

<sup>22</sup> What Are the Key Statistics About Prostate Cancer? (2013). American Cancer Society. <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>

As illustrated in Figure 25, PSA tests are slightly less common than DREs for prostate cancer screening in the Coachella Valley. About a third of Coachella Valley men over the age of 40 have never had a PSA test. This holds true for men with and without a diagnosed mental health disorder. Approximately 5,862 Coachella Valley men (age 40 and older) with a diagnosed mental health disorder have never had a PSA test.

**Figure 25. PSA Test – Men Age 40 +**



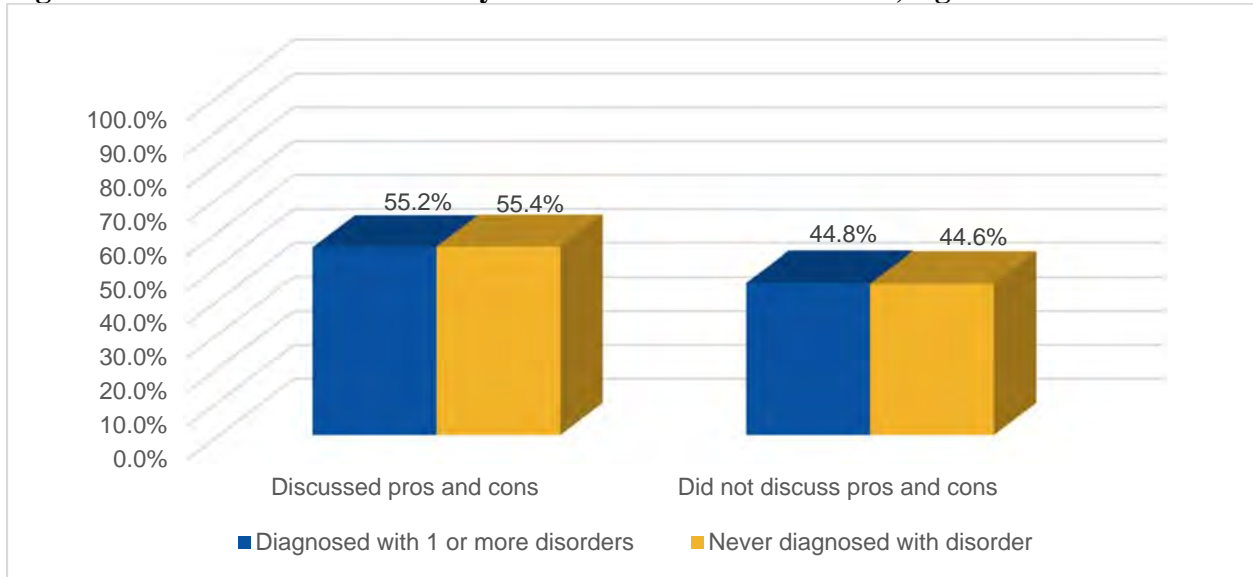
Recently, the CDC and other federal agencies recommend that PSA-based screening should not be done for men with no signs and symptoms of cancer.<sup>23</sup> According to the U.S. Preventive Services Task Force, the potential harm of PSA tests outweighs the possible benefits. This can include pain and infection from biopsies or impotency or incontinency from surgery or radiation treatment from a cancer diagnosis.

Thus, men who had received the PSA test were asked, “Before the PSA test, did the doctor ever talk to you about the pros and cons of having the PSA test?”

<sup>23</sup> Prostate Cancer: Screening. (2013). Centers for Disease Control and Prevention. [http://www.cdc.gov/cancer/prostate/basic\\_info/screening.htm](http://www.cdc.gov/cancer/prostate/basic_info/screening.htm)

As illustrated in Figure 26, about half of men who received a PSA test discussed the pros and cons of the test with their doctor prior to being tested. This holds true for men with and without a diagnosed mental health disorder. Overall, more physicians should discuss the pros and cons of this test with their patients prior to administering the test.

**Figure 26. PSA Discussion with Physician – Men with a PSA Test, Age 40 +**





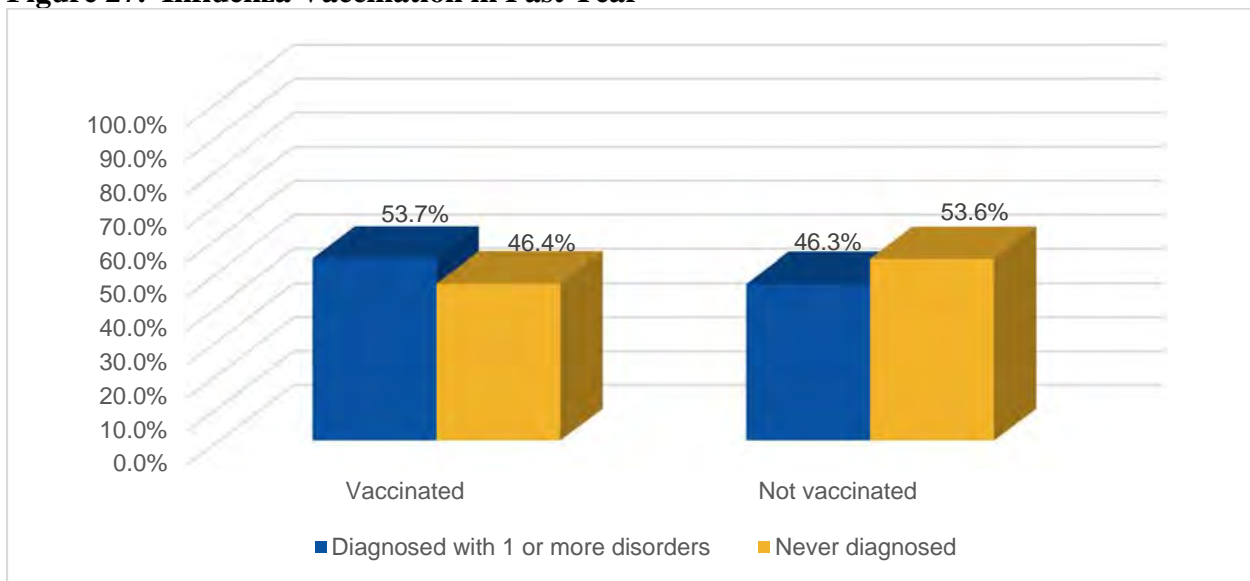
## Influenza Vaccination

Vaccinations are used to prevent many serious diseases. Vaccines function by using dead or weakened bacteria or viruses in order to create immunity for the specific disease.

The influenza (flu) vaccine reduces the risk of influenza-related heart attacks or other flu related complications from existing health conditions like diabetes and chronic lung disease.<sup>24</sup> The CDC recommends that all people older than 6 months of age should be vaccinated against influenza annually, with extremely rare exceptions.<sup>25</sup>

As illustrated in Figure 27, about half of Coachella Valley adults have had a flu vaccine within the past year. There was no significant difference in vaccinations based on mental health disorders—those with and without a diagnosed mental health disorder were equally likely to have received a flu vaccine. Approximately 31,635 Coachella Valley adults with a diagnosed mental health disorder were not vaccinated for the flu in the past year, and thus, may be at risk for increased illness, or more serious complications associated with the flu.

**Figure 27. Influenza Vaccination in Past Year**



<sup>24</sup> Vaccine Information for Adults. (2014) Center for Disease Control and Prevention. <http://www.cdc.gov/vaccines/adults/reasons-to-vaccinate.html>

<sup>25</sup> CDC Seasonal Influenza (Flu): Who Should Get Vaccinated Against Influenza <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

## Adult Health Behaviors

Health is dictated not only by preventative care, but also by certain lifestyle choices and health behaviors. The health behaviors covered here, including use of alcohol and cigarettes, sexual habits, and protection against sexually transmitted diseases, can have a huge influence on individual health.

### *Alcohol Use*

Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Alcohol affects every organ in the drinker's body. Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease.

Alcohol abuse can result in a worse prognosis for a person with mental illness. People who are actively using are less likely to follow through with the treatment plans they created with their healthcare providers. They are less likely to adhere to their medication regimens and more likely to miss appointments, which leads to more psychiatric hospitalizations and other adverse outcomes. Active users are also less likely to receive adequate medical care for similar reasons and are more likely to experience severe medical complications and early death. People with mental illness who abuse alcohol are also at increased risk of impulsive and potentially violent acts. Perhaps most concerning is that people who abuse alcohol are more likely to both attempt suicide and to die from their suicide attempts.<sup>26</sup>

As illustrated in Table 16, the majority of Coachella Valley adults have had at least one drink of alcohol in the preceding month. This is true for adults with and without diagnosed mental health disorders. Approximately 25,152 Coachella Valley adults with a diagnosed mental health disorder have consumed alcohol in the past month.

**Table 16. Alcohol Consumption**

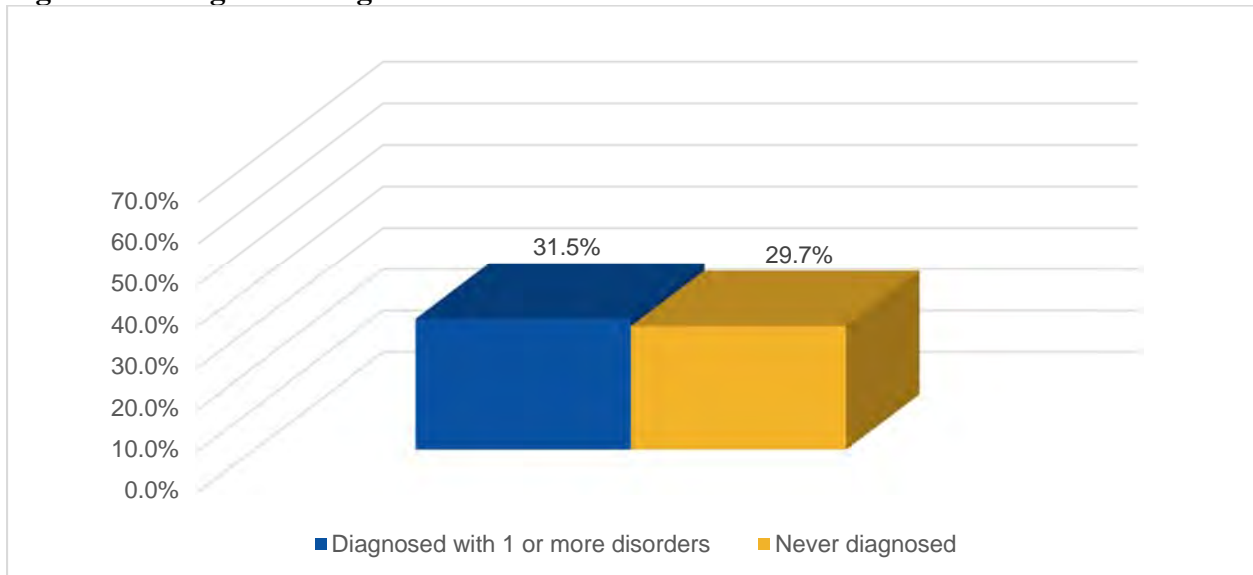
	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Did not drink at all in the past month	41.2%	17,626	33.1%	60,735
Drank at least once in the past month	58.8%	25,152	66.9%	122,730
<b>Total</b>	<b>100.0%</b>	<b>42,778</b>	<b>100.0%</b>	<b>183,465</b>

<sup>26</sup> Alcohol and Mental Illness. National Alliance on Mental Illness. [http://www.nami.org/Content/NavigationMenu/Hearts\\_and\\_Minds/Smoking\\_Cessation/Alcohol\\_and\\_Mental\\_Illness.htm](http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Alcohol_and_Mental_Illness.htm)

One form of alcohol abuse that is particularly detrimental to health is binge drinking. Binge drinking is loosely defined as the consumption of five or more drinks within two hours for men and four or more drinks within two hours for women. To assess binge drinking, female participants were asked, “How many times in the past month have you had four or more alcoholic beverages?” while male participants were asked, “How many times in the past month have you had five or more alcoholic beverages on a single occasion?”

As illustrated in Figure 28, nearly a third of Coachella Valley drinkers engaged in binge drinking at least once in the preceding month. This is the case for both adult drinkers with a diagnosed mental health disorder and those without a mental health disorder. Approximately 12,937 Coachella Valley adults with a diagnosed mental health disorder engaged in binge drinking. Unfortunately, 4,326 of these adults (10.5% of drinkers with a diagnosed mental health disorder) engaged in binge drinking seven or more times in the past month—making this a common occurrence. This behavior is likely extremely detrimental to their mental state and their physical functioning, and is cause for alarm.

**Figure 28. Binge Drinking at Least Once in the Past Month**



## Tobacco Use

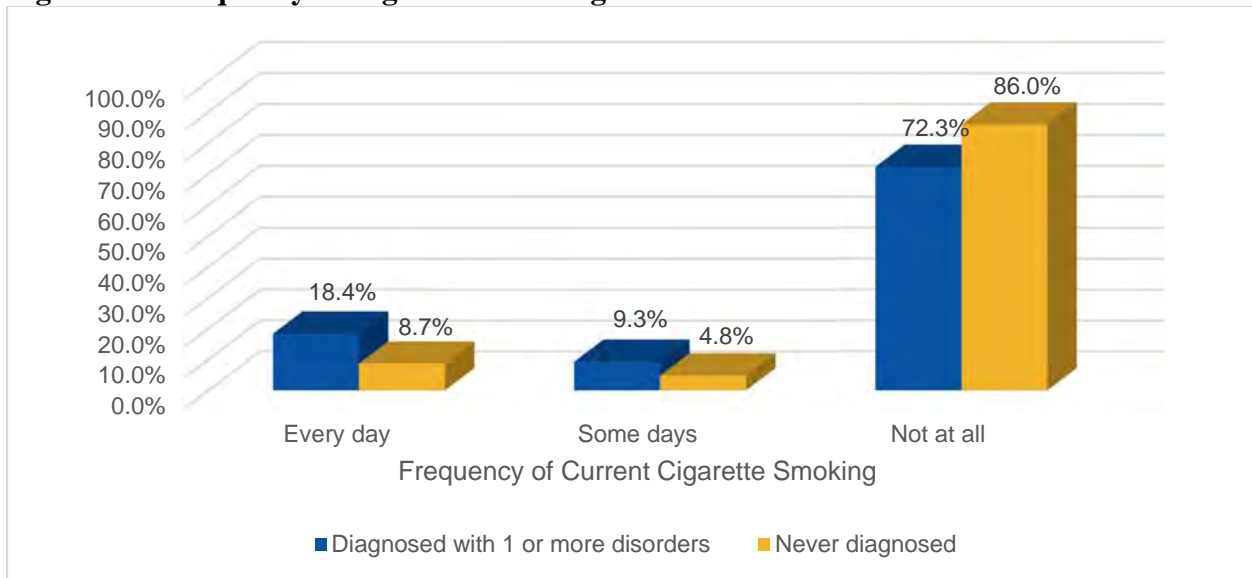
Tobacco is a commonly used drug throughout the United States. The most common uses for tobacco are cigarettes, cigars, pipes, and for chewing. Tobacco use has been associated with heart disease, cancer of different areas of the body (including lung, larynx, and pancreatic cancer), and lung diseases (such as emphysema and bronchitis). Nicotine, an addictive substance, is a major constituent of tobacco, along with thousands of other potentially harmful compounds that are often generated from tobacco smoke.

According to the Centers for Disease Control and Prevention, 18.1% of American adults are current smokers. Cigarette smoking is the leading cause of preventable death in the United States, accounting for more than 480,000 deaths, or one of every five deaths, each year.<sup>27</sup>

People living with mental illness have a very high rate of smoking. A study by The Journal of the American Medical Association reported that 44.3% of all cigarettes in America are consumed by individuals who live with mental illness and/or substance abuse disorders. This means that people living with mental illness are about twice as likely to smoke as other persons.<sup>28</sup>

Coachella Valley data is consistent with this national trend. Approximately 28% of Coachella Valley adults with a diagnosed mental health disorder currently smoke cigarettes. This is significantly higher than the rate for adults without a diagnosed mental health disorder (13.5%). As illustrated in Figure 29, smokers with a diagnosed mental health disorder are more likely than smokers without a mental health disorder to smoke “every day” (as versus “some days”).

**Figure 29. Frequency of Cigarette Smoking**



<sup>27</sup> Smoking & Tobacco Use. (2014). Centers for Disease Control and Prevention.

[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)

<sup>28</sup> Smoking and Mental Illness. National Alliance on Mental Illness.

[http://www.nami.org/Content/NavigationMenu/Hearts\\_and\\_Minds/Smoking\\_Cessation/Smoking\\_and\\_Mental\\_Illness.htm](http://www.nami.org/Content/NavigationMenu/Hearts_and_Minds/Smoking_Cessation/Smoking_and_Mental_Illness.htm)

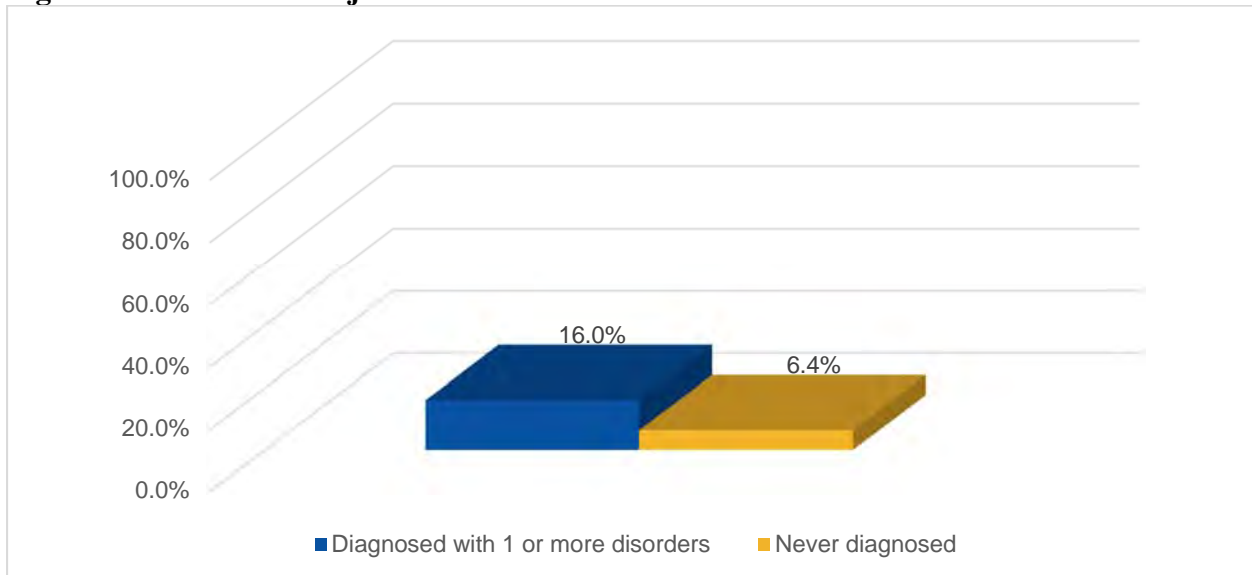
## Medical Marijuana Use

California Proposition 215, sometimes known as the Compassionate Use Act of 1996, was the first medical marijuana measure to be voted into law in the U.S. Proposition 215 allows seriously ill patients to use marijuana for medical purposes upon physician recommendation. Proposition 215 is supplemented by SB 420 (Chapter 875, Statutes of 2003), which required the California Department of Public Health to create the Medical Marijuana Program (MMP). As defined by SB 420, serious medical conditions that warrant the use of medical marijuana include AIDS, anorexia, arthritis, cancer, chronic pain, glaucoma, migraines, seizures, and severe nausea, among others.<sup>29</sup>

At the time of this survey, Palm Springs was the only city in Coachella Valley that allowed for medical marijuana dispensaries, and the total number of dispensaries was limited to three.

As illustrated in Figure 30, approximately 16% of adults diagnosed with a mental health disorder use marijuana for medical purposes. This is quite a bit higher than the rate for adults without a diagnosed mental health disorder—6.4%—although this difference is not statistically significant. Approximately 10,897 of adults diagnosed with a mental health disorder currently use marijuana for medical purposes such as chronic pain, glaucoma, nausea and vomiting associated with cancer treatments, epilepsy, HIV and appetite stimulation.

**Figure 30. Medical Marijuana Use**



<sup>29</sup> California Department of Public Health, Medical Marijuana Program  
<http://www.cdph.ca.gov/programs/MMP/Pages/MMPFAQ.aspx>

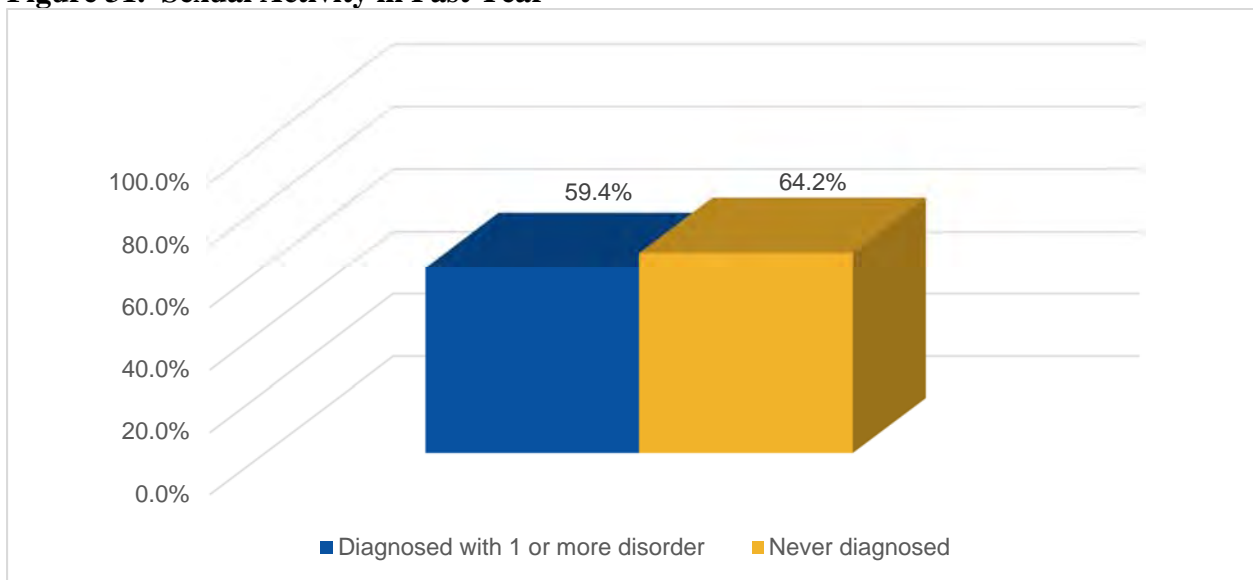
## Sexual Health

The World Health Organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships that ensures safe sexual experiences.

One risk of being sexually active is the risk of sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs). Some STDs, such as acquired immunodeficiency syndrome (AIDS) can be deadly. Often, STDs do not cause visible symptoms, but can have serious short-term and long-term complications.

As illustrated in Figure 31, both adults diagnosed with a mental health disorder and those who have never been diagnosed are equally sexually active. Approximately 39,740 adults with a diagnosed mental health disorder have been sexually active in the past year; 27,116 have not.

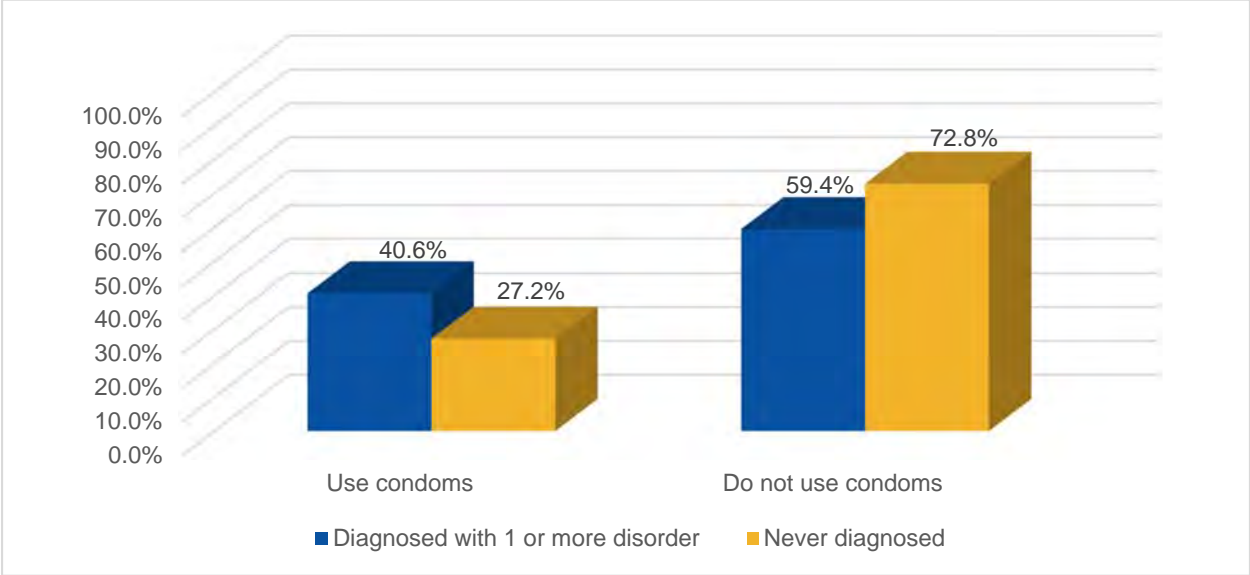
**Figure 31. Sexual Activity in Past Year**



For sexually active people, correct and consistent use of condoms can help prevent STDs. To assess this, sexually active adults were asked, “Do you and your partner use a condom for protection from sexually transmitted diseases?”

As illustrated in Figure 32, most sexually active adults in the Coachella Valley do not use condoms to protect them from STDs. There was no difference in condom use based on mental health diagnoses—adults with and without a diagnosed mental health disorder have comparable rates of condom use.

**Figure 32. Condom Use in Sexually Active Adults**



When asked to explain their lack of condom use, most participants stated it was because they were married and/or in a monogamous relationship. This held true for those with and without a diagnosed mental health disorder.

## HIV/AIDS Screening

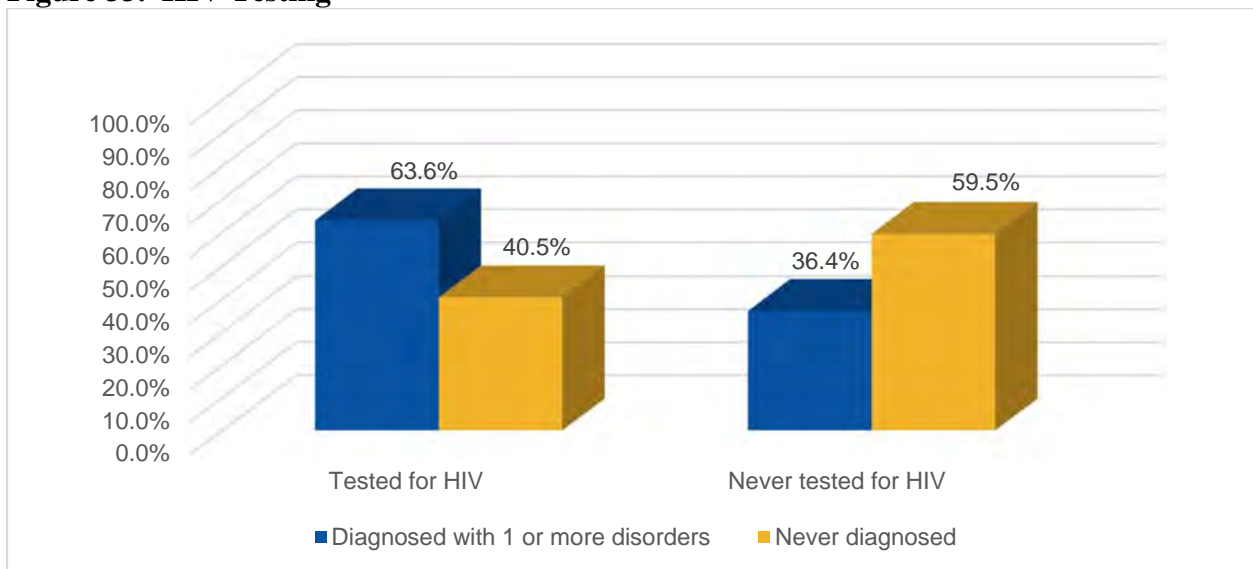
HIV (human immunodeficiency virus) is a virus that attacks the immune system. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. HIV weakens the immune system and increases a person's risk of developing serious illnesses such as certain cancers, opportunistic diseases, and neurologic disorders. AIDS (acquired immune deficiency syndrome) is the final stage of HIV infection, and can be deadly.

Over 1.1 million people in the United States are living with HIV, and an additional 50,000 people are infected with HIV each year.<sup>30</sup> Approximately 70% of sexually-transmitted HIV cases are attributed to people who are unaware of their HIV-positive status, and thus, HIV testing is a critical first step in halting the AIDS epidemic, as this will increase the percent of our population who are aware of their HIV status.<sup>31</sup> The most recent guidelines from the CDC recommend that all persons between the ages of 13 and 64 in all healthcare settings be screened for HIV and that screening should be routine.<sup>32</sup>

As illustrated in Figure 33, adults diagnosed with mental health disorders are significantly more likely to have been tested for HIV than adults without a diagnosed mental health disorder. Approximately 64% of adults with a diagnosed mental health disorder have had this important test, compared to only 36% of adults with no diagnosed mental health disorders.

However, there is still improvement to be made for people with a diagnosed mental health disorder. Approximately 24,143 Coachella Valley adults with a diagnosed mental health disorder have never been tested for HIV, and thus, should be tested as soon as possible.

**Figure 33. HIV Testing**



<sup>30</sup> Centers for Disease Control and Prevention (2013). HIV Surveillance Report, 2011. Volume 223. Available online at: [http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance\\_Report\\_vol\\_23.html](http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_Report_vol_23.html)

<sup>31</sup> Marks, G. (2006). Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*, 20 (10), 1447-1450.

<sup>32</sup> Centers for Disease Control and Prevention (2013). Revised guidelines for HIV testing in non-clinical settings and linkage to health prevention services.



## Adult Major Disease

Chronic illnesses – the leading cause of death and disability in the nation – are diseases that generally take years or decades to progress, are persistent, and can last for long periods of time. These illnesses are the cause of seven out of ten deaths in the U.S., and approximately 133 million Americans have at least one chronic illness. These conditions diminish one’s quality of life and often result in continuous health care costs.

### *Chronic Illness & Major Disease*

The most common chronic illnesses in the Coachella Valley are high blood pressure, arthritis, and high cholesterol, as illustrated in Table 17. This holds true for adults with and without a diagnosed mental health disorder.

Adults with a diagnosed mental health disorder are significantly more likely than their counterparts without a diagnosed mental health disorder to have several major diseases, including arthritis, osteoporosis, respiratory disease other than asthma, stroke, liver disease, and tuberculosis.

Thus, it is clear that adults with mental health disorders also have a significantly higher physical disease burden in addition to their mental health issues. Healthcare providers should be aware that their patients with mental health disorders are likely suffering from some of these physical ailments as well, and at higher rates than their counterparts who do not have a diagnosed mental health disorder.

**Table 17. Major Disease Diagnoses**

	Diagnosed with 1 or more disorder	Never diagnosed	Significant Difference?
High blood pressure	45.6%	35.9%	No
Arthritis	39.7%	25.1%	Yes
High Cholesterol	37.7%	29.1%	No
Osteoporosis	15.4%	8.2%	Yes
Respiratory disease (other than asthma)	15.1%	7.8%	Yes
Cancer	14.9%	13.6%	No
Diabetes	12.5%	9.7%	No
Asthma	10.5%	10.0%	No
Heart disease	8.4%	7.9%	No
Heart attack	5.9%	4.9%	No
Stroke	5.4%	2.4%	Yes
Liver disease	5.2%	1.0%	Yes
Tuberculosis	3.4%	0.5%	Yes

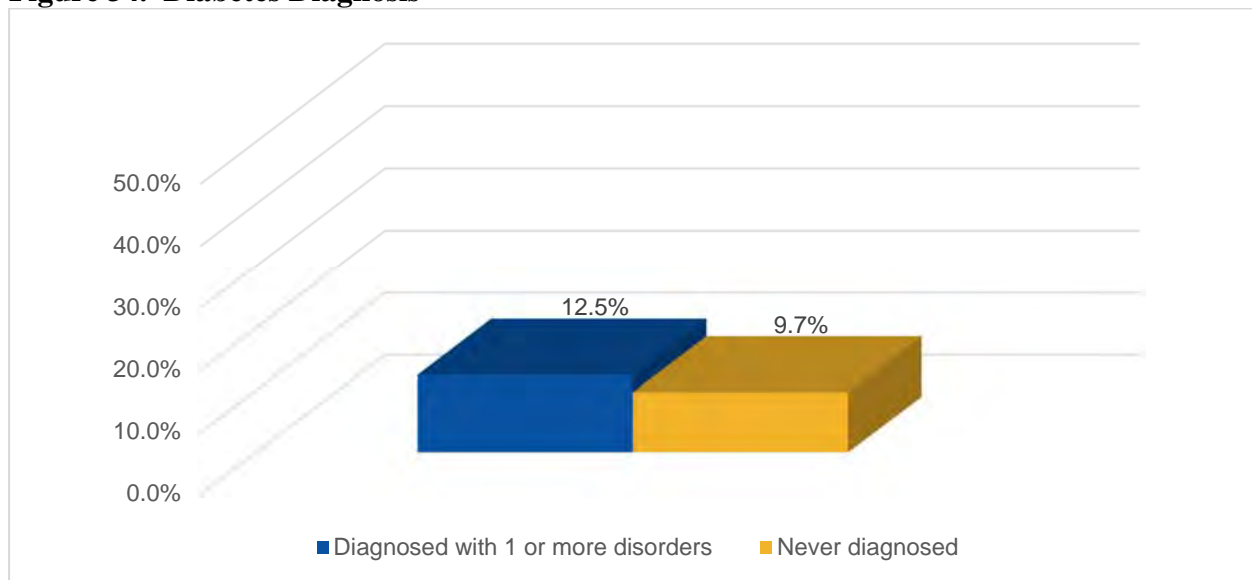
## Diabetes

Diabetes mellitus is a group of chronic diseases in which the body has exceedingly high levels of blood glucose resulting from a lack of insulin production, insulin action or both. Insulin is a hormone that is needed to store sugar, starches, and other nutrients newly absorbed from digestion of food. It lowers blood sugar levels by storing glucose from the blood in other cells and tissues of the body. When untreated or not properly managed, diabetes can lead to serious health complications such as heart disease, blindness, kidney failure, lower extremity amputations, and premature death.

There are currently about 25.8 million children and adults (or 8.3% of the population) with diabetes in the United States.<sup>33</sup> The rate of new cases of diabetes – diagnosed in people 20 years and older – is 1.9 million cases per year.<sup>34</sup> According the American Diabetes Association, “adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.”<sup>35</sup> Diabetics also make up more than 60% of those with non-traumatic lower limb amputations.<sup>36</sup>

Coachella Valley adults, both those diagnosed with 1 or more mental health disorder and those never diagnosed, suffer from diabetes fairly equally. As illustrated in Figure 34, approximately 13% of adults with a diagnosed mental health disorder have diabetes. This accounts for approximately 8,379 Coachella Valley adults with a diagnosed mental health disorder.

**Figure 34. Diabetes Diagnosis**



<sup>33</sup> Diabetes Statistics. (2012). American Diabetes Association. <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>

<sup>34</sup> Ibid.

<sup>35</sup> Ibid.

<sup>36</sup> Ibid

Diabetes is a disease that benefits from frequent monitoring by a healthcare professional, and thus, frequent visits to the healthcare provider are strongly encouraged. However, as illustrated in Table 18, approximately 31% of adult diabetics with a diagnosed mental disorder and 20% of adult diabetics without a diagnosed mental disorder have not seen their healthcare provider for diabetes-related care in the past year.

**Table 18. Number of Times Visited a Healthcare Provider for Diabetes in Past 12 Months**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
1 to 3 times	57.6%	3,432	53.3%	9,670
4 to 6 times	6.6%	394	16.0%	2,897
7 or more	4.9%	294	11.0%	2,002
None	30.8%	1,835	19.7%	3,578
<b>Total</b>	<b>100.0%</b>	<b>5,955</b>	<b>100.0%</b>	<b>18,147</b>

Fortunately, the majority of Coachella Valley diabetics have taken a class on how to manage diabetes on their own. Specifically, 64.4% of diabetics diagnosed with a mental health disorder and 69.3% of diabetics without diagnosed mental health disorders have taken a course on diabetes management. Thus, these diabetics likely possess the knowledge necessary to care for themselves. However, this means that approximately 2,982 diabetics with a diagnosed mental health disorder have never taken a course, and may not know the best practices in caring for themselves and managing their diabetes.

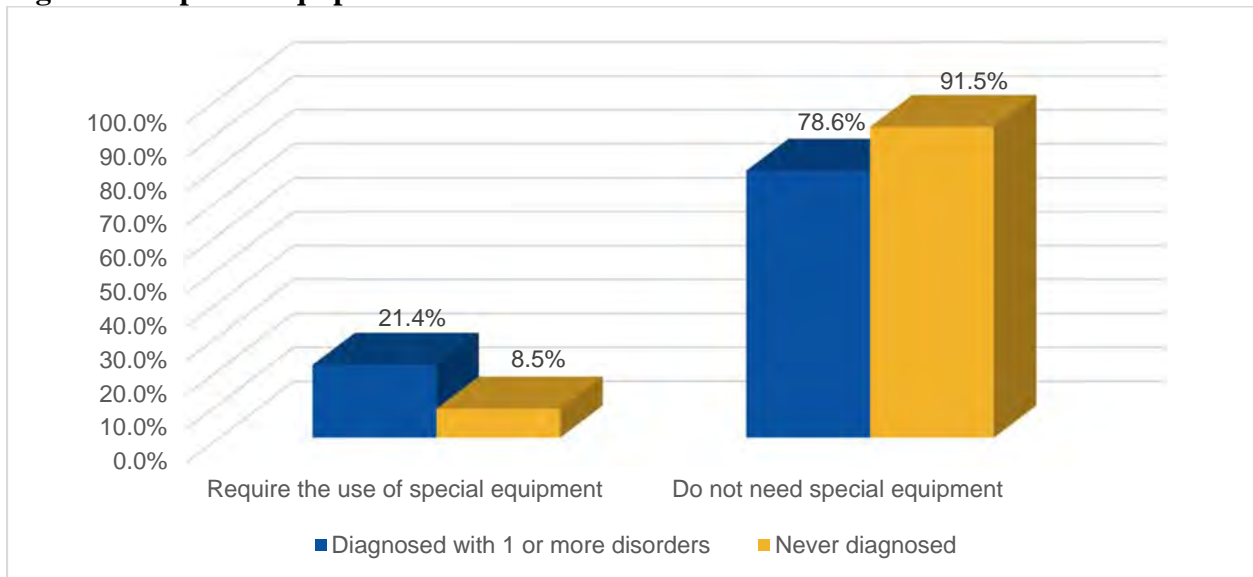
## Adult Disability

Disability is an impairment that limits or prevents a person’s ability to function in one or more areas. Disabilities could be visible or non-visible. The term disability refers to any of a wide range of types: physical, mental/intellectual, emotional, developmental, or sensory. Disabilities can prevent a person from performing a specific task or action.

To assess the need for special equipment (known as “assistive technology”), participants were asked, “Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?”

As illustrated in Figure 35, Coachella Valley adults with a diagnosed mental health disorder are significantly more likely than adults without a diagnosed mental health disorder to need assistive technology. Approximately 21% of adults with a diagnosed mental health disorder require the use of such technology, compared to only 9% of adults without a diagnosed mental health disorder. Thus, approximately 14,609 Coachella Valley adults with one or more diagnosed mental health disorders also need to use assistive technology in their everyday life.

**Figure 35. Special Equipment**



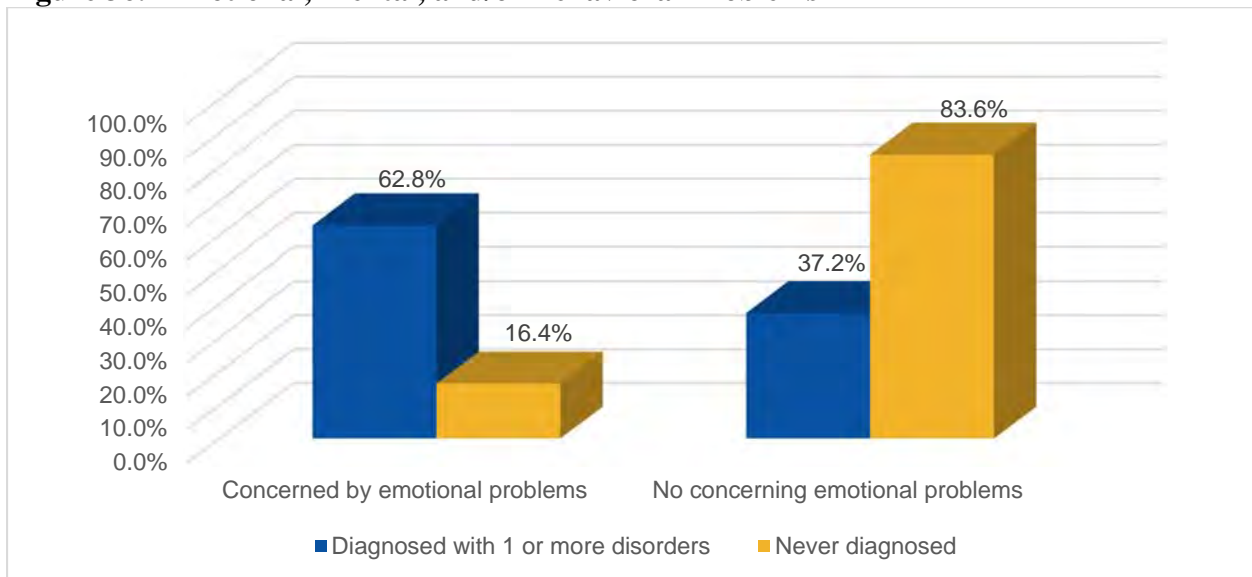
## Adult Mental Health

Mental health disorders are only one part of mental health. Another important part of mental health is more transient feelings and emotions, and whether these are cause for concern. Mental health concerns can be valid for people with no mental health disorders as well as those with mental health diagnoses.

To assess this concept of broad mental health, participants were asked, “Have you had any emotional, mental, and behavioral problems such as stress, anxiety, or depression that concerned you during the past 12 months?”

As illustrated in Figure 36, adults with a diagnosed mental health disorder are significantly more likely than their counterparts without a mental health disorder to have experienced emotional, mental, or behavioral problems in the past year. Approximately 63% of Coachella Valley adults with a diagnosed mental health disorder were concerned by these issues, compared to only 16% of adults without a diagnosed mental health disorder. Overall, approximately 42,886 adults with diagnosed mental health disorders were concerned by these mental issues, as were 46,905 adults without diagnosed mental health disorders.

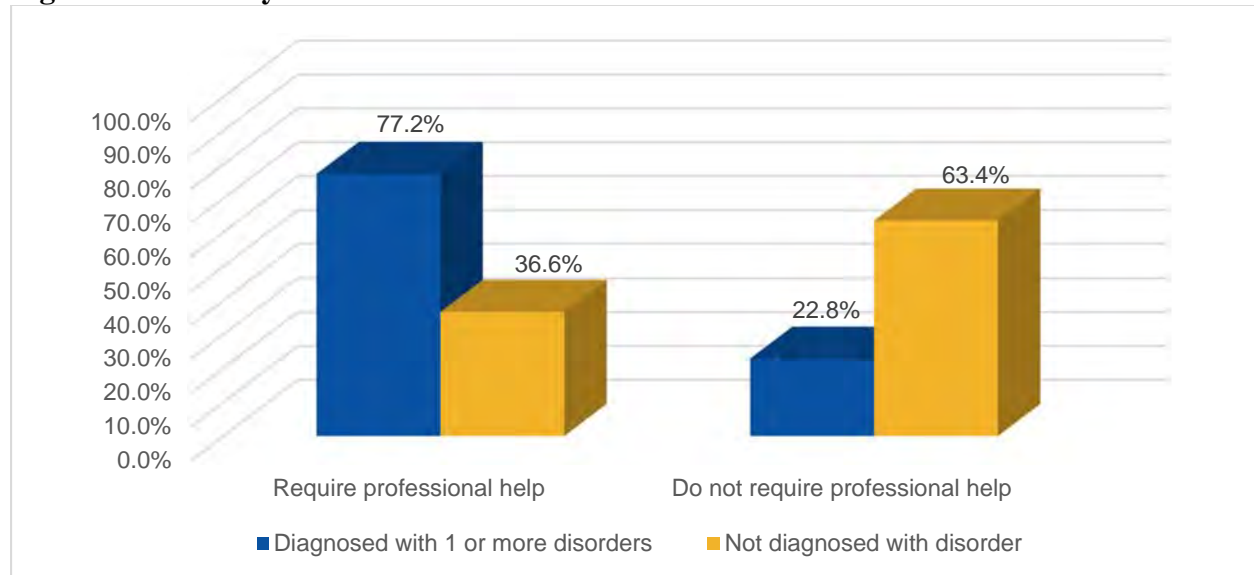
**Figure 36. Emotional, Mental, and/or Behavioral Problems**



These emotional, mental, and/or behavioral problems may be related to a diagnosed mental health disorder—or they may be due to short-term issues. For instance, the death of a loved one can easily cause emotional problems such as grief, anger, or disbelief without being a diagnosed mental health disorder (such as depression).

Severity of these emotional, mental, and/or behavioral problems also differed based on whether or not the participant had been diagnosed with a mental health disorder. As illustrated in Figure 37, approximately 77% of those who had been diagnosed with a mental health disorder and were experiencing an emotional/mental/behavioral problem felt that these problems were severe enough to require professional help (approximately 32,511 adults). This is significantly higher than the rate for those without a diagnosed mental health disorder—only 37% of those with an emotional/mental/behavioral problem felt their problems were severe enough to require professional help (approximately 17,017 adults).

**Figure 37. Severity of Emotional/Mental/Behavioral Problems**



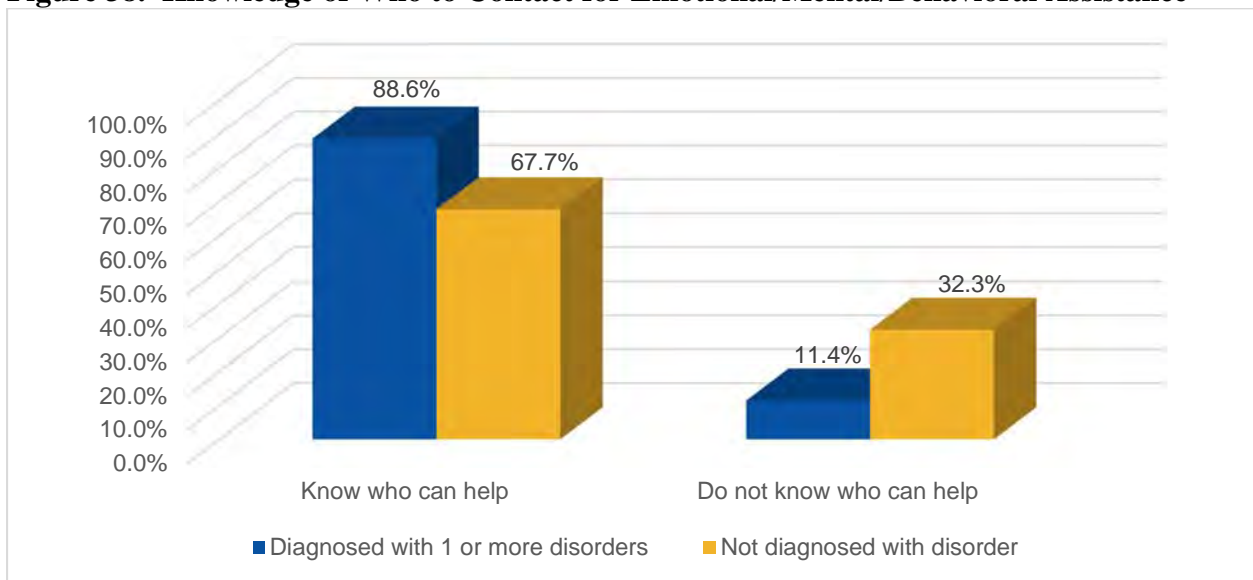
The fact that people without diagnosed mental health disorders experience emotional, mental, and/or behavioral problems that are severe enough to warrant professional attention is important to note. This underscores the fact that professional mental health care is not only helpful to those who have been diagnosed with a mental health disorder, but to others as well. For example, many people suffering from grief at the passing of a loved one can benefit from professional help to process these feelings. Additionally, many who experience anger or frustration when going through a divorce or other life-changing experience can also benefit from professional mental health care.

The emotional, mental, and/or behavioral problems experienced by those without a diagnosed mental health disorder may also be signs of an undiagnosed disorder. In this case, mental health professionals may be able to help identify and diagnose problems, starting the road to treatment.

Fortunately, most adults with a diagnosed mental health disorder and emotional, mental, and/or behavioral problems know where to go for help with these problems. As illustrated in Figure 38, approximately 89% of Coachella Valley adults with a diagnosed mental health disorder and emotional/mental/behavioral problems know who to contact for help with these problems. This is significantly higher than adults without a diagnosed mental health disorder. Thus, it may be that one virtue of their mental health disorder is that they know where to go to seek help for concerning problems of this nature.

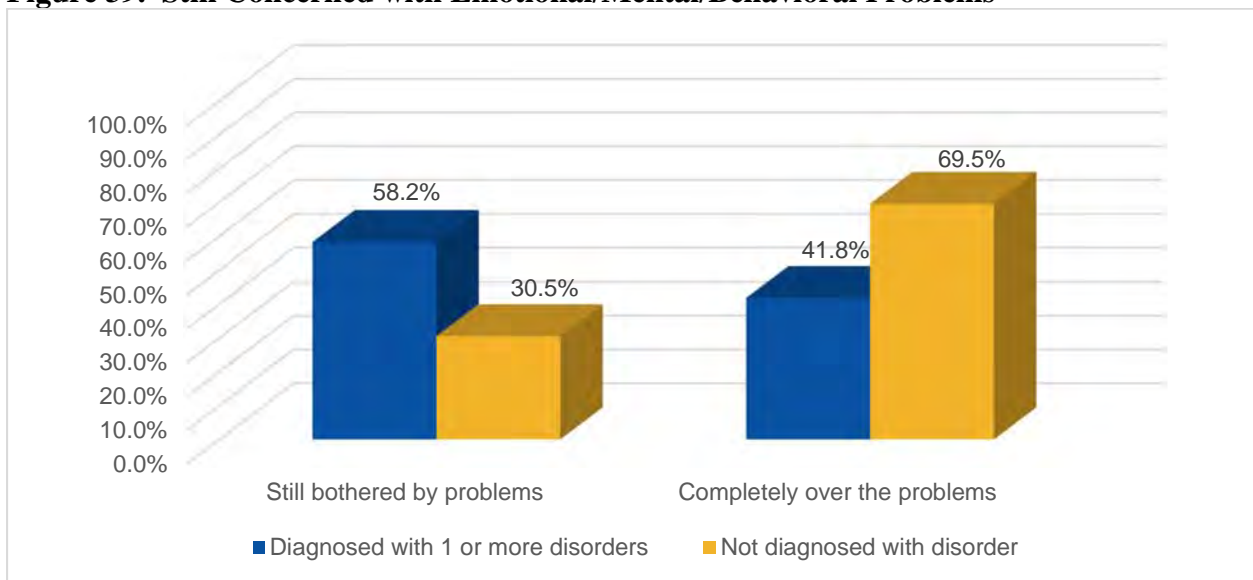
However, 4,899 Coachella Valley adults with a diagnosed mental health disorder and emotional/mental/behavioral problems do *not* know who to contact for help with these problems, and thus are likely struggling.

**Figure 38. Knowledge of Who to Contact for Emotional/Mental/Behavioral Assistance**



Some of the participants who experienced these emotional/mental/behavioral problems in the past year are now over it. However, others, as illustrated in Figure 39, are still bothered by these problems. Coachella Valley adults with a diagnosed mental health disorder are significantly more likely to still be bothered by their emotional/mental/behavioral problems than their counterparts without a mental health diagnosis. This likely indicates that the problems in question have different causes: for those with a diagnosed mental health disorder, the problems are likely caused by their disorder. For adults without a diagnosed mental health disorder, the problems are likely caused by other, more temporary issues, such as death of a loved one or a major life change.

**Figure 39. Still Concerned with Emotional/Mental/Behavioral Problems**





## Adult Weight and Fitness

Weight regulation, exercise and proper nutrition are important for maintaining good health.

### *Body Mass Index (BMI)*

Body mass index (BMI) is a calculated value based on an individual’s height and weight. For most people, BMI correlates strongly with body fat percentage, and thus, it is used as one reliable indicator of obesity. A BMI test is one of the widely accepted tools used to determine obesity or other weight problems in adults.

According to the World Health Organization, a person with a BMI value higher than 30 is considered to be obese. Obesity has serious medical consequences. It can lead to an increased risk for various diseases such as type 2 diabetes, hypertension, coronary heart disease, and ischemic stroke. The CDC ranks obesity, after tobacco use, as the second leading cause of preventable death in the United States. It accounts for approximately 300,000 deaths each year.

HARC calculated BMI for participants based on their self-reported height and weight. As illustrated in Table 19, approximately 64% of Coachella Valley adults diagnosed with a mental health disorder, and 58% of adults without a diagnosed mental health disorder, are either “overweight” or “obese”. Thus, both groups have high levels of obesity, and may be at risk for many of the attendant health problems.

Being underweight is also unhealthy. As illustrated in Table 19, 7% (or 4,529 adults) diagnosed with a mental health disorder are underweight.

**Table 19. BMI Categories**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight	6.9%	4,529	3.3%	9,034
Normal	28.3%	18,656	38.5%	105,060
Overweight	38.8%	25,577	38.1%	103,913
Obese	26.0%	17,162	20.1%	54,870
<b>Total</b>	<b>100.0%</b>	<b>65,924</b>	<b>100.0%</b>	<b>272,877</b>

## Physical Activity

Maintaining a healthy weight is achieved through living a healthy lifestyle which includes a healthy diet, regular exercise and consuming only the calories your body needs and uses. According to the Centers for Disease Control and Prevention, it is recommended that adults get two hours and 30 minutes of moderate-intensity aerobic activity a week and muscle-strengthening activities on two or more days a week.<sup>37</sup>

Most adults in the Coachella Valley engage in some aerobic activity each week. As illustrated in Table 20, about a quarter of adults diagnosed with a mental health disorder engage in an aerobic activity daily. However, approximately 22% of adults diagnosed with a mental health disorder are not engaging in any aerobic activity, and may need to be encouraged to be more active. Adults with and without diagnosed mental health disorders have very similar levels of aerobic exercise.

**Table 20. Frequency of Physical Activity in the Past Week**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	21.8%	14,929	15.7%	44,690
1 to 2	18.0%	12,289	10.6%	30,068
3 to 4	21.2%	14,493	23.1%	65,606
5 to 6	15.1%	10,302	12.1%	34,310
Every day	24.0%	16,408	38.5%	109,183
<b>Total</b>	<b>100.0%</b>	<b>68,421</b>	<b>100.0%</b>	<b>283,857</b>

Strength-building exercises are much less common than aerobic exercises. As illustrated in Table 21, about half of Coachella Valley adults have not engaged in any strength-building exercises in the past week. This is the case for both adults with diagnosed mental health disorders and those without.

**Table 21. Frequency of Strength-Building Exercises in Past Week**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	52.8%	36,038	51.1%	144,509
1 to 2	22.6%	15,428	12.2%	34,438
3 to 4	14.7%	10,065	18.1%	51,212
5 to 6	4.6%	3,114	6.1%	17,239
Every day	5.4%	3,657	12.6%	35,603
<b>Total</b>	<b>100.0%</b>	<b>68,302</b>	<b>100.0%</b>	<b>283,001</b>

<sup>37</sup> Physical Activity. (2011). Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

## Adult Food Insecurity

The World Health Organization defines food security as, “access to sufficient, safe, nutritious food to maintain a healthy and active life.”<sup>38</sup> In 2011, it was estimated that 14.9% of American households lacked food security over the course of the year, and were unable to obtain adequate nutrition.<sup>39</sup>

Approximately 17.2% of adults with diagnosed mental health disorders have experienced food insecurity in the past year, and had to cut the size of their meals or skip meals because there was not enough money for food. This means approximately 11,750 Coachella Valley adults with diagnosed mental health disorders have gone hungry in the past year. This rate is not significantly different than the rate for adults without mental health disorders—10.7% of these adults have cut the size of their meals or skipped meals due to food insecurity.

However, as illustrated in Table 22, the frequency of this food insecurity is significantly different between the two groups. Over 70% of food insecure adults with diagnosed mental health disorders experienced such food insecurity regularly. In contrast, about 29% of food insecure adults without a diagnosed mental health disorder experienced it so regularly.

**Table 22. Frequency of Cutting or Skipping Meals to Save Money**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Only 1 or 2 months of the year	15.1%	1,769	31.0%	9,493
Some months, but not every month	14.7%	1,729	40.1%	12,302
Almost every month	70.2%	8,253	28.9%	8,848
<b>Total</b>	<b>100.0%</b>	<b>11,751</b>	<b>100.0%</b>	<b>30,643</b>

Additionally, 6.9% of adults diagnosed with a mental health disorder reported not eating for a whole day due to not having enough money for food. This means 4,652 Coachella Valley adults with a diagnosed mental health disorder went hungry for a whole day. This is relatively similar to the rate for adults without a diagnosed mental health disorder—2.9% went without eating for an entire day due to their lack of money for food. Of those adults diagnosed with a mental health disorder who went hungry for a whole day, 52.0% (or 2,418 adults) did so almost every month.

Fortunately, emergency food assistance is available in the Coachella Valley through various charitable organizations. Approximately 14.1% of adults with a diagnosed mental health disorder have received emergency food in the past year. Thus, these 9,668 adults likely received assistance with their situation. This is significantly more common than it is for adults without a diagnosed mental health disorder—only 6.9% of whom accessed emergency food in the past year.

<sup>38</sup> Food Security. (2010). World Health Organization. <http://www.who.int/trade/glossary/story028/en/>

<sup>39</sup> United States Department of Agriculture, Economic Research. Report No. (ERR-141) 37pp. (2012). Household Food Insecurity in the United States in 2011.

## Adult Social and Economic Needs

Many adults—of all ages—need assistance with the basic components of a healthy lifestyle. In order to be truly healthy, individuals need shelter, food, and basic utilities at a bare minimum. If people are unable to obtain these things, health is severely threatened. Ideally, those who need assistance in these areas would have programs and people they could rely on for help. However, for those who have unmet needs in these areas, interventions are needed to provide these important services.

Results demonstrate that Coachella Valley adults who have been diagnosed with mental health disorders have significantly higher needs than adults with no diagnosed mental health disorders. Specifically, adults with diagnosed mental health disorders were significantly more likely than their counterparts without a diagnosed mental health disorder to need assistance with food, rent, finances, utilities, transportation, and home health care. As illustrated in Table 23, levels of need for this population—especially food, utilities, and transportation—is extremely high. Service providers and mental health care professionals should be aware that their clients likely experience these issues, and should be prepared to offer referrals to other agencies that can meet these needs.

**Table 23. Need for Assistance**

	Diagnosed with 1 or more disorders		Never diagnosed with disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Food assistance	21.3%	14,407	8.7%	25,120
Utility assistance	19.2%	12,976	6.5%	18,699
Transportation assistance	18.3%	12,131	5.8%	16,545
Financial assistance	15.1%	10,139	5.3%	15,064
Rental assistance	11.3%	7,674	2.4%	6,905
Housing assistance	9.5%	6,434	3.3%	9,356
Home health care	7.7%	5,232	2.6%	7,590

## Senior Health

Seniors, as a population of interest, have several health issues that affect them disproportionately. To this end, a section of the survey was directed only at participants aged 55 and older.

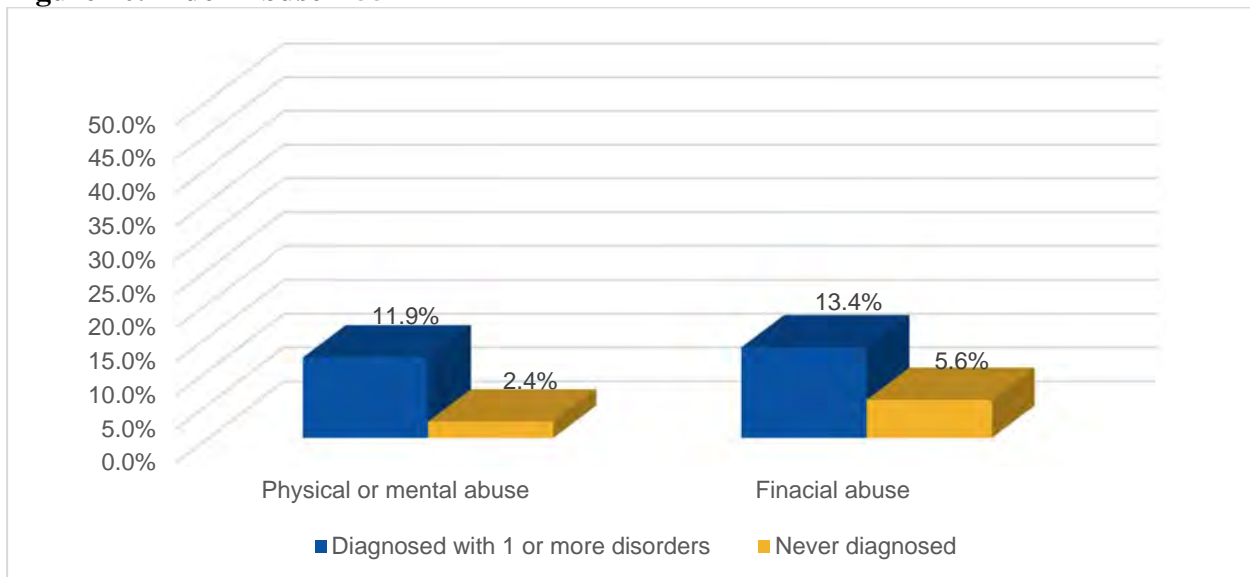
### *Elder Abuse*

Elder abuse can affect people of all ethnic backgrounds and social status and can affect both men and women. Elder abuse can encompass physical abuse, emotional abuse, sexual abuse, exploitation or financial abuse, neglect and abandonment.<sup>40</sup> According to the American Psychological Association, an estimated 4 million older Americans are victims of physical, psychological or other forms of abuse and neglect.<sup>41</sup>

As illustrated in Figure 40, seniors diagnosed with a mental health disorder are significantly more likely to have experienced physical or mental abuse than seniors without a diagnosed mental health disorder (11.9% compared to 2.4%, respectively). Approximately 3,226 Coachella Valley seniors with diagnosed mental health disorders were mistreated or neglected in the past year.

Similarly, seniors diagnosed with a mental health disorder are significantly more likely to have experienced financial abuse compared to adults without a diagnosed mental health disorder (13.4% vs. 5.6%, respectively). Approximately 3,630 Coachella Valley seniors with a diagnosed mental health disorder were taken advantage of financially in the past year. Overall, it is clear that seniors with diagnosed mental health disorders are more vulnerable to abuse.

**Figure 40. Elder Abuse – 55+**



<sup>40</sup> What is Elder Abuse. (2014). National Center on Elder Abuse.

[http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)

<sup>41</sup> Elder Abuse and Neglect: In Search of Solutions. (2014). American Psychological Association

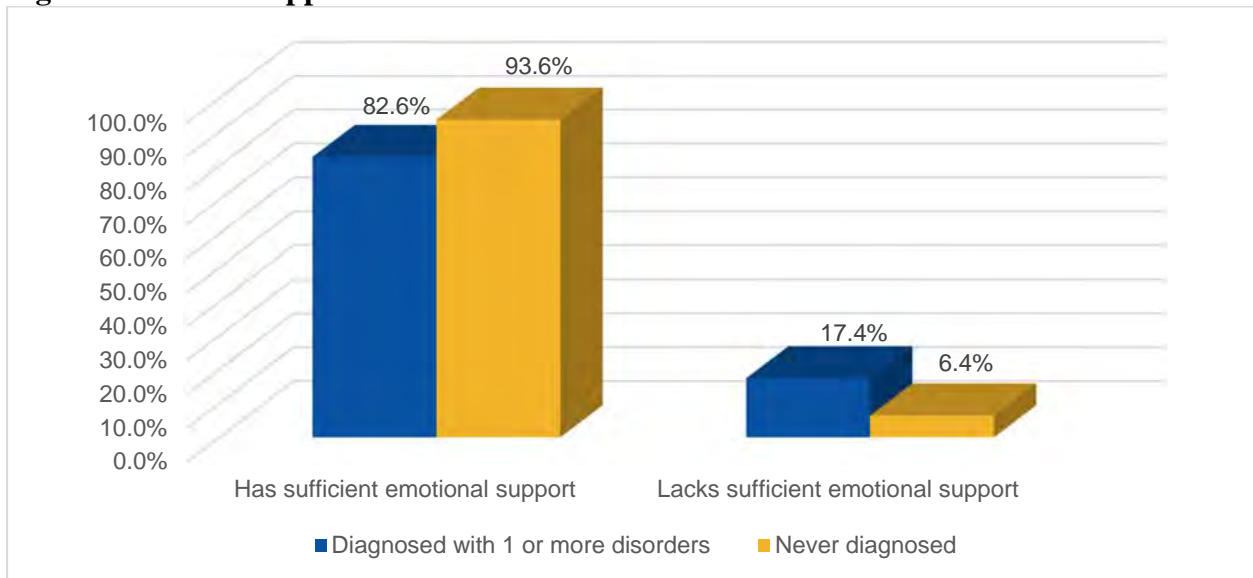
<http://www.apa.org/pi/aging/resources/guides/elder-abuse.aspx>

## Senior Support

Emotional and social support is an important facet of life for people of all ages. However, it is especially important for seniors. Many seniors may become increasingly isolated and lonely as their spouse, friends, or family pass away. Additionally, many seniors are retired, and lack the camaraderie and social interaction that was formerly provided in the workplace. Thus, it is especially important for seniors to receive emotional and social support.

Seniors with a diagnosed mental health disorder are significantly less likely than their counterparts without a diagnosed mental health disorder to have sufficient emotional and social support. As illustrated in Figure 21, over 17% of seniors with diagnosed mental health disorders lack adequate support, compared to about 6% of seniors without diagnosed mental health disorders. Approximately 4,600 Coachella Valley seniors with diagnosed mental health disorders do not get the emotional and social support that they need. Thus, it is clear that seniors with diagnosed mental health disorders are lacking the social support they need, which may be one of the reasons that they are vulnerable to elder abuse.

**Figure 41. Senior Support – 55+**



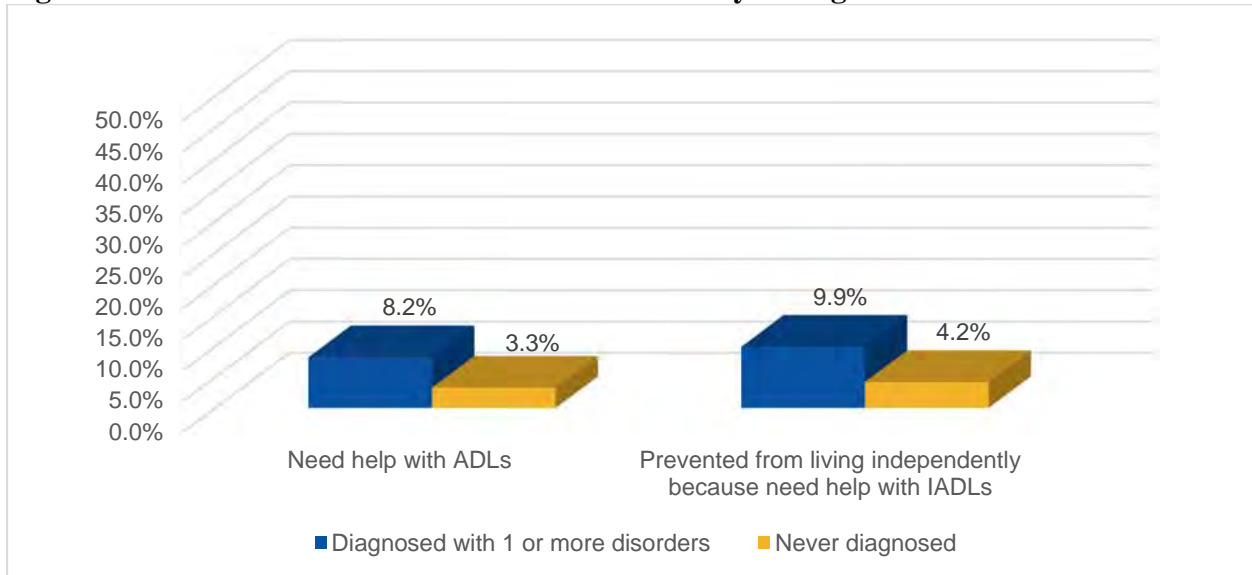
## Senior Daily Care

Seniors who live alone sometimes need assistance with the activities of daily living (ADLs) which are the basic tasks of everyday life such as eating, bathing, dressing, toileting, and transferring oneself from place to place. Inability to perform the ADLs are significant predictors of increased use of physician services, formal paid home care services, and inpatient hospital services; changes in living arrangements; admissions to a nursing home; and increased mortality for seniors.

As illustrated in Figure 42, seniors diagnosed with a mental health disorder are significantly more likely to need help with ADLs than seniors who were never diagnosed with a mental health disorder (8.2% versus 3.3%, respectively). Approximately 2,221 seniors with mental health disorders need assistance with ADLs. Unfortunately, 17.0% of these seniors do not have someone available to assist them with these ADLs.

Additionally, 9.9% of seniors diagnosed with a mental health disorder are prevented from living independently because they need help with Independent Activities of Daily Living (IADLs) such as using the telephone, preparing meals, managing medication and shopping, among others. This is significantly higher than the percent of seniors without a mental health disorder (4.2%). The majority of seniors who need assistance with IADLs had someone available to assist them. However, approximately 13.9% of seniors with diagnosed mental health disorders who needed help with their IADLs do not have the assistance they need.

**Figure 42. Need for Assistance with Activities of Daily Living – 55 +**



## Summary of Adult Mental Health

### *Prevalence of Mental Health Disorders*

There are approximately 355,074 adults age 18 and older living in the Coachella Valley, and approximately 67,623 of them (19%) have been diagnosed with one or more mental health disorders. Depressive disorders are by far the most common. Unfortunately, 8.4% of Coachella Valley adults with a diagnosed mental health disorder (5,633 adults) have seriously considered suicide in the past year.

The rates of mental health diagnoses have remained relatively stable over the years. One exception is the rate of phobia diagnoses, which are significantly higher in 2013 than they were in 2010 (4.7% versus 1.7%, respectively).

The most common treatment for these adults is provided by mental health professionals—46.1% of adults with a diagnosed mental health disorder have visited a mental health professional for treatment of their mental disorder in the past year.

### *Demographics*

Mental illness impacts people of both genders, and reaches across all income levels, education levels, and age groups. This holds true in the Coachella Valley as well. Coachella Valley adults with a diagnosed mental health disorder are significantly more likely than their counterparts without a mental health disorder to be unable to work (17% versus 3%, respectively). This may be due in part to their mental health disorder.

Adults with a diagnosed mental health disorder are also more likely to be single or divorced rather than currently married, which may indicate a lack of a support system. Adults with a mental health disorder are significantly more likely to be LGBT than their counterparts without a mental health disorder (21% versus 12%). It may be that the stigma and discrimination LGBT adults have faced during their lives have caused mental health disorders such as depression, anxiety, or PTSD.

### *Access*

Most adults with a diagnosed mental health disorder have health insurance. There were no significant differences in coverage based on mental health diagnoses—adults with and without a diagnosed mental health disorder were equally likely to have coverage.

### *Utilization*

Most Coachella Valley adults—regardless of their mental health status—have visited a healthcare professional in the past year. However, about 7% of adults with a diagnosed mental health disorder have not visited a healthcare provider in the past 2 years and thus, may not be receiving regular care for their disorder.

About half of Coachella Valley adults with a diagnosed mental health disorder have a doctor as their usual source of care. However, 16% get their usual care at urgent care, and 11% at an



emergency room or hospital, indicating a lack of continuity of care. This is relatively similar to adults without a diagnosed mental health disorder.

Adults with a diagnosed mental health disorder experience more barriers to receiving care than their counterparts without a diagnosed mental health disorder. They are more likely to struggle with transportation, hours of operation, and HMO authorization.

Most Coachella Valley adults with a diagnosed mental health disorder take their medications exactly the way in which the doctor prescribed them. However, about 5% of adults with a diagnosed mental health disorder do not adhere to their medication instructions, and thus, may be receiving less effective treatment or be at risk for negative side effects.

### ***General Health***

Coachella Valley adults with a diagnosed mental health disorder have significantly worse health than their counterparts without a diagnosed mental health disorder. Approximately 30% of adults with a diagnosed mental health disorder rate their health as “fair” or “poor”, compared to only 13% of adults with no diagnosed mental health disorders.

### ***Prevention***

Adults with a diagnosed mental health disorder get important screening exams done regularly, and at about the same frequency (or better) as adults without a diagnosed mental health disorder. This holds true for cholesterol screening, colon cancer screening, breast cancer screening, cervical cancer screening, prostate cancer screening, dental care, and vision care.

### ***Health Behaviors***

Adults with and without a diagnosed mental health disorder are equally likely to drink alcohol—over half of all adults have consumed alcohol in the past month. About a third of all drinkers engage in binge drinking in the past month, which is likely harmful to their mental and physical health. There was no difference in binge drinking rates based on mental health diagnoses.

Coachella Valley adults with diagnosed mental health disorders smoke significantly more than their counterparts without a mental health disorder. They are also more likely to use marijuana for medical purposes.

Sexual activity and precautions against STDs is very similar between the two groups. One exception is that adults with a diagnosed mental health disorder are significantly more likely to have been tested for HIV than their counterparts without a diagnosed mental health disorder.

### ***Major Disease***

Coachella Valley adults with a diagnosed mental health disorder suffer from significantly more major diseases and chronic illnesses than their counterparts without a diagnosed mental health disorder. Specifically, those with a diagnosed mental health disorder also have higher rates of arthritis, osteoporosis, respiratory disease other than asthma, stroke, liver disease, and tuberculosis.

### ***Disability***

Adults with a diagnosed mental health disorder are significantly more likely than their counterparts with no diagnosed mental health disorders to need to use special equipment (“assistive technology”) such as a cane or wheelchair.

### ***Mental Health***

Not surprisingly, adults with a diagnosed mental health disorder are significantly more likely than those without a diagnosed mental health disorder to experience emotional, mental, or behavioral problems. However, there is some overlap worth noting—not all adults with a diagnosed mental health disorder experience such problems (indicating that their disorder does not cause them issues, or that it is well controlled through treatment). Additionally, some adults without a diagnosed mental health disorder do experience emotional, mental, or behavioral problems. This may be due to short-term issues in their life, or it may be symptomatic of an undiagnosed mental health disorder.

### ***Weight and Fitness***

The majority of Coachella Valley adults are “overweight” or “obese”. This holds true for adults with and without a diagnosed mental health disorder. Physical activity is relatively similar between the two groups as well—while many people engage in aerobic exercise, over half of adults do not engage in any strength-training exercises.

### ***Food Insecurity***

Rates of food insecurity are relatively similar when comparing adults with and without a diagnosed mental health disorder. About 17% of adults with a diagnosed mental health disorder have experienced food insecurity, as have 11% of adults without a diagnosed mental health disorder. However, adults with a diagnosed mental health disorder experience these food insecure situations more frequently—nearly every month.

### ***Social and Economic Needs***

Coachella Valley adults with diagnosed mental health disorders were significantly more likely than their counterparts without a diagnosed mental health disorder to need assistance with food, rent, finances, utilities, transportation, and home health care. Levels of need for this population—especially food, utilities, and transportation—is extremely high.

### ***Senior Health***

The senior health section covers adults age 55 and older. Results demonstrate that seniors with diagnosed mental health disorders are more likely than their counterparts without a diagnosed mental health disorder to experience abuse and neglect, and more likely to be taken advantage of financially. They are also less likely to experience adequate social support, making them vulnerable to this type of elder abuse.

Seniors with diagnosed mental health disorders are also more likely to need assistance with their activities of daily living than those without a diagnosed mental health disorder. They are also significantly more likely to be unable to live alone due to the need for assistance.

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## **RESULTS: CHILD MENTAL HEALTH**

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## Prevalence of Mental Health Disorders in Children

Children can suffer from many different mental health problems, such as depression, anxiety, behavior disorders, and attention deficit disorders. These problems can affect the child’s daily life at home and at school. If left untreated, mental health problems can lead to substance abuse and family discord. However, there are many services available, including child psychiatry, pediatric psychology, and child and adolescent medicine.

Many mental health disorders are only identifiable at later stages of child’s development, once their mental capacity can be established. Thus, this section about the mental health of children refers only to children ages 3 to 17. No data in this report pertains to children less than 3 years of age. Some sections may be restricted to older children (for example, the section on school achievement is only applicable to children ages 6 to 17). Ages are noted on tables and charts throughout the report.

There are approximately 66,585 children age 3 to 17 in the Coachella Valley, and approximately 9,771 of them (14.7%) have been diagnosed with one or more mental health disorders. As illustrated in Table 24, the most common mental health disorder is attention deficit disorder and attention deficient hyperactivity disorder (ADD/ADHD).

**Table 24. Prevalence of Mental Health Disorders in Children – Ages 3 to 17**

	Weighted Percent	Population Estimates
Attention deficit disorder (ADD) and Attention deficit hyperactivity disorder (ADHD)	7.1%	4,611
Developmental delay	4.5%	2,898
Mood disorders (depressive or bipolar disorders)	3.2%	2,054
Anxiety disorders (panic disorders, obsessive-compulsive disorders, and phobia)	3.1%	2,027
Eating disorder	2.2%	1,448
Mental retardation	2.0%	1,327
Autism	1.5%	981
Suicidal thoughts	0.7%	427
Other mental health condition	2.6%	1,696

The most common treatment for these children is provided by mental health professionals, as illustrated in Table 25.

**Table 25. Treatment in Past Year – Children with Mental Health Disorders – Ages 3 to 17**

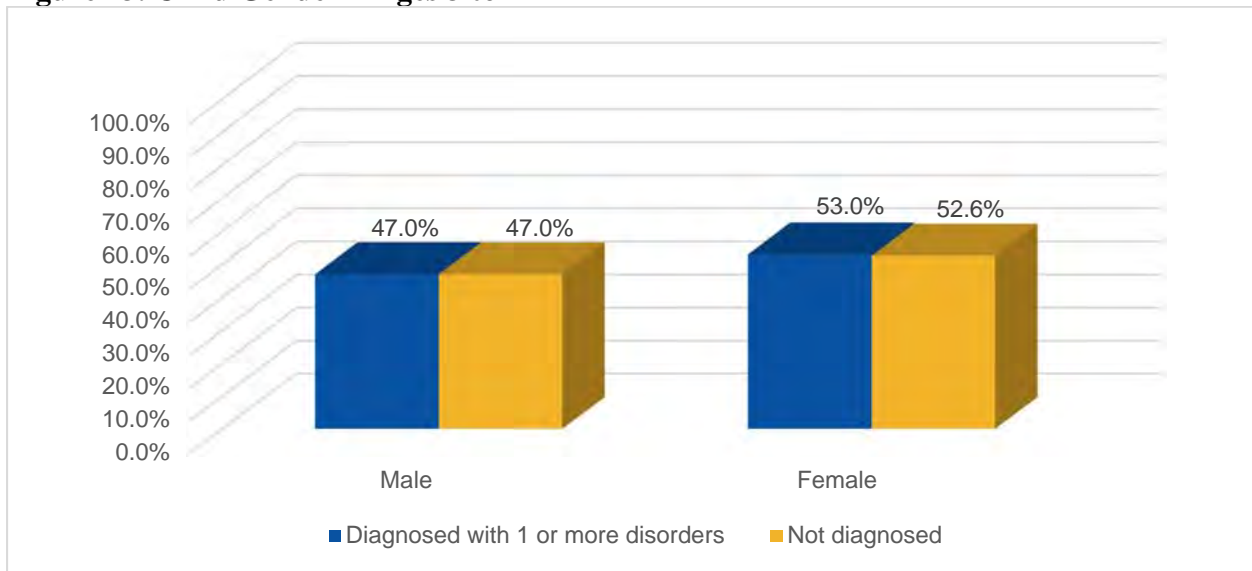
	Weighted Percent	Population Estimate
Visited a mental health professional for mental health condition	34.1%	3,083
Visited a pediatrician or family doctor for mental health condition	18.9%	1,706
Taken any medication for mental health condition	12.6%	1,140
Received psychological counseling for mental health condition	34.1%	3,077

## Child Demographics

### Gender

As illustrated in Figure 43, gender is equally distributed between those children who have been diagnosed with one or more mental health disorders and those who have not been diagnosed.

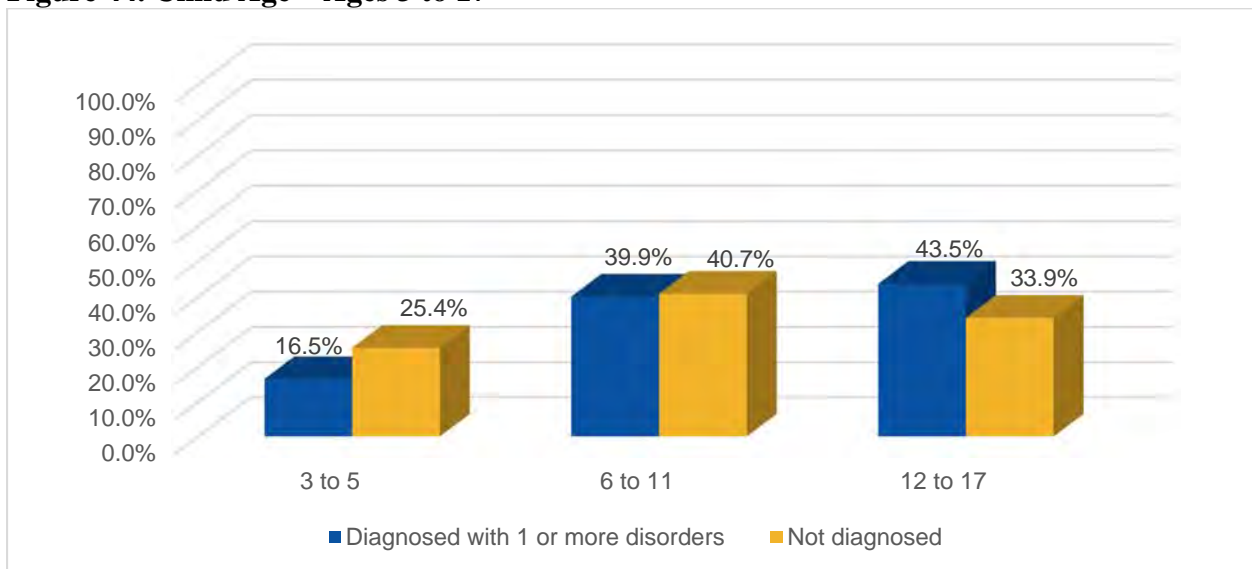
**Figure 43. Child Gender – Ages 3 to 17**



### Age

Most children are diagnosed at age 6 or older, as illustrated in Figure 44. This is likely because mental health disorders are more readily apparent at later stages in a child's development.

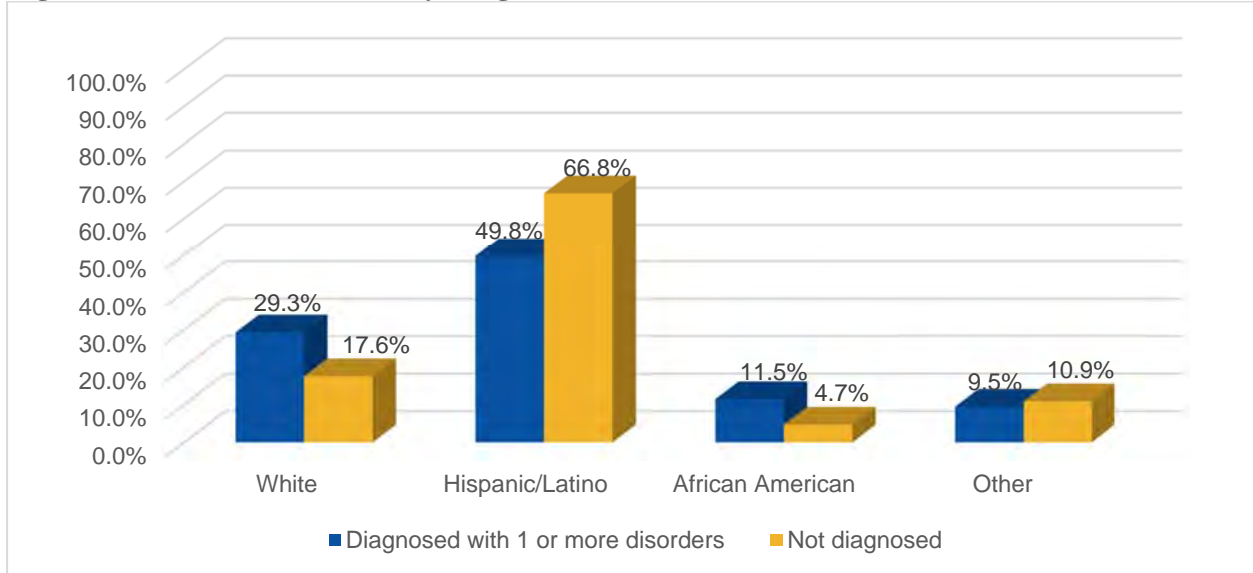
**Figure 44. Child Age – Ages 3 to 17**



## Race/Ethnicity

Overall, most children in the Coachella Valley are Hispanic/Latino. However, this trend isn't directly paralleled for children age 3 and over with a diagnosed mental health disorder, as illustrated in Figure 45. Nearly 30% of children who have been diagnosed with a mental health disorder are Caucasian, although less than 20% of children in the Coachella Valley are Caucasian.

**Figure 45. Child Race/Ethnicity – Ages 3 to 17**

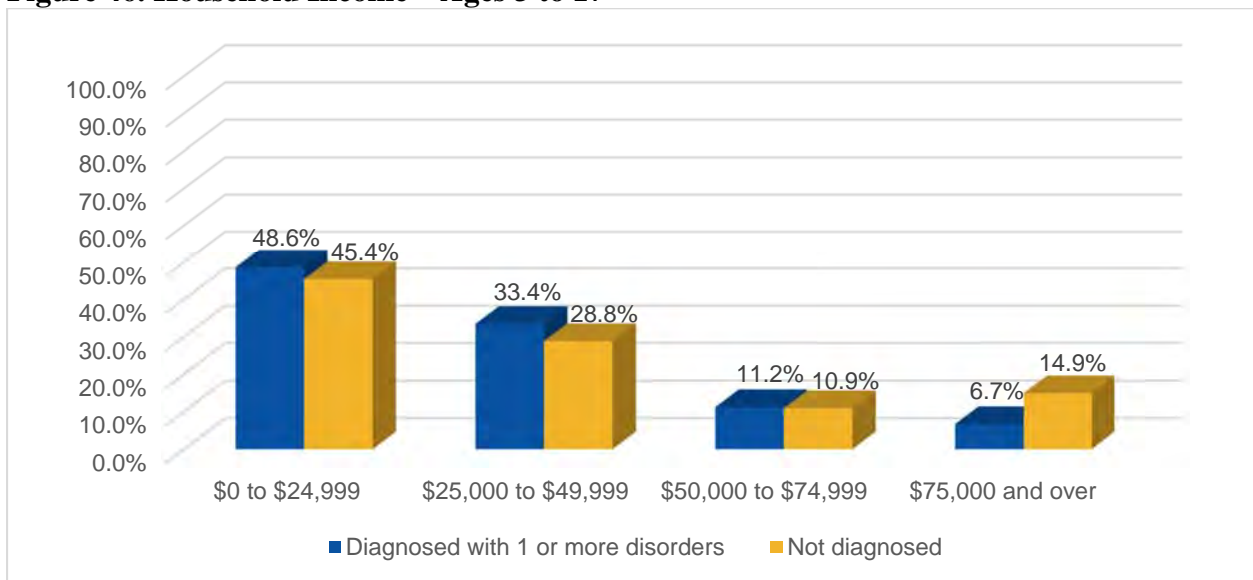


## Socioeconomic Status

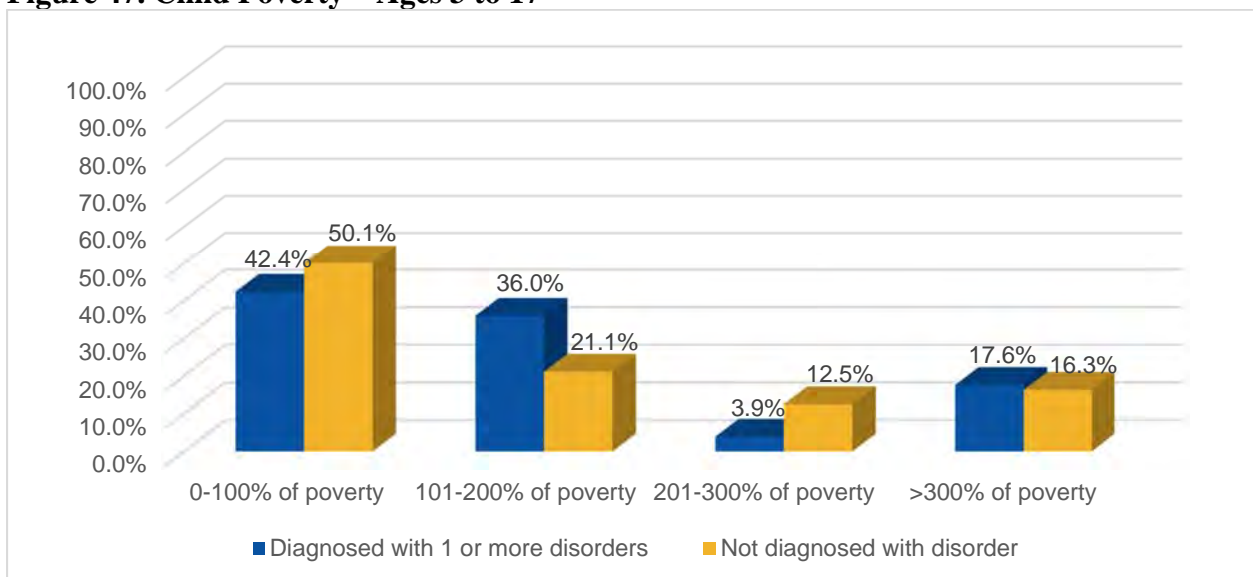
Socioeconomic status (SES) has been shown to be strongly related to health and wellness. Two SES indicators are especially relevant to children: annual household income and poverty level (calculated based on household income and number of people residing in the household, per the Department of Health and Human Services' Federal Poverty Guidelines for 2013).

As illustrated in Figure 46 and 47, mental health disorders did not disproportionately affect children based on income or poverty. The majority of all Coachella Valley children live in households with an annual income below \$50,000 per year. Approximately 42% of children age 3 and older with a mental health disorder live below the federal poverty line.

**Figure 46. Household Income – Ages 3 to 17**



**Figure 47. Child Poverty – Ages 3 to 17**



## Child Access

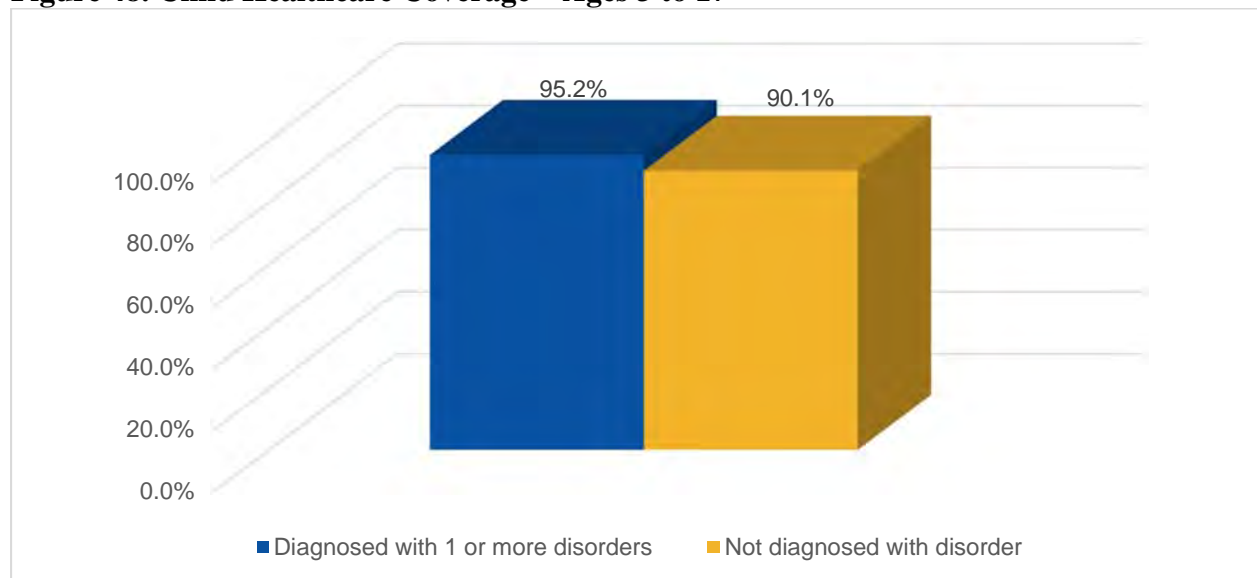
Despite the fact that most children are healthy, they still require health care. Children require check-ups that can identify health problems that may affect their cognitive, emotional, or behavioral development. In addition, children may need health care for acute conditions that could lead to serious complications or chronic conditions that manifest early, such as spina bifida and sickle cell anemia.<sup>42</sup>

### Healthcare Coverage

Because children grow and develop at a quick pace, they are at special risk for illness and injury. Often, health services are expensive, so having health insurance becomes important for children.<sup>43</sup> Children with health insurance are more likely to receive regular checkups and have overall better health. Healthier children exhibit better school performance, gain more out of their education and have a greater chance of strengthening California’s economy. Children without health care coverage are at a greater risk for health problems. Without health insurance coverage, children may be unable to see a healthcare provider when needed.

Fortunately, all children in California are eligible for healthcare coverage under the Medi-Cal program (California’s Medicaid) and/or the Children’s Health Insurance Program (CHIP). As a result, almost all children in the Coachella Valley have health insurance that covers some or all of their health care costs. As illustrated in Figure 48, this is true for children with and without diagnosed mental health disorders. Approximately 95% of children who have been diagnosed with a mental health disorder have some sort of health insurance coverage. This means that approximately 456 children who have been diagnosed with a mental health disorder have no health insurance coverage.

**Figure 48. Child Healthcare Coverage – Ages 3 to 17**



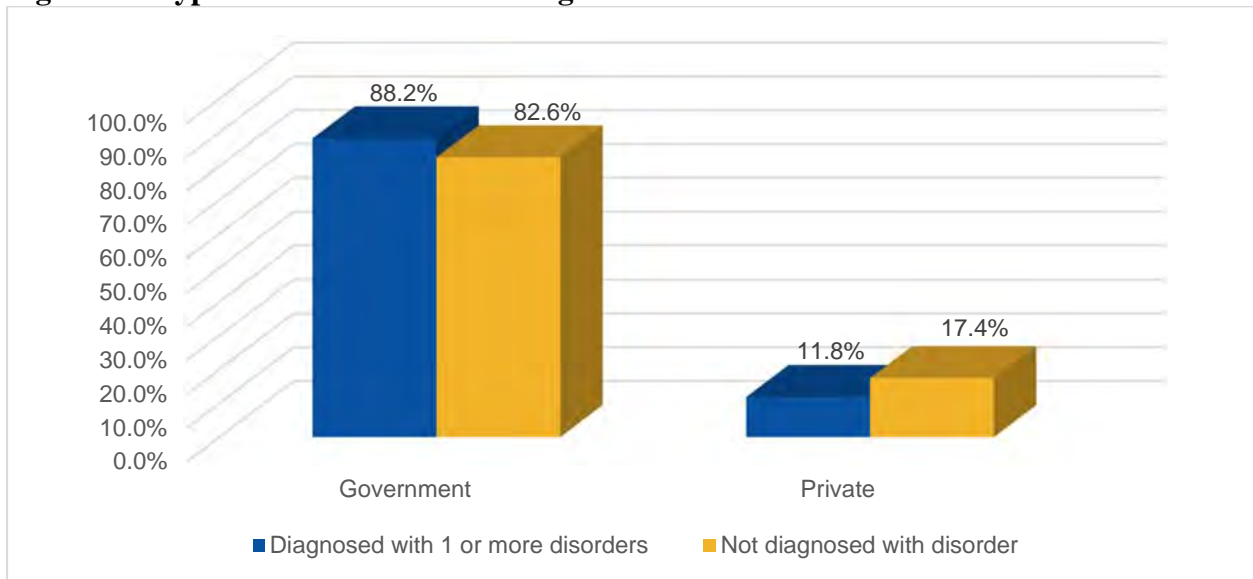
<sup>42</sup> *Health Care and Children*. (2013). State University. <http://education.stateuniversity.com/pages/2034/Health-Care-Children.html#ixzz12qiVvNSo>

<sup>43</sup> Ibid.



Most children in the Coachella Valley live in poverty, and thus, their families are unlikely to be able to afford private health insurance. As a result, most children are covered by governmental programs such as Medi-Cal or CHIP. As illustrated in Figure 49, children with and without diagnosed mental health disorders are equally likely to have governmental insurance. Approximately 88% of covered children who have been diagnosed with a mental health disorder are covered by a governmental insurance plan. Approximately 83% of covered children who have not been diagnosed with a mental health disorder are covered by a governmental insurance plan.

**Figure 49. Type of Health Insurance – Ages 3 to 17**



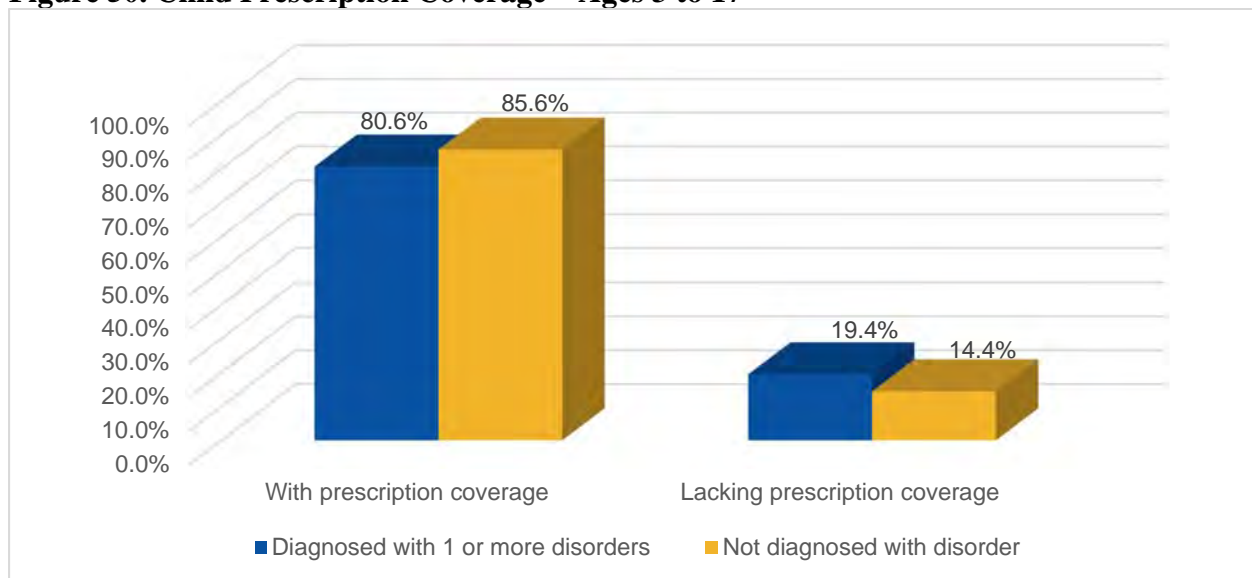
## Prescription Coverage

The ability to obtain prescription medication for children with mental health disorders is critical to maintaining good health and quality of life.

Fortunately, most children in the Coachella Valley have health insurance that covers some or all of the cost of their prescription medications, as illustrated in Figure 50. There are no significant disparities in prescription coverage based on mental health diagnoses.

Overall, about 81% of children with a diagnosed mental health disorder have health insurance coverage that covers some or all of the cost of prescription drugs for the child. However, approximately 1,897 Coachella Valley children with a diagnosed mental health disorder do *not* have prescription coverage, and thus, may be unable to obtain medications that are critical to maintaining their quality of life.

**Figure 50. Child Prescription Coverage – Ages 3 to 17**



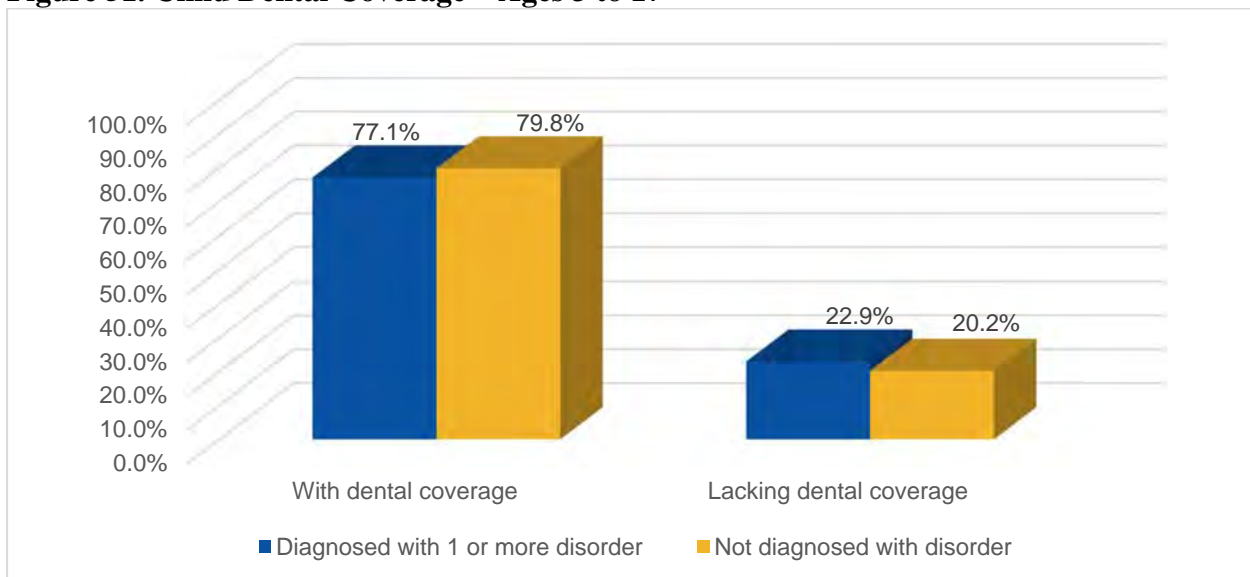
Additionally, approximately 16.4% of children who have been diagnosed with a mental health disorder have been unable to obtain a needed prescription in the past year due to cost.

## Dental Coverage

States are required to provide children covered by Medi-Cal and CHIP with dental benefits.<sup>44</sup> Dental services for children must at least include relief of pain and infections, teeth restoration, and dental health maintenance.

As illustrated in Figure 51, most children age 3 and older in the Coachella Valley have health insurance that covers some or all of the costs of their routine dental care. There are no significant discrepancies in dental coverage based on mental health disorders. Approximately 77% of Coachella Valley children with a diagnosed mental health disorder have some sort of dental coverage. However, 2,209 children who have been diagnosed with a mental health disorder do *not* have dental coverage, and thus, may not be getting regular dental care.

**Figure 51. Child Dental Coverage – Ages 3 to 17**



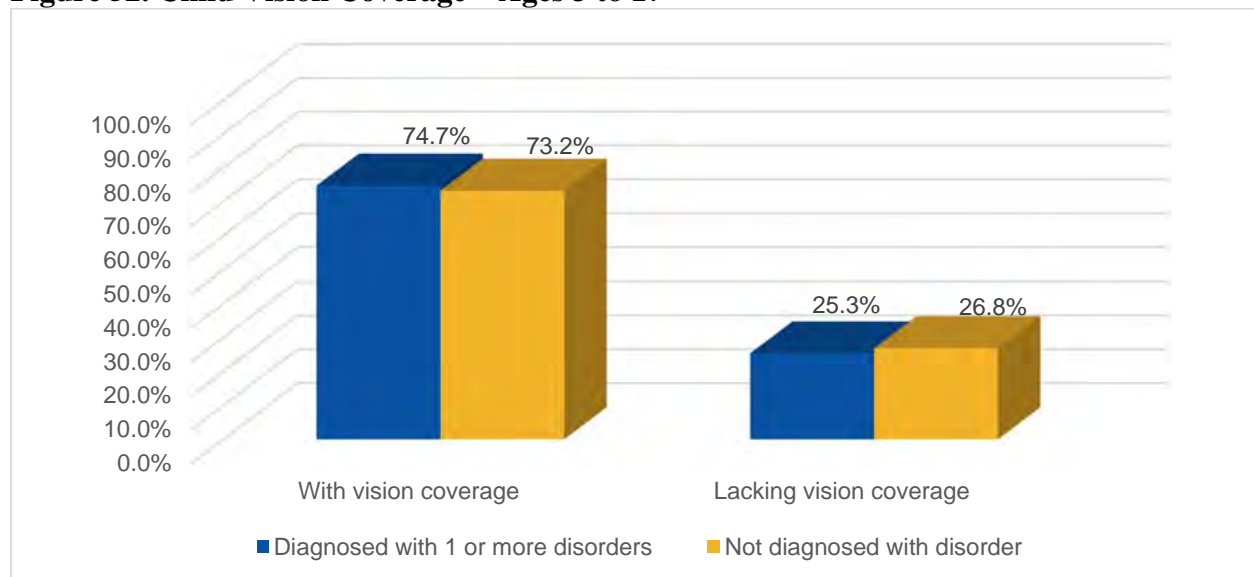
<sup>44</sup> Dental Care for Medicaid and CHIP Employees. (2010). Medicaid. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>

## Vision Coverage

Vision coverage helps children receive vision care, which includes regular eye exams to monitor eye health. Children’s Medi-Cal and CHIP’s comprehensive coverage both offer coverage for eye exams and glasses.<sup>45</sup>

Most children age 3 and older in Coachella Valley have health insurance that covers some or all of the cost of their routine vision care, as illustrated in Figure 52. There is no significant difference in vision coverage based on mental health disorders. Approximately 75% of Coachella Valley children with a diagnosed mental health disorder have vision coverage. However, this means that approximately 2,314 children with a diagnosed mental health disorder have no vision coverage, and may not be receiving adequate eye health monitoring.

**Figure 52. Child Vision Coverage – Ages 3 to 17**



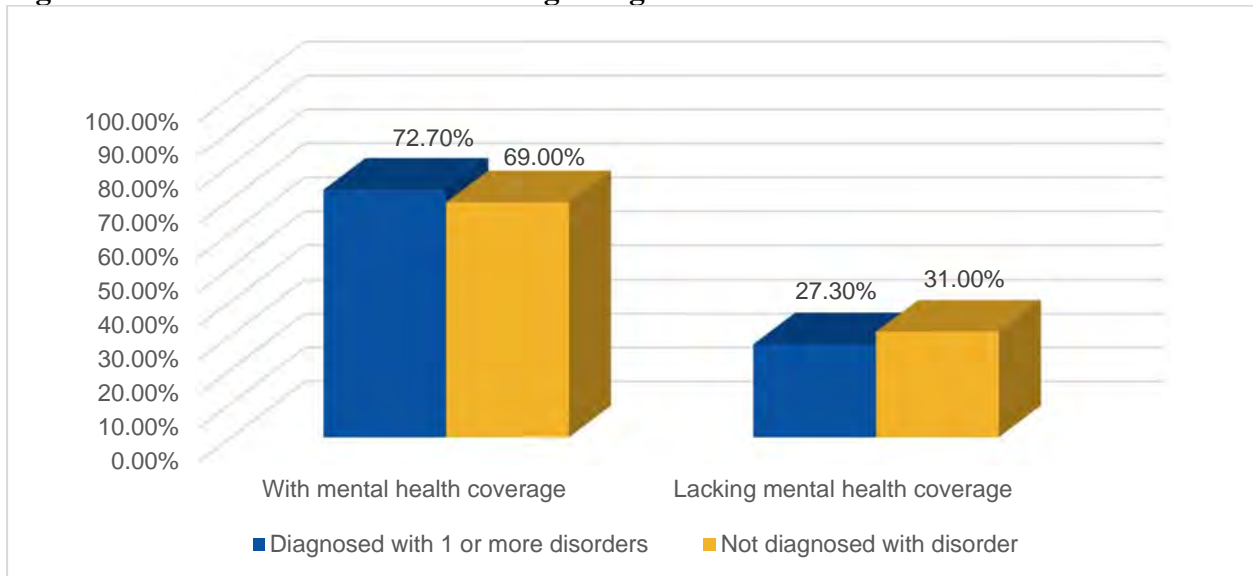
<sup>45</sup> What's Covered. (2013). CHIP and Children's Medicaid. <http://www.chipmedicaid.org/en/Benefits>

## Mental Health Coverage

Mental health coverage is especially important for children who have been diagnosed with one or more mental health disorders. Fortunately, the common sources of governmental health insurance, children’s Medi-Cal and CHIP, both provide access to mental health care.<sup>46</sup> Since most children age 3 and over in the Coachella Valley are covered through governmental sources, this means that most do have insurance that will cover some or all of their mental health expenses, as illustrated in Figure 53.

Children with a diagnosed mental health disorder are equally likely to have mental health coverage as their counterparts who have not been diagnosed with a mental health disorder. Approximately 73% of children with a diagnosed mental health disorder have health insurance that covers some or all of the cost of their mental healthcare. However, 2,305 Coachella Valley children with a diagnosed mental health disorder do not have mental health care coverage, and thus, are likely not getting the care they need for their specific disorder.

**Figure 53. Child Mental Health Coverage – Ages 3 to 17**



<sup>46</sup> What's Covered. (2013). CHIP and Children's Medicaid. <http://www.chipmedicaid.org/en/Benefits>

## Child Utilization

### *Routine Care*

Regular visits to the doctor are essential for ensuring that a child is healthy and safe. Routine care is important because it helps to foster a relationship between the child and the health care provider. Additionally, children who regularly see a pediatrician have the opportunity to be screened for proper growth and development—and early detection means early treatment. Lack of appropriate physician guidance may result in delays in diagnosis and appropriate intervention.

As illustrated in Table 26, nearly all Coachella Valley children age 3 and over have been to the doctor within the past year. This did not vary based on mental health status; that is, those children who have been diagnosed with a mental health disorder were equally likely to have visited a healthcare provider recently, when compared to the children who have not been diagnosed with a mental health disorder.

**Table 26. Child’s Most Recent Visit to a Healthcare Provider – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months	71.6%	6,993	68.6%	38,402
6 months to <1 year	16.8%	1,644	22.8%	12,755
1 year to <2 years	4.9%	480	4.8%	2,703
2 years to <5 years	3.6%	355	3.3%	1,865
5 or more years ago	2.0%	197	0.2%	95
Never	1.0%	102	0.3%	176
<b>Total</b>	<b>100.0%</b>	<b>9,771</b>	<b>100.0%</b>	<b>55,996</b>

Results show that Coachella Valley children age 3 and older visit the healthcare providers for differing reasons. For children who have not been diagnosed with a mental health disorder, their most recent visit to a healthcare provider was likely for a routine check-up or school physical, as illustrated in Table 27. This is significantly more common than for children who have been diagnosed with one or more mental health disorders.

This discrepancy is because children who have been diagnosed with one or more mental health disorders are more likely than their counterparts without mental health diagnoses to have visited the healthcare provider for treatment of a chronic illness or other reasons. Both of these categories may well be inclusive of visits to treat mental health disorders, thereby explaining the differences.

**Table 27. Reason for Most Recent Visit to a Healthcare Provider – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Routine check-up/school physical/preventive care	37.0%	3,197	58.8%	30,075
Treatment of acute illness	31.2%	2,692	25.3%	12,931
Treatment of chronic illness	14.2%	1,225	7.1%	3,611
Treatment of injury	4.5%	389	4.6%	2,349
Other	13.1%	1,135	4.3%	2,192
<b>Total</b>	<b>100.0%</b>	<b>8,637</b>	<b>100.0%</b>	<b>51,157</b>

As illustrated in Table 28, parents/guardians of children with a mental health disorder tend to experience more difficulty with their provider visits than their counterparts with children who have not been diagnosed with a mental health disorder. The most common difficulty for parents overall is the amount of time spent waiting to see the healthcare provider.

**Table 28. Difficulties Experienced During Child’s Last Provider Visit – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Amount of time spent waiting to see the healthcare provider	33.2%	2,871	23.8%	12,030
Amount of time to get an appointment	23.0%	1,983	12.7%	6,492
Attitude of office staff	18.3%	1,579	13.5%	6,875
Attitude of doctor or healthcare provider	8.2%	708	8.3%	4,210

Despite these difficulties, most parents/guardians are at least satisfied with the healthcare their child received recently, as illustrated in Table 29. Overall, parents of children who have not been diagnosed with a mental health disorder seem to be slightly more satisfied than parents of children with one or more diagnosed mental health disorders, but the difference is not large, nor is it statistically significant.

**Table 29. Satisfaction with Child’s Recent Healthcare – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Very satisfied	39.7%	3,428	38.2%	19,454
Satisfied	37.8%	3,265	49.4%	25,165
Neither satisfied nor dissatisfied	11.3%	973	6.8%	3,476
Dissatisfied	9.9%	857	4.8%	2,450
Very dissatisfied	1.3%	114	.7%	378
<b>Total</b>	<b>100.0%</b>	<b>8,637</b>	<b>100.0%</b>	<b>50,923</b>

Approximately 9.9% of children with a diagnosed mental health disorder (951 children) had a medical test or treatment delayed or denied in the past year. This is more than double the rate for children with no diagnosed mental health disorders--approximately 3.0% of these children (1,702 children) had the same experience. Thus, Coachella Valley children with diagnosed mental health disorders may not be receiving timely care.



## Child General Health

General health can be an excellent approximation of overall wellness. As illustrated in Table 30, children who have never been diagnosed with a mental health disorder were significantly more likely to be in “excellent” health than children who have been diagnosed with one or more mental health disorders. Specifically, only 12.8% of children with a diagnosed mental health disorder are considered to be in excellent health by their parents/guardians. This may be due to their mental health diagnoses. Similarly, the proportion of children with diagnosed mental health disorders whose health is “fair” or “poor” is more than doubled the proportion for children with no diagnosed mental health disorders—8.4% versus 4.1%, respectively.

**Table 30. Child General Health – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	12.8%	1,251	44.1%	24,798
Very good	42.5%	4,151	27.9%	15,708
Good	36.3%	3,549	23.9%	13,470
Fair or poor	8.4%	820	4.1%	2,314
<b>Total</b>	<b>100.0%</b>	<b>9,771</b>	<b>100.0%</b>	<b>56,290</b>

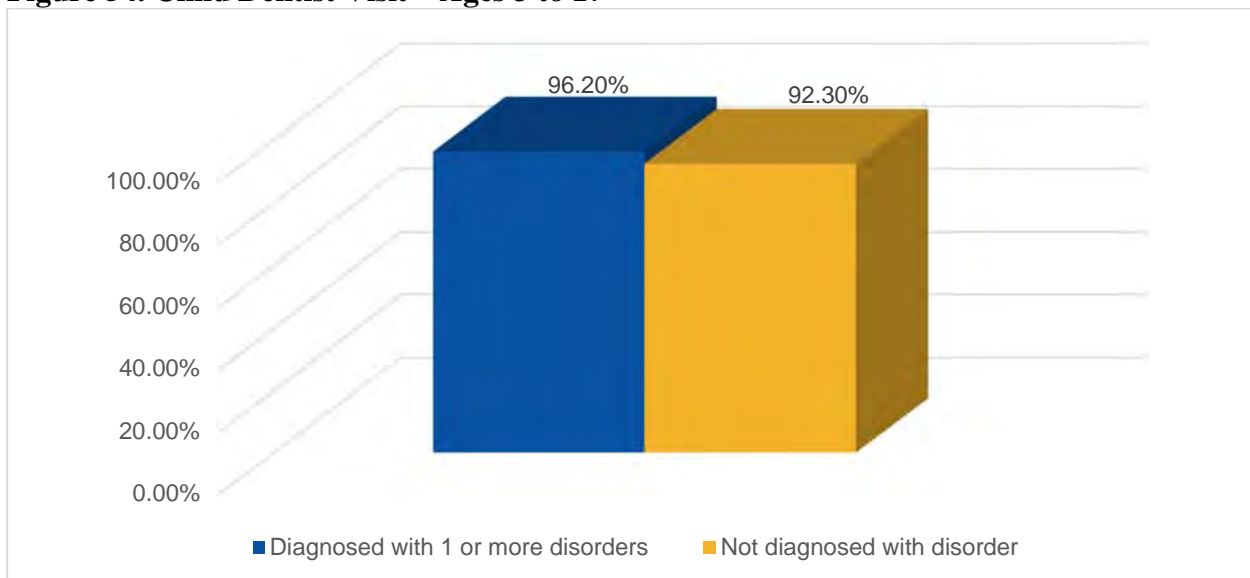
## Child Prevention

### Dental and Oral Health

Developing good habits and oral hygiene at an early age can help a child have healthy teeth for life. Regular dental check-ups are important, as a dentist can monitor the child’s dental development and advise on proper oral hygiene.

As illustrated in Figure 54, the majority of all Coachella Valley children ages 3 and above have been to a dentist at least once. This does not differ based on mental health diagnoses. Approximately 96% of children with a diagnosed mental health disorder have visited the dentist before.

**Figure 54. Child Dentist Visit – Ages 3 to 17**



Generally, it is recommended that children visit the dentist at least once per year. As illustrated in Table 31, most Coachella Valley children are in compliance with this guideline, indicating they are probably receiving adequate dental care. However, nearly 800 children with a diagnosed mental health disorder have not been to see a dentist in over a year, and thus, should have a check-up as soon as possible.

**Table 31. Time since Last Dentist Visit – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months	69.0%	6,322	62.5%	32,245
Six months to less than one year	22.4%	2,057	26.5%	13,603
One year to less than two years	3.4%	316	5.4%	2,773
Two years to less than five years	5.1%	471	5.4%	2,787
<b>Total</b>	<b>100.0%</b>	<b>9,167</b>	<b>100.0%</b>	<b>51,408</b>

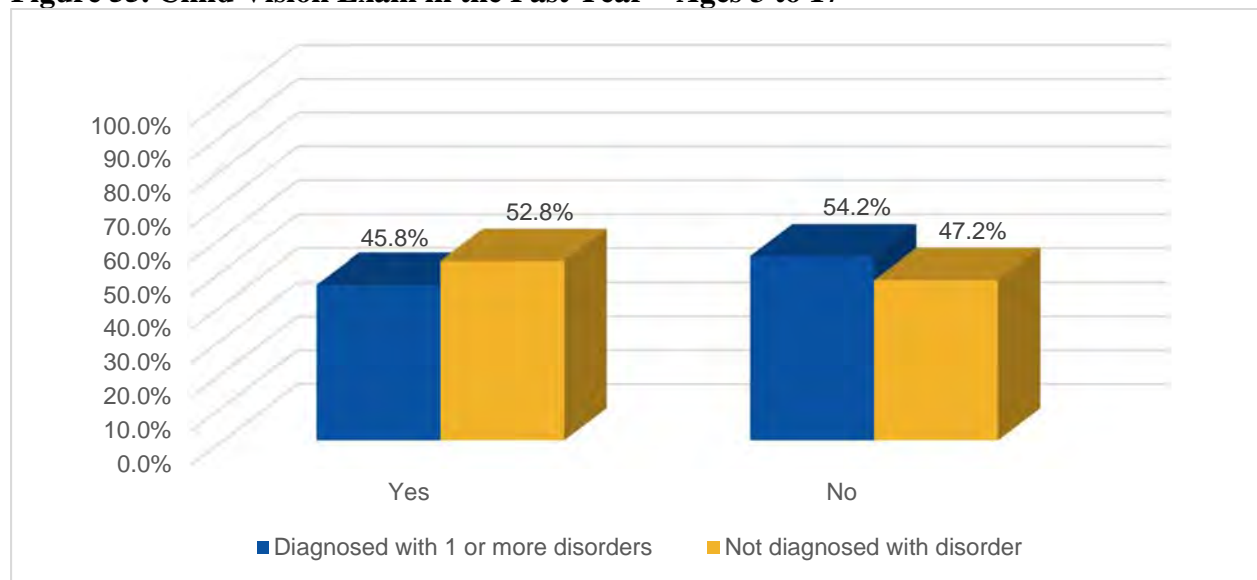
## Vision Exam

Healthy vision is important for a developing child as the inability to see may affect the child in multiple areas, including learning at school. A vision exam can determine whether or not a child needs corrective lenses. Typically, children, especially those with a family history of eye problems or those with eye irregularities, should have regular vision exams with an eye doctor.

Excluding any exams which may occur during school, about half of Coachella Valley children have had a vision exam by an ophthalmologist or optometrist within the past year, as illustrated in Figure 55. Children with diagnosed mental health disorders were not significantly different from children with no diagnosed mental health disorders in relation to vision exams.

Approximately 5,238 Coachella Valley children with a diagnosed mental health disorder have not had a vision exam in the past year, and thus, are due for a check-up.

**Figure 55. Child Vision Exam in the Past Year – Ages 3 to 17**



## Vaccinations

Vaccinations can protect a child from potentially fatal diseases by encouraging the immune system to create antibodies against certain diseases. A vaccination usually involves injecting a weakened or dead microorganism into the body in order to encourage the production of antibodies against that microorganism. The schedule for vaccinations can be found on the CDC's website.<sup>47</sup>

Some parents have concerns about the rare side effects that are associated with some vaccinations. However, this level of concern did not differ significantly based on their child's mental health status: parents of children with a diagnosed mental health disorder had similar levels of concern as those parents of children with no diagnosed mental health disorders.

It is worth noting that approximately 14% of parents are "very concerned" about the potential risks associated with vaccination, as illustrated in Table 32. Outreach may be necessary to reassure these parents and ensure that they do obtain important vaccinations for their child.

**Table 32. Level of Parental Concern about Vaccinations – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Very concerned	14.3%	1,392	14.0%	7,727
Concerned	10.1%	987	11.7%	6,451
Somewhat concerned	18.8%	1,833	21.6%	11,907
Not at all concerned	56.9%	5,559	52.7%	29,704
<b>Total</b>	<b>100.0%</b>	<b>9,771</b>	<b>100.0%</b>	<b>55,159</b>

<sup>2</sup> Immunization Schedules. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/vaccines/schedules/>

## *Safety and Injury Prevention*

Wearing a helmet while riding a bicycle or other wheeled sporting equipment is the single most effective way of reducing head injuries and fatalities resulting from crashes.<sup>48</sup>

However, as illustrated in Table 33, many Coachella Valley children are not protected by helmets when using wheeled sports equipment. Helmet habits did not vary significantly based on mental health status; that is, children with diagnosed mental health disorders were just as likely to wear a helmet as children without diagnosed mental health disorders. Of note, 1,646 children with diagnosed mental health disorders never use a helmet when biking/skating, and thus may be at risk for cranial injuries.

**Table 33. Child Helmet Use – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Always	32.4%	3,166	30.4%	16,896
Nearly always	2.4%	231	9.7%	5,358
Sometimes	8.8%	861	5.8%	3,225
Seldom	9.3%	913	4.8%	2,663
Never	16.8%	1,646	17.8%	9,857
Never rides a bicycle/scooter/skateboards/skates	30.2%	2,955	31.5%	17,504
<b>Total</b>	<b>100.0%</b>	<b>9,771</b>	<b>100.0%</b>	<b>55,504</b>

<sup>48</sup> Helmet Use Saves Lives (2006). World Health Organization. <http://www.who.int/mediacentre/news/releases/2006/pr44/en/>

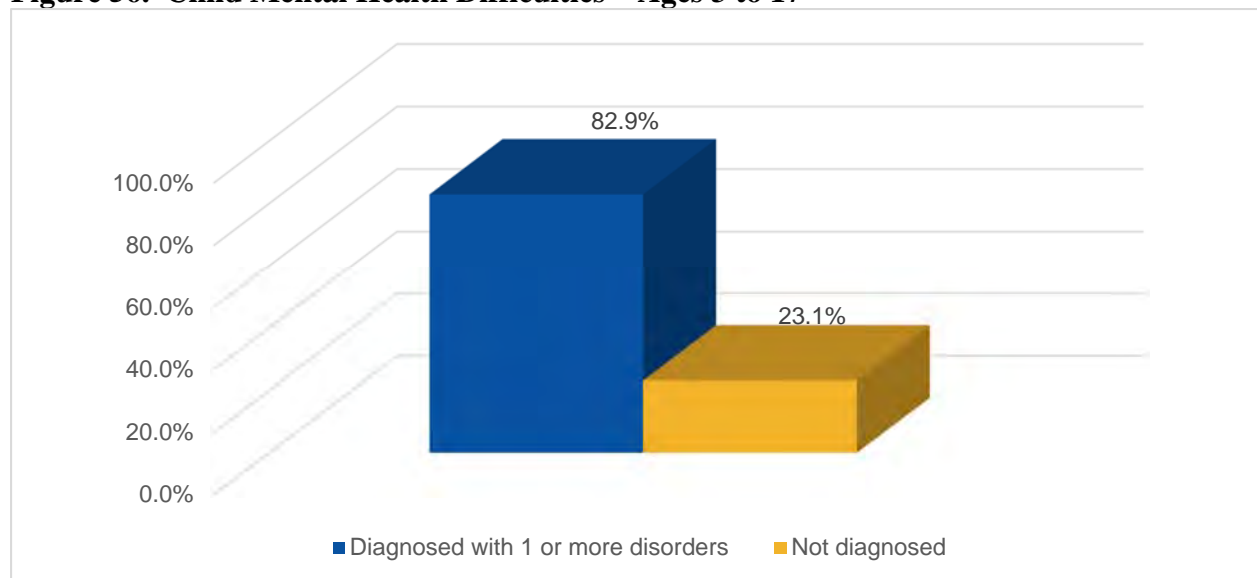
## Child Mental Health Difficulties

To assess overall socialization, parents/guardians were asked, “Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?” Results show that children with a diagnosed mental health disorder have significantly more difficulties than those without a diagnosed mental health disorder, as illustrated in Figure 56. Approximately 83% of children with a diagnosed mental health disorder experience difficulties with emotions, concentration, behavior, and/or socialization. This is likely due to their mental health disorder.

It is worth noting, however, that not all children with a mental health disorder have these difficulties—17.1%, or 1,563 children do not experience these difficulties. It may be that these children have their difficulties under control by virtue of therapy, medication, or other treatments, or that their particular mental health disorder does not impact their emotions, concentration, behavior, or socialization skills.

It is also worth noting that about 23% of children who have not been diagnosed with a mental health disorder experience difficulties with emotions, concentration, behavior, and/or socialization. This may potentially be due to undiagnosed mental health disorders.

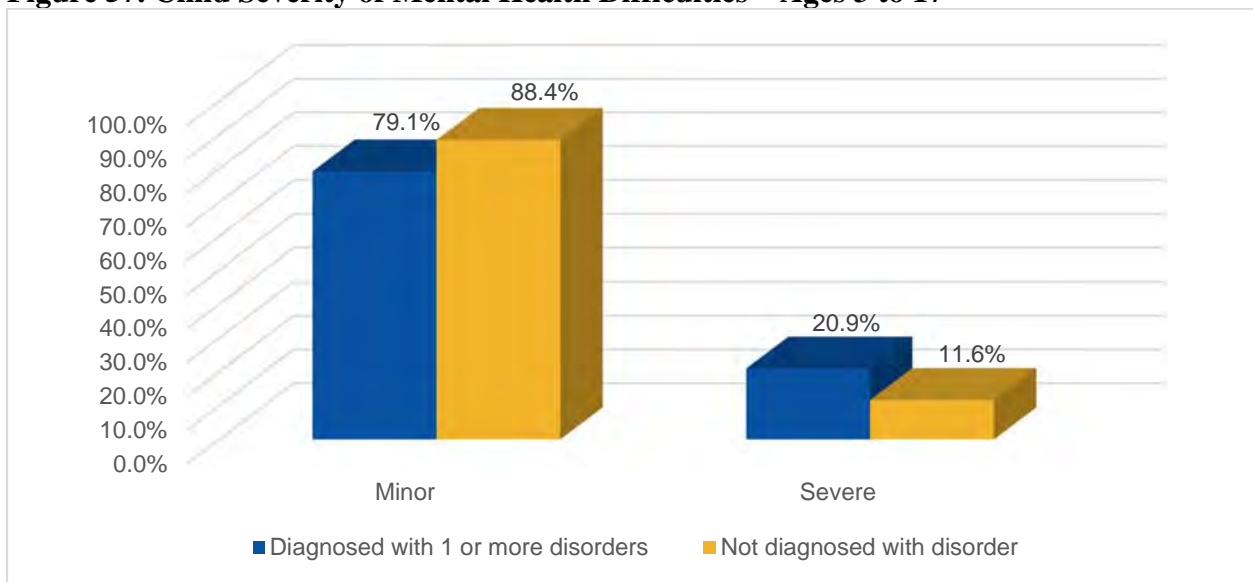
**Figure 56. Child Mental Health Difficulties – Ages 3 to 17**



Fortunately, most children with these difficulties experience them in a minor way, as illustrated in Figure 57. This does not differ based on diagnosed mental health disorder; most children with a diagnosed mental health disorder who experience such difficulties have only minor difficulties, which is also true for children with no diagnosed mental health disorders.

However, approximately 1,577 children with diagnosed mental health disorders and 1,222 children with no diagnosed mental health disorders experience severe difficulties with emotions, concentration, behavior, and/or socialization skills, and likely need high levels of assistance with these issues in order to function successfully.

**Figure 57. Child Severity of Mental Health Difficulties – Ages 3 to 17**



## Child Weight, Nutrition and Physical Activity

### Weight Status

According to the CDC, in the past 30 years, childhood obesity has more than doubled (and tripled in adolescents).<sup>49</sup> Childhood obesity can have a negative impact on both immediate and long-term health. Obese youth are more likely to have pre-diabetes, which presents a high risk of developing diabetes, and are at a greater risk for high cholesterol, high blood pressure, bone and joint problems, and social and psychological problems including stigmatization and low self-esteem.<sup>50</sup> In addition, obese youth are more likely to be obese as adults, heightening their risk for heart disease, type 2 diabetes, stroke, and different types of cancer.<sup>51</sup>

Body Mass Index (BMI) is a reliable indicator of body fatness for most people. Individuals with a BMI outside of the healthy range (that is, either underweight or overweight/obese) should consult to a healthcare provider about their weight. BMI is a useful screening tool, but is not diagnostic of obesity or health.

BMI is calculated from a person’s height and weight. For children and teens, BMI is age- and gender-specific. The BMI number is compared to the CDC’s BMI-for-age growth charts for each gender to obtain a percentile ranking, which is then translated into four categories: underweight, healthy weight, overweight, and obese.<sup>52</sup>

As illustrated in Table 34, obesity is a major problem for children in the Coachella Valley. It appears that children with a diagnosed mental health disorder are slightly more likely than children without a diagnosed mental health disorder to be obese instead of a healthy weight. However, this difference is not statistically significant, and thus, may just be an artifact of the sample. Regardless, it is clear that obesity is a problem for all children—those with diagnosed mental health disorders, and those without.

**Table 34. Child BMI Categories – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight (at or below 5 <sup>th</sup> percentile)	12.2%	743	10.3%	3,165
Healthy weight (5 <sup>th</sup> to 84 <sup>th</sup> percentile)	37.5%	2,289	50.6%	15,539
Overweight (85 <sup>th</sup> to 94 <sup>th</sup> percentile)	14.9%	910	13.2%	4,050
Obese (at or above 95 <sup>th</sup> percentile)	35.4%	2,159	25.9%	7,948
<b>Total</b>	<b>100.0%</b>	<b>6,100</b>	<b>100.0%</b>	<b>30,702</b>

<sup>49</sup> Adolescent and School Health: Childhood Obesity. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyyouth/obesity/facts.htm>

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

<sup>52</sup> About BMI for Children and Teens: Centers for Disease Control and Prevention. [http://www.cdc.gov/healthyweight/assessing/bmi/childrens\\_bmi/about\\_childrens\\_bmi.html](http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html)



## *Parent Perception of Weight*

Behavior change in children (such as increasing activity or decreasing caloric intake) is often dependent on the child’s parents/guardians. Most children eat food that their parent has bought, prepared, and served, and thus, their weight is somewhat dependent on the actions of the parent. Thus, parental understanding of obesity is an important first step towards reducing obesity in their own child.

Parent/guardians were asked, “Do you consider your child to be overweight, underweight, or about the right weight?” As illustrated in Table 35, parents of children with diagnosed mental health disorders had fairly accurate perceptions of their child’s weight status, when compared to their actual BMI categories in Table 34. In contrast, nearly all parents of children without diagnosed mental health disorders believe their child to be a healthy weight—when in reality, only half are.

Specifically, 30% of parents/guardians of children with a diagnosed mental health disorder believe their child is overweight, compared to only 14% of parents/guardians of children without a diagnosed mental health disorder. While both sets of parents underestimate the prevalence of obesity, parents/guardians of children with a diagnosed mental health disorder have a slightly more accurate estimation.

Overall, parents need to be better educated about obesity so that they can recognize it in their own children and take steps to change behaviors and get the child into a healthier weight.

**Table 35. Parent/Guardian Perception of Child Obesity – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight	15.6%	1,490	5.1%	2,789
About the right weight	54.3%	5,184	80.9%	44,520
Overweight	30.1%	2,873	14.0%	7,703
<b>Total</b>	<b>100.0%</b>	<b>9,547</b>	<b>100.0%</b>	<b>55,011</b>

## Physical Activity

Physical activity is an important part of childhood and adolescence as regularly active youth have less risk of developing chronic diseases and are more likely to have a healthy adulthood. Regular activity helps combat obesity and promotes cardiorespiratory fitness and may even reduce symptoms of anxiety and depression. The CDC recommends that children and adolescents should do an hour or more of age-appropriate physical activity per day.<sup>53</sup>

To assess physical activity in children, parents/guardians of children ages 6 and older were asked, “Not including school physical education, how many days of the past seven days was your child physically active for at least 60 minutes?” As illustrated in Table 36, the majority of school-aged Coachella Valley children do not get the requisite hour of physical exercise each day. This did not differ significantly based on mental health diagnoses—children with a mental health diagnoses were equally likely to have adequate physical activity as those children without a diagnosed mental health disorder.

Approximately 26% of children ages 6 to 17 with a diagnosed mental health disorder engaged in the recommended level of physical activity. In contrast, 15% did not exercise an hour a day on any day in the preceding week—indicating that they especially need to increase their levels of physical activity in order to maintain health and wellness.

**Table 36. Days Active Outside of School for at least 60 Minutes – Age 6 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	15.3%	1,231	12.2%	4,900
1 to 2	25.7%	2,073	19.2%	7,675
3 to 4	16.1%	1,299	21.7%	8,659
5 to 6	16.9%	1,364	9.9%	3,972
7	25.9%	2,087	37.0%	14,833
<b>Total</b>	<b>100.0%</b>	<b>8,055</b>	<b>100%</b>	<b>40,038</b>

<sup>53</sup> *How Much Physical Activity Do Children Need?* (2011). Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html>

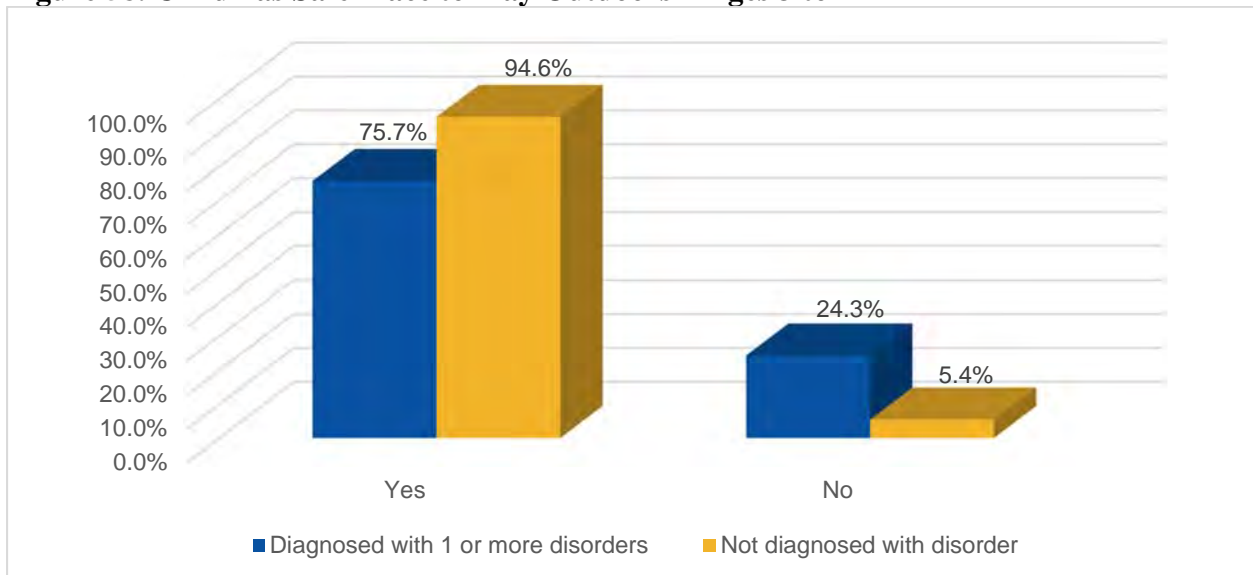
## Outdoor Activity and Safety

It is difficult to obtain an adequate amount of physical exercise in a dangerous neighborhood, as safety concerns trump obesity concerns. To assess this, parents/guardians were asked, “Do you feel your child has a safe place to play outdoors?”

Nearly a quarter of children with diagnosed mental health disorders did not have a safe place to play outdoors, as illustrated in Figure 58. In contrast, only 5% of children without a diagnosed mental health disorder lacked a safe place to play outdoors. Thus, it may be especially difficult for children with diagnosed mental health disorders to get adequate exercise in a safe outdoor environment.

This discrepancy may be due to geography—that is, children with diagnosed mental health disorders live in different (less safe) neighborhoods than children without diagnosed mental health disorders. It may also be a function of the child’s mental capacity—that is, children with a diagnosed mental health disorder may need different things to make their environment safe than those children without a diagnosed mental health disorder. For example, parents/guardians may perceive that a child with a developmental delay is more at-risk in a public park filled with strangers than a child without a developmental delay in the same setting.

**Figure 58. Child has Safe Place to Play Outdoors – Ages 3 to 17**



## Nutrition

A healthy diet is important for the growth and development of children. In addition, it also helps prevent obesity and adult chronic diseases, which, as illustrated in previous sections, is a major concern for Coachella Valley children.

### Fast Food

According to the Dietary Guidelines for Americans (2010), children and adolescents who eat out often are at an increased risk for weight gain or obesity. This is especially true if these children are eating out at fast food restaurants, where the calories of menu items are often extremely high, while nutritional content is relatively low. Communities with a higher number of fast food restaurants have been shown to often have higher BMIs.<sup>54</sup>

As illustrated in Table 37, most Coachella Valley children ate fast food at least once in the preceding week. Frequency of fast food consumption did not differ significantly by mental health diagnoses—children with and without a diagnosed mental health disorder had similar rates of consumption of fast food. It is worth noting that approximately 3% of Coachella Valley children with a diagnosed mental health disorder are eating fast food at least once a day every day of the week, and thus, are at a high risk for obesity, diabetes, and other nutrition-related health issues.

**Table 37. Fast Food Consumption in Past Week – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	29.8%	2,878	24.3%	13,360
1 to 2	53.8%	5,193	60.1%	33,073
3 to 4	7.4%	713	7.0%	3,864
5 to 6	5.9%	561	6.0%	3,286
7 or more	3.2%	306	2.8%	1,496
<b>Total</b>	<b>100.0%</b>	<b>9,650</b>	<b>100.0%</b>	<b>55,080</b>

<sup>54</sup> *Dietary Guidelines for Americans, 2010*. (2010). U.S. Department of Agriculture and U.S. Department of Health and Human Services. <http://health.gov/dietaryguidelines/dqa2010/dietaryguidelines2010.pdf>

### *Milk Consumption*

Consumption of milk and/or dairy is important for growing children to develop strong bones. The American Heart Association recommends that children ages 1 to 8 consume 2 cups of milk, or equivalent dairy, each day. This rises to 3 cups for children 9 to 18.<sup>55</sup>

As illustrated in Table 38, over half of Coachella Valley children ages 3 to 17 consumed 2 to 3 glasses of milk a day (including chocolate, goat, and/or lactose-free milks, excluding vegetable milks such as soy, rice, or almond milk). However, a large proportion of children did not get the recommended amount of milk.

**Table 38. Milk Consumption – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
0 to 1 glasses	42.7%	4,062	39.2%	20,704
2 to 3 glasses	50.1%	4,770	50.7%	26,763
4 or more glasses	7.2%	681	10.0%	5,231
<b>Total</b>	<b>100.0%</b>	<b>9,513</b>	<b>100.0%</b>	<b>52,699</b>

### *Breakfast*

As illustrated in Table 39, most children eat breakfast at home or at school, indicating that they are starting their day off with at least some nutrition. Breakfast habits do not vary significantly based on mental health status—children with and without diagnosed mental health disorders are equally likely to eat their breakfasts at home and at school. It is concerning that approximately 3% of Coachella Valley children with a diagnosed mental health disorder do not have breakfast in the morning. This may make it hard for them to focus during the school day, and difficult for them to succeed.

**Table 39. Place Where Child Eats Breakfast – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
At home	70.0%	6,836	70.7%	39,035
At school	26.6%	2,599	25.2%	13,937
At a daycare provider's or neighbor's house	----	----	1.7%	914
Does not eat breakfast	3.4%	336	2.4%	1,348
<b>Total</b>	<b>100.0%</b>	<b>9,771</b>	<b>100.0%</b>	<b>55,235</b>

<sup>55</sup> American Heart Association. Dietary Recommendations for Healthy Children. Last updated on January 12, 2015. Available online at: [http://www.heart.org/HEARTORG/GettingHealthy/Dietary-Recommendations-for-Healthy-Children\\_UCM\\_303886\\_Article.jsp](http://www.heart.org/HEARTORG/GettingHealthy/Dietary-Recommendations-for-Healthy-Children_UCM_303886_Article.jsp)

*Dinner Together*

Young children who eat dinner at home with family are known to have a lower likelihood of being overweight or obese.<sup>56</sup> To assess this, parents/guardians were asked, “How many times a week do you sit down together to eat dinner with your family?” As illustrated in Table 40, the majority of Coachella Valley children eat dinner together with their families every night of the week. This does not differ based on mental health diagnoses—children with and without a diagnosed mental health disorder are equally likely to eat dinner with their family together each night of the week. It is worth noting that approximately 5% of children with a diagnosed mental health disorder do not eat dinner with their families at all, thereby putting them at risk for obesity as well as a lack of family ties generated by spending this important time together.

**Table 40. Eating Dinner Together – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	4.6%	449	1.5%	846
1 to 2 times per week	9.5%	915	4.1%	2281
3 to 4 times per week	4.1%	395	11.8%	6484
5 to 6 times per week	11.1%	1075	13.5%	7439
Every day of the week	70.7%	6842	69.0%	37981
<b>Total</b>	<b>100.0%</b>	<b>9,676</b>	<b>100.0%</b>	<b>55,030</b>

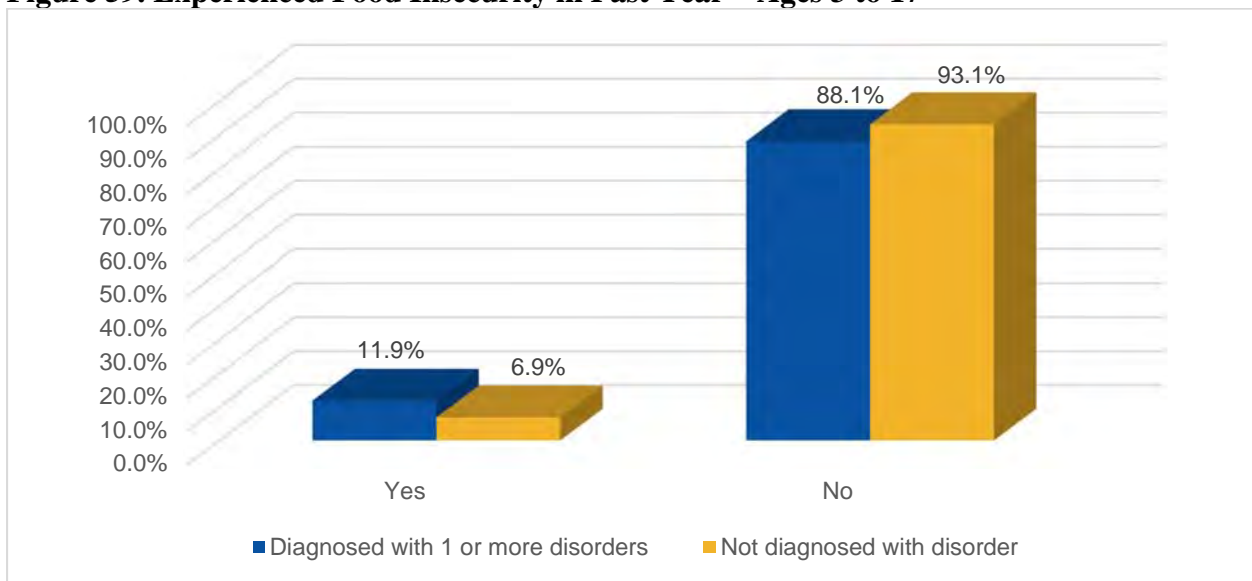
<sup>56</sup> *Family Dinners Are Important*. (2007). Web MD. <http://children.webmd.com/guide/family-dinners-are-important>

## Child Food Insecurity

Inadequate nutrition places young children at risk for present and future illness and can weaken their immune system. It also hinders healthy growth and development, which may affect the child’s future physical and mental health. In the United States, more than one in five children lives in a food insecure household.<sup>57</sup> According to the USDA, an estimated 16.7 million children under 18 do not know where they will find their next meal and are unable to receive the nutrition that they need to be healthy.<sup>58</sup>

To assess food insecurity, participants were asked, “In the past year, did you ever cut the size of or skip meals for your child because there wasn’t enough money for food?” As illustrated in Figure 59, this was the case for approximately 12% of Coachella Valley children with a diagnosed mental health disorder. Approximately 1,140 Coachella Valley children with a diagnosed mental health disorder experienced this food insecurity at least once in the past year. This was not significantly greater than rates for children without a diagnosed mental health disorder.

**Figure 59. Experienced Food Insecurity in Past Year – Ages 3 to 17**



In the past year, approximately 1% of Coachella Valley children age 3 and older (1.0% of children with a diagnosed mental health disorder, and 1.1% of children without a diagnosed mental health disorder) had to go for an entire day without eating due to lack of money for food.

<sup>57</sup> Impact of Hunger. (2013). Feeding America. <http://feedingamerica.org/hunger-in-america/impact-of-hunger.aspx>

<sup>58</sup> Ibid.

## Child Learning and Socialization

### *School Achievement*

School (or academic) achievement and performance are the degree in which an individual or institution’s academic goals are met. These are often determined through regular examinations and grades. School is important for the development of language and social skills for young children. In addition, early academic achievement is linked to future academic achievement. Parent involvement in a child’s education has been consistently found to have a positive effect on the child’s academic achievement.

Typically, most children enroll in kindergarten around age 5. Most children age 6 and over are actively enrolled in school. Thus, this section is limited to those children age 6 and older (rather than those age 3 and older, as in the rest of the child results).

Coachella Valley children with a diagnosed mental health disorder have significantly worse academic achievement than their counterparts with no diagnosed mental health disorders. As illustrated in Table 41, only 17% of children with a diagnosed mental health disorder are doing “excellent” in school. In contrast, nearly 37% of children without a diagnosed mental health disorder are doing “excellent” in school.

In contrast, about 33% of children with a diagnosed mental health disorder have “average” academic achievement, compared to only 13% of children without a diagnosed mental health disorder.

Overall, it appears that Coachella Valley children with diagnosed mental health disorders have significantly lower academic achievement than their counterparts who have not been diagnosed with any mental health disorders.

**Table 41. Child’s Academic Achievement – Ages 6 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	17.1%	1,289	36.9%	14,352
Very good	21.4%	1,614	28.6%	11,111
Good	21.5%	1,627	18.0%	6,003
Average	32.5%	2,457	12.7%	4,957
Poor	5.7%	432	2.1%	806
Child not enrolled in school	1.7%	131	1.7%	669
<b>Total</b>	<b>100.0%</b>		<b>100.0%</b>	



## School Absenteeism

School achievement is heavily linked to attendance, especially in certain subjects such as math. Attendance has also been shown to affect standardized test scores, graduation, and dropout rates. To measure absenteeism, parents/guardians were asked how many days of school their child had missed in the past year.

As illustrated in Table 42, children with diagnosed mental health disorders are significantly more likely to have missed 16 days of school or more in the past year, when compared to their counterparts with no diagnosed mental health disorder. Nearly 10% of Coachella Valley children with diagnosed mental health disorders missed 16 or more days of school in the past year, amounting to over three weeks of school. Thus, it is likely that these students struggle in terms of academic achievement, due to their inconsistent attendance. In comparison, less than 2% of Coachella Valley children without a diagnosed mental health disorder missed this much school.

**Table 42. Days of School Missed in Past Year – Ages 6 to 17**

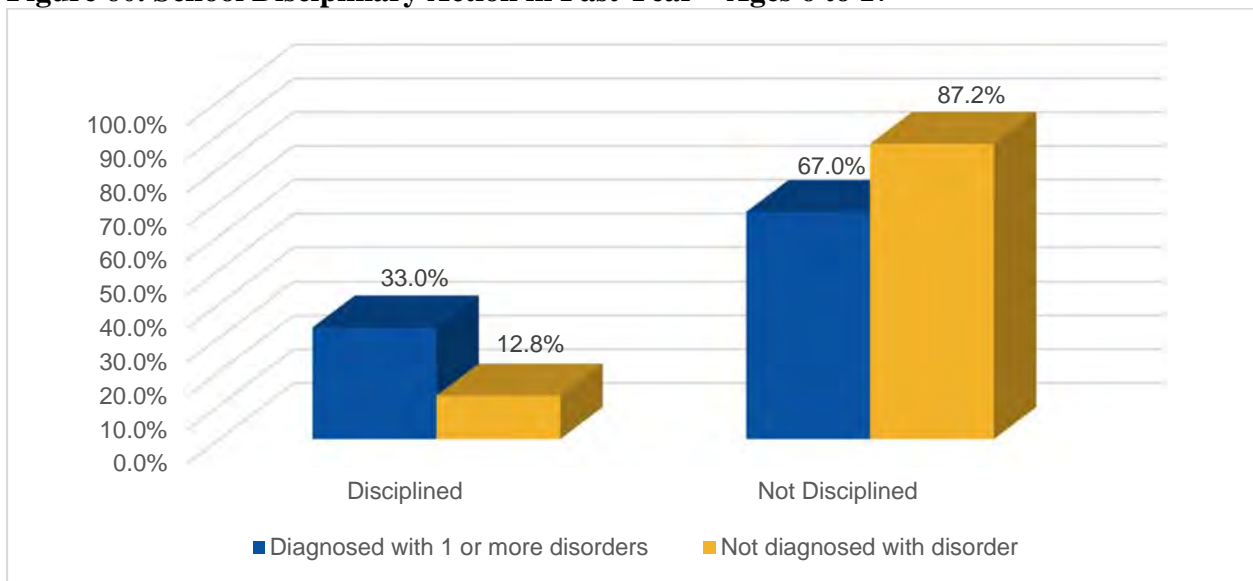
	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	27.8%	2,170	31.8%	12,575
1 to 5	45.8%	3,565	52.8%	20,650
6 to 10	10.9%	848	9.5%	3,768
11 to 15	5.9%	457	4.9%	1,950
16 or more	9.7%	755	1.6%	614
<b>Total</b>	<b>100.0%</b>	<b>7,795</b>	<b>100.0%</b>	<b>39,566</b>

## School Discipline

Children with diagnosed mental health disorders are significantly more likely to have been disciplined by a school official in the past year than their counterparts without diagnosed mental health disorders. As illustrated in Figure 60, about a third of Coachella Valley children with a diagnosed mental health disorder have been disciplined by a school official in the past year—compared to only 13% of children with no diagnosed mental health disorders.

As mentioned previously, the most common mental health disorder in the Coachella Valley is ADD/ADHD, so it is likely that much of the school disciplinary action may be for disruption in class due to these attention deficit disorders.

**Figure 60. School Disciplinary Action in Past Year – Ages 6 to 17**



## *Greatest Concern for Child*

As children grow and develop, they explore and discover new things and gain new skills that may make them feel increasingly independent. This is completely normal but can also understandably cause parents to have certain concerns regarding their child’s health and safety.

Parents/guardians were asked to identify their one greatest concern for their child. As illustrated in Table 43, the different types of concerns vary widely. Of note, however is the “emotional well-being” category. Over 17% of parents/guardians of children with diagnosed mental health disorders identify emotional well-being as their greatest concern for their child—compared to only 6% of parents/guardians of children without a diagnosed mental health disorder.

In contrast, nearly 30% of parents/guardians of children with no diagnosed mental health disorders have “no concerns” for their child—which is significantly higher than the rate for children with a diagnosed mental health disorder (12%). Clearly, parents/guardians of children with mental health disorders have more concerns about their child’s well-being, especially in the areas of emotional well-being.

**Table 43. Greatest Concern for Child – Ages 3 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Emotional well-being	17.1%	1,597	6.2%	3,190
Quality of education	15.0%	1,401	12.7%	6,581
Child development (physical or mental)	9.3%	869	3.2%	1,633
Poor nutrition	6.6%	617	4.3%	2,232
Child’s weight and or physical fitness	5.8%	544	8.2%	4,232
Gang involvement	4.0%	378	4.0%	2,054
Lack of healthcare	3.6%	339	2.2%	1,130
Alcohol and drug use	3.5%	325	2.7%	1,397
Physical safety	1.9%	176	5.3%	2,738
Lack of supervision	1.1%	102	0.3%	130
Access to specialty care	1.0%	90	---	---
Quality of housing	1.0%	95	1.0%	518
Lack of food	---	---	0.2%	96
Availability of child care	---	---	0.6%	287
Other	18.2%	1,702	20.4%	10,575
No concerns	11.9%	1,109	28.9%	14,987
<b>Total</b>	<b>100.0%</b>	<b>9,344</b>	<b>100.0%</b>	<b>51,780</b>

## *Parent/Guardian Discussions*

Parental guidance is key to a child’s ability to cope with serious issues. Thus, it is important that parents/guardians discuss sensitive topics with their children, and given them the tools to handle difficult situations.

To assess this, parents/guardians were asked whether they or another adult in the household had spoken with the child about several critical topics within the past year. Due to the nature of these topics, these questions were only asked in relation to children who were age 6 and over.

As illustrated in Table 44, most parents/guardians have had discussions with their children regarding how to deal with anger, drugs, smoking, alcohol, sex, and gangs/violence. However, less than half of parents/guardians have discussed depression, violence, suicide, or eating disorders with their child.

There were no statistically significant differences in parental discussions by mental health diagnoses—that is, children with diagnosed mental health disorders had about the same level of discussions with their parents as children with no diagnosed mental health disorder.

**Table 44. Parental Discussions – Ages 6 to 17**

	Diagnosed with 1 or more mental health disorders		Not diagnosed with a mental health disorder	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Dealing with anger	72.7%	5,928	55.1%	22,745
Drugs	66.6%	5,433	62.9%	25,974
Smoking	65.0%	5,303	61.6%	25,363
Alcohol	62.9%	5,127	58.5%	24,155
Sex	51.4%	4,189	45.9%	18,880
Gangs or violence	50.5%	4,116	54.1%	22,366
Depression	39.7%	3,239	30.2%	12,474
Domestic violence	30.5%	2,488	31.4%	12,954
Suicide	30.0%	2,446	24.5%	10,086
Eating disorders	29.1%	2,377	27.8%	11,483

## Summary of Child Health

There are approximately 66,585 children age 3 to 17 in the Coachella Valley, and approximately 9,771 of them (14.7%) have been diagnosed with one or more mental health disorders. The most common mental health disorder is attention deficit disorder and attention deficient hyperactivity disorder (ADD/ADHD).

### *Demographics and Access*

Mental health disorders impact children of all ages, ethnicities, genders, and income levels. Fortunately, the vast majority of Coachella Valley children—regardless of mental health status—have healthcare coverage. This holds true for children with a diagnosed mental health disorder. However, most of the health insurance is publicly funded insurance, such as Medi-Cal or CHIP. Approximately 81% of children with a diagnosed mental health disorder have health insurance coverage that covers some or all of the cost of prescription drugs for the child. However, this indicates that nearly 2,000 Coachella Valley children with a diagnosed mental health disorder do not have health insurance to cover any prescription medications they may need to adequately address their disorders.

### *Utilization*

Most Coachella Valley children (across the board) have been to visit a healthcare provider within the last year. Thus, they are likely receiving at least a basic level of care. Children with diagnosed mental health disorders tend to experience greater difficulties at the healthcare providers, however. These children and their parents/guardians are more likely to struggle with the amount of time spent waiting to see the healthcare provider, the amount of time to get an appointment, and the attitude of the office staff than their counterparts with no diagnosed mental health disorder.

Approximately 9.9% of children with a diagnosed mental health disorder (951 children) had a medical test or treatment delayed or denied in the past year. This is more than double the rate for children with no diagnosed mental health disorders--approximately 3.0% of these children (1,702 children) had the same experience. Thus, Coachella Valley children with diagnosed mental health disorders may not be receiving timely care.

In terms of general health, children with a diagnosed mental health disorder are less likely than their counterparts with no diagnosed mental health disorders to have “excellent” health, and more likely to have “fair” or “poor” health.

### *Mental Health Difficulties*

Coachella Valley children with a diagnosed mental health disorder are more likely than children without a diagnosed mental health disorder to have difficulty with emotions, concentration, behavior, and/or getting along with others. In fact, approximately 83% of children with a diagnosed mental health disorder have difficulties with one or more of these developmental areas (compared to only 23% of children without a diagnosed mental health disorder). Fortunately, most children who experience these difficulties experience them in a minor way, not severely. This is true for both children with a diagnosed mental health disorder and those without.

### *Nutrition and Fitness*

Nearly half of the children in the Coachella Valley—regardless of mental health status—are overweight or obese, demonstrating that the Coachella Valley is by no means immune to this national problem. Overall, parents/guardians of children with diagnosed mental health disorders appear to have a more accurate perception of their child’s obesity than parents/guardians of children with no diagnosed mental health disorders. Since more parents/guardians of children with diagnosed mental health disorders are aware that their child is overweight or obese, they may be more prepared to take action to improve their child’s health status by increasing exercise and reducing food intake.

Most children in the Coachella Valley—including children with and without diagnosed mental health disorders—do not get the recommended amount of exercise each day (60 minutes). This did not differ by mental health status, and is likely a driving force behind the obesity issue. However, children with a diagnosed mental health disorder were significantly less likely than those children with no diagnosed mental health disorder to have a safe place to play outdoors—which may be limiting their ability to get the necessary exercise. Approximately 24% of Coachella Valley children with a diagnosed mental health disorder do not have a safe place to play outdoors. This may be due to the fact that some children with mental health disorders need additional safeguards in place to keep them from harm in their environment.

Dietary habits are very similar between children with a diagnosed mental health disorder and those without. Most Coachella Valley children eat breakfast in their home every day, and dinner with their family each night. Most do not have fast food more than twice a week.

### *Learning and Socialization*

Coachella Valley children with a diagnosed mental health disorder have significantly lower academic achievement than their counterparts with no diagnosed mental health disorder. Only 17% of children with a diagnosed mental health disorder are doing “excellent” in school—compared to 37% of children without a diagnosed mental health disorder. This may be due in part to significant absences from school. Nearly 10% of Coachella Valley children with a diagnosed mental health disorder have missed over three weeks of school in the past year—compared to less than 2% of children without a diagnosed mental health disorder. This spotty attendance may be exacerbating the academic achievement issue, as it is hard to excel without being present.

Children with a diagnosed mental health disorder were much more likely to have been disciplined in school than children with no diagnosed mental health disorders. Approximately one-third of children with a diagnosed mental health disorder had been disciplined in the preceding year—compared to only 13% of children without a diagnosed mental health disorder.

Parents/guardians of children with a diagnosed mental health disorder have more concerns for their children—especially regarding emotional well-being—than parents/guardians of children with no diagnosed mental health disorders. The majority of parents/guardians of all Coachella Valley children—regardless of mental health disorder status—have not discussed the topics of depression, domestic violence, suicide, or eating disorders with their child.

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## CONCLUSION

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In the Coachella Valley, approximately 19% of adults and 15% of children have been diagnosed with one or more mental health disorders. This equates to 67,623 adults and 9,771 children, indicating a widespread health condition. The most common mental health disorder is attention deficit disorder and attention deficient hyperactivity disorder (ADD/ADHD).

Adults with a diagnosed mental health disorder have significantly worse general health than their counterparts without a diagnosed mental health disorder. They also suffer from significantly more major diseases and chronic illnesses than their counterparts without a diagnosed mental health disorder. Specifically, those with a diagnosed mental health disorder also have higher rates of arthritis, osteoporosis, respiratory disease other than asthma, stroke, liver disease, and tuberculosis. Coachella Valley adults with diagnosed mental health disorders are also significantly more likely than their counterparts without a diagnosed mental health disorder to need assistance with food, rent, finances, utilities, transportation, and home health care. Levels of need for this population—especially food, utilities, and transportation—is extremely high.

Seniors with diagnosed mental health disorders are more likely than their counterparts without a diagnosed mental health disorder to experience abuse and neglect, and more likely to be taken advantage of financially. They are also less likely to experience adequate social support, making them vulnerable to this type of elder abuse. Seniors with diagnosed mental health disorders are also more likely to need assistance with their activities of daily living than those without a diagnosed mental health disorder. They are also significantly more likely to be unable to live alone due to the need for assistance.

Children with a diagnosed mental health disorder are also less likely than their counterparts with no diagnosed mental health disorders to have “excellent” health, and more likely to have “fair” or “poor” health. Compared to their counterparts without a diagnosed mental health disorder, Coachella Valley children with a diagnosed mental health disorder have significantly lower academic achievement, higher absenteeism, and more disciplinary problems.

Care providers should be made aware of these issues and comorbidities, and should refer their clients to additional resources as necessary.

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## RESOURCES

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HARC has identified the following resources as especially useful in protecting and promoting mental health, both in the Coachella Valley and in general. This list is by no means comprehensive. The resources listed here are provided solely as a service to our community. Inclusion on this list does not indicate endorsement of any organization by HARC and none should be inferred. HARC is not responsible for the content of the organization's webpages.

### General Mental Health Resources

**Organization: Mental Health.gov**

**Website:** [www.mentalhealth.gov](http://www.mentalhealth.gov)

**Description:** MentalHealth.gov provides access to the governmental mental health information. Content is provided by the Centers for Disease Control and Prevention (CDC), MedlinePlus, the National Institutes of Health (NIH), the National Institute of Mental Health (NIMH), and the Substance Abuse and Mental Health Services Administration (SAMHSA). It is extremely comprehensive, and provides basic information, signs and symptoms to look for, resources for treating mental health issues, and much more.

**Organization: Mental Health America (MHA)**

**Website:** [www.NMHA.org](http://www.NMHA.org)

**Description:** Mental Health America is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illnesses through advocacy, education, research and service. The website offers information and treatment options about various mental health disorders organized by audience and issue.

**Organization: National Alliance on Mental Illness (NAMI)**

**Website:** [www.NAMI.org](http://www.NAMI.org)

**Description:** NAMI is dedicated to improving the lives of individuals and families experiencing mental illness. NAMI provides a wide range of resources; including factual information, trainings, classes and workshops on mental illness; community events and outreach; and advocacy.

**Organization: National Federation of Families for Children's Mental Health (FFCMH)**

**Website:** [www.FFCMH.org](http://www.FFCMH.org)

**Description:** The National Federation of Families for Children's Mental Health is a family-run organization with more than 120 chapters and state organizations representing the families of children and youth with mental health needs. The site offers links and resources relevant for families with children with mental illness.

**Organization: National Institute of Mental Health (NIMH)**

**Website:** [www.NIMH.NIH.gov](http://www.NIMH.NIH.gov)

**Description:** NIMH is dedicated to transforming the understanding and treatment of mental illnesses through basic and clinical research. The NIMH website has reliable facts about mental



health, research programs and clinical trials, and a many other resources pertaining to mental health.

**Organization: PTSD Alliance**

**Website:** <http://www.ptsdalliance.org/>

**Description:** This site contains general health information offered as a public service for educational purposes about the topic of PTSD. It also includes a resource center.

**Organization: PTSD Foundation of America**

**Website:** <http://ptsdusa.org/>

**Description:** The PTSD Foundation of America helps veterans to cope with PTSD. There is information on PTSD, virtual support groups, events, and other sources of support for veterans with PTSD.

**Organization: Substance Abuse Mental Health Services Administration (SAMHSA)**

**Website:** [www.SAMHSA.gov](http://www.SAMHSA.gov)

**Description:** SAMHSA offers research, resources, and publications related to mental illness, mental health, prevention, treatment and recovery.

**Organization: The Trevor Project**

**Website:** [www.TheTrevorProject.org](http://www.TheTrevorProject.org)

**Description:** The Trevor Project provides suicide prevention for lesbian, gay, bisexual, transgender, questioning (LGBTQ) youth. Resources include their nationwide, 24/7 crisis intervention lifeline, digital community and advocacy/educational programs.

## Suicide Prevention Hotlines

**National Suicide Prevention Lifeline:**

Phone: (800) 273-TALK (800-273-8255)

Spanish line: (888) 628-9454

TTY: (800) 799-4TTY (4889)

This national suicide prevention hotline is available 24/7 for anyone across the country. Available 24 hours a day in both English and Spanish.

**Local Suicide Prevention HelpLine:** (951) 686-HELP (4357)

Provided by the Riverside County Department of Mental Health (RCDMH) and Community Connect. Available 24 hours a day in both English and Spanish

**Rape, Abuse, Incest National Network (RAINN):** 1- 800-656-HOPE (4673)

RAINN.org is a free, confidential and secure crisis hotline 24/7 for victims of sexual assault or violence as well as their friends and families.

**Trevor Project:** 1-866-488-7386

Crisis intervention and suicide prevention for LGBTQ youth. [www.TrevorProject.org](http://www.TrevorProject.org)

**Veterans Crisis Line:** 1-800-273-8255 (Press 1)

The Veterans Crisis Line is a Department of Veterans Affairs (VA) resource that connects Veterans in crisis or their families and friends with qualified, caring VA professionals. Confidential support is available 24 hours a day, 7 days a week.

## Coachella Valley Mental Health Resources

### *Mental Health Services Organizations*

**Organization: Riverside County Department of Mental Health**

**Website:** <http://www.rcdmh.org/>

**Description:** RCDMH is the primary provider of mental health resources in the County and the Coachella Valley. RCDMH employs more than 1,000 employees, including psychiatrists, clinicians, and peer specialists who serve over 45,000 people each year. Services are primarily targeted towards those on Medi-Cal or other specialized State programs.

**Contact Information:**

- Phone: 1-800-706-7500
- Email: [MHWEB@rcmhd.org](mailto:MHWEB@rcmhd.org)

**Important Resources:**

- It's Up to Us: [www.up2riverside.org](http://www.up2riverside.org) The It's Up to Us campaign is designed to empower individuals in Riverside County to talk openly about mental illness, recognize symptoms, utilize local resources and seek help.
- HELPLine is a free, confidential crisis/suicide intervention service available 24 hours a day, seven days a week. Call: (951) 686-HELP or (951) 686-4357
- 2-1-1 is a toll-free number that provides information and referrals for health and social services in Riverside County. Call: 2-1-1
- CARES Line (Community Access, Referral, Evaluation and Support Line) provides information and referrals for Medi-Cal beneficiaries seeking Mental Health Services. Call: (800) 706-7500
- Desert Region Crisis Team, serving Indio, Palm Springs, Blythe, Rancho Mirage, Cathedral City, Palm Desert, Desert Hot Springs, Banning and Beaumont: (951) 385-4523 –

**Organization: National Alliance on Mental Illness (NAMI) Coachella Valley**

**Description:** NAMI is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need.

**Contact Information:**

- PO Box 4015, Palm Desert, CA 92261-4015
- Phone: (888) 881-6264 or (760) 902-5858
- Email: [namicoachellavalley@gmail.com](mailto:namicoachellavalley@gmail.com)

## *Crisis Services*

### **Emergency Psychiatric Hospitals Affiliated with RCDMH:**

**Organization: Riverside County Regional Medical Center Emergency Treatment Services (ETS)**

**Description:** Provides psychiatric emergency services 24 hours a day, 7 days a week for all ages, which includes evaluation, crisis intervention, and referrals for psychiatric hospitalization, as needed for adults, children, and adolescents. Consumers may be referred to the Inpatient Treatment Facility (ITF) or other private hospitals. Services available in English and Spanish.

**Contact Information:**

- 9990 County Farm Road, Ste. 4, Riverside, CA 92503
- Phone: (951) 358-4881

**Organization: Telecare Riverside Crisis Stabilization Services**

**Description:** Provides psychiatric emergency assessment and crisis stabilization for up to 24 hours for all ages. Services include evaluations, crisis intervention and referral for psychiatric hospitalization. Telecare Riverside Crisis Stabilization Services operate 24 hours a day, 7 days a week. This facility is also a 5150 provider. Services available in English and Spanish.

**Contact Information:**

- Address: 47-825 Oasis Street, Indio, CA 92201
- Phone: (760) 863-8600 or (760) 863-8455

### **Other Organizations:**

**Organization: Oasis Rehabilitation Center**

***Oasis Crisis Service (OCS) and Psychiatric Health Facility (PHF)***

**Description:** Provides psychiatric emergency assessment and crisis stabilization for up to 24 hours for all ages. Services include evaluations, crisis intervention, and referral for psychiatric hospitalization. This facility is a 5150 designated provider, which operates 24 hours a day, 7 days a week.

**Contact Information:**

- Address: 47-915 Oasis Street, Indio, CA 92201
- Phone: (760) 863-8600
- Fax: (760) 863-8603

## *Counseling Services*

**Organization: All-Desert Wellness Centers**

**Website:** [www.alldesertwellness.org/](http://www.alldesertwellness.org/)

**Description:** Low-cost individual, couple, group, and family counseling. Sessions are based on a sliding scale and can be as low as \$10.

**Contact Information:**

- Address: 74-200 Highway 111, Palm Desert, CA 92260
- Phone: (760) 797-5151

**Organization: Catholic Charities & Caritas Counseling- Coachella Valley**

**Description:** Low-cost individual and family counseling to low-income families at various locations. Parenting classes and other groups are also offered.

**Contact Information:**

- 67625 E. Palm Canyon Dr., Suite A-5
- Palm Springs, CA 92264
- Telephone: (760) 202-1222

**Organization: Indio Mental Health Clinic**

**Description:** Outpatient clinic providing services for children, adolescents, adults, and older adults including crisis intervention, assessment, medication services, case management, and dual-diagnosis services. Peer-to-peer recovery services are provided through the clinic and through the contracted Peer Support and Resource Center. Outreach to homeless mentally ill individuals, housing assistance and 24 hour a day, seven days a week intensive case management is available through the Desert's Full-Service Partnership (FSPs) programs. Parent Partners provide support to parents of children.

**Contact Information:**

- Address: 47-825 Oasis Street, Indio, CA 92201
- Phone: (760) 863-8455
- Fax: (760) 863-8587
- 24/7 Crisis Line: (951) 686-4357

**Organization: Jewish Family Service of the Desert Counseling Group**

**Website:** <http://www.jfsdesert.org/counsel.html>

**Description:** Provides supportive individual, family, and group counseling.. Bi-lingual counseling is available for those who speak Spanish. Sliding fee scale based on income.

**Contact Information:**

- Palm Springs Location
  - 801 E. Tahquitz Canyon Way, Suite 202
  - Palm Springs, CA 92262
  - Telephone: (760) 325-4088
  - Fax: (760) 778-3781
- Palm Desert Location (Joslyn Center)
  - 73-750 Catalina Suite A
  - Palm Desert, CA 92260
  - Telephone (760)779-9400

**Organization: Shelter from the Storm (Community Counseling Center)**

**Website:** <http://www.shelterfromthestorm.com>

**Description:** Provides individual and group counseling, case management, advocacy and crisis intervention services to abused women and children.

**Contact Information:**

- Palm Desert:
  - Address: 73550 Alessandro Drive, Suite 103, Palm Desert, CA 92260
  - Phone: (760) 674-0400
- Indio
  - Address: 82-675 Hwy 111, Indio, CA 92201
  - Phone: (760) 863-8363
- Desert Hot Springs
  - Address: 14-201 Palm Drive Ste 108, Desert Hot Springs, CA 92240
  - Phone: (760) 288-3313
- Cathedral City
  - Address: 68625 Perez Road, Cathedral City, CA 92234
  - Phone: (760) 773-6731

## *Substance Use and Addiction Resources*

**Organization: ABC Recovery**

**Website:** [www.abcrecoverycenter.org](http://www.abcrecoverycenter.org)

**Description:** Residential substance abuse treatment center and sober living.

**Contact Information:**

- Address: 44-374 Palm Street, Indio, CA 92201
- Phone: (760) 342-6612

**Organization: Hacienda Valdez**

**Website:** [www.ranchrecovery.org](http://www.ranchrecovery.org)

**Description:** Residential alcohol and drug rehab for women.

**Contact Information:**

Address: 12890 Quinta Way, Desert Hot Springs, CA 92240  
Phone: (760) 329-2959

**Organization: Indio Substance Abuse Clinic**

**Description:** Outpatient drug and alcohol counseling for adults and adolescents

**Contact Information:**

- Address: 83-912 Avenue 45, Suite 9, Indio, CA 92201
- Phone: (760) 347-0754

**Organization: Michael's House**

**Website:** [www.michaelshouse.com](http://www.michaelshouse.com)

**Description:** Residential substance abuse treatment program for men and women.

**Contact Information:**

- Men's Center:
  - Address: 1910 South Camino Real, Palm Springs, CA 92262
  - Phone: 877-345-8494
- Outpatient Program:
  - Address: 515 N. Palm Canyon Dr., Palm Springs, CA 92262
  - Phone: 877-345-8494
- Women's Center:
  - Address: 430 Cahuilla Road, Palm Springs, CA 92262
  - Phone: (760) 459-6138
- Stabilization Center:
  - Address: 2095 N. Indian Cyn. Drive, Palm Springs, CA 92262
  - Phone: 877-345-8494

**Organization: The Ranch**

**Website:** [www.ranchrecovery.org](http://www.ranchrecovery.org)

**Description:** Residential substance abuse rehab for men.

**Contact Information:**

- Address: 7885 Annadale Avenue, Desert Hot Springs, CA 92240
- Phone: (760) 329-2924

## APPENDIX

### Appendix. ZIP Codes Included in 2013 Community Health Monitor

ZIP Code	City	Other Areas Included
92234	Cathedral City	--
92236	Coachella	--
92240	Desert Hot Springs	--
92241	Desert Hot Springs	Sky Valley
92210	Indian Wells	
92201	Indio	
92203	Indio	Bermuda Dunes
92253	La Quinta	--
92254	Mecca	North Shore
92258	North Palm Springs	--
92211	Palm Desert	--
92260	Palm Desert	--
92262	Palm Springs	Barona Rancheria, Smoke Tree
92264	Palm Springs	--
92270	Rancho Mirage	--
92275	Salton Sea	Mecca
92274	Thermal	Desert Shores, One Hundred Palms, Sandy Korner, Torres Martinez Indian Reservation,
92276	Thousand Palms	--