Blythe Region

*Community Health Survey
Findings*

Contents

Executive Summary

Introduction

The Regional Access Project Foundation (RAP) moved to introduce the results-based accountability (RBA) process to the Blythe community in an effort to improve mental/behavioral health. This process began with a "data walk" in November 2023, where multiple data points were presented and reactions from community members were captured. Many of the reactions were that the data was insufficient; community members desired more Blythe-specific data that was more up-to-date than what was presented. As such, RAP initiated to conduct a health survey among the Blythe region, the farthest eastern portion of Riverside County, with a focus on mental/behavioral health. To accomplish this, RAP reached out to long-time partner HARC, Inc. (Health Assessment and Research for Communities).

Methods

A customized survey was developed collaboratively between HARC and RAP. Using notes on community members' reactions to the insufficient data points, HARC and RAP crafted questions to investigate health, mental health, and substance use in the Blythe region (i.e., the City of Blythe, East Blythe, Mesa Verde, Ripley, and two retirement communities known as Senior Citizens and the Colorado River Senior Center).

A total of 6,836 flyers (in Spanish and English) were mailed to these communities. The flyer included details on the project, as well as an online link and QR code that could be completed via phone, computer, or tablet. Given there were 500 responses received, that equates to a 7.3% response rate.

Each mailed package included a pre-incentive of a $1 dollar bill encouraging residents to participate in the survey, as well as a promise of a $10 Visa gift card in return for completing the survey. Data collection was live from March 14 through April 10, 2024.

Results

Demographics

Over three-quarters (79.8%) of respondents are from the City of Blythe. The average age was 48.6, most (72.1%) were female, and a plurality (47.2%) were Hispanic or Latino. Less than half (45.0%) of residents have a high school education or less, and just 19.1% have a four-year degree or higher. About 29.1% were living in poverty, and over a fifth of residents (22.1%) reported having been homeless at some point.

Mental Health

About 19.0% of residents reported fair or poor mental health, whereas just over half (51.5%) reported very good or excellent mental health. Among those who provided an *excellent* rating for their mental health, these residents typically wrote positively about their life such as being physically healthy, mentally healthy, or happy overall (*n* = 32). Others also stated that they have great family/home/friends (*n* = 18), and others stated they were self-sufficient/independent/determined (*n* = 10).

Among residents who provided a *fair* rating for their mental health, most explanations were about mental health disorders/problems/traumas/general stress (*n* = 34). Others also explained that there are not enough mental health providers or resources (*n* = 7). Residents with *poor* mental health ratings also cited mental health disorders/problems/traumas/general stress (*n* = 5).

Nearly a quarter (24.6%) of residents had an emotional, mental, or behavioral problem that has concerned them during the past 12 months. Of those that had these concerns, more than half of them (54.2%) needed mental healthcare in the past year and couldn't get it. A total of 14.6% of residents were rated as having serious mental distress using the Kessler six-item scale for measuring psychological distress.

Stigma and Mental Health

The majority (60.9%) were either *very comfortable* or *comfortable*, whereas 11.6% were either *uncomfortable* or *very uncomfortable* with getting mental health services if needed. Among residents who provided a *very comfortable* rating, responses typically emphasized the necessity, importance, and acceptance of getting mental health services when it is needed (*n* = 89). Residents who gave an *uncomfortable* or *very uncomfortable* rating were similar in that they emphasized disliking therapy or having experienced problems with healthcare providers (*n* = 4 for both ratings). Likewise, residents also emphasized concerns with Blythe being a small town, and thus knowing people when getting treatment or there being confidentiality concerns (*n* = 4 for both ratings).

Barriers to Mental Healthcare

The most common barriers to mental healthcare were people wanting to handle the problem by themselves (24.7%); not liking to talk about their feeling, emotions, or thoughts (23.1%); thinking the problem would get better by itself (22.6%); and that they couldn't afford the cost (21.8%).

Substance Use

About 42.6% reported that they don't use alcohol or drugs, and then 50.6% stated "No," that they haven't needed help with substance use, leaving 6.8% of residents who felt they needed help with substance use. Residents who reported needing help stated that they were drinking too much (*n* = 8), they cannot stop without help (*n* = 7), and that they use drugs to self-medicate (*n* = 7). Among those who said "Yes," that they needed help with substance use, just under a third (30.3%) reported that they have needed substance use treatment in the past year but couldn't get it.

Healthcare Utilization and Barriers

About two-thirds (63.7%) have seen a healthcare provider within the last six months. Conversely, about 7.9% have never been for healthcare treatment, and 8.9% haven't been to a healthcare provider two or more years ago. The most common reported barriers to healthcare include not having enough doctors (42.7%) and the length of time it takes to get an appointment (41.6%).

Final Comments

Residents could share any final thoughts at the end of the survey. Respondents most often cited the need for mental health resources and more therapists (*n* = 97). Others also mentioned homelessness problems (*n* = 59), often citing concurrent mental health or substance use issues. Other concerns included a lack of general healthcare (*n* = 41) and rampant drug abuse/addiction (*n* = 41).

Conclusion

These survey data suggest a need for increasing the availability and accessibility of mental health services, substance use treatment, and helping residents who are experiencing homelessness/insecure housing, alongside efforts to reduce stigma and enhance community trust in mental health resources/professionals.

Full Report

Blythe Region

Community Health Survey Findings

Introduction

Overview

The Regional Access Project Foundation (RAP) moved to introduce the results-based accountability (RBA) process to the Blythe community in an effort to improve mental/behavioral health. This process began with a "data walk" in November 2023, where multiple data points were presented and reactions from community members were captured. Many of the reactions were that the data was insufficient; community members desired more Blythe-specific data that was more up-to-date than what was presented. As such, RAP initiated to conduct a health survey among the Blythe region, the farthest eastern portion of Riverside County, with a focus on mental/behavioral health. To accomplish this, RAP reached out to long-time partner HARC, Inc. (Health Assessment and Research for Communities).

About RAP

RAP is a nonprofit organization that aims to provide funding, oversight, technical assistance, and guidance to nonprofit community-based organizations or collaborative groups and other tax-exempt agencies that serve the populations of eastern Riverside County in the areas of health, mental health, and juvenile interventions.

About HARC

HARC is a nonprofit research and evaluation organization in Riverside County. HARC has been conducting program evaluations, community health needs assessments, and population surveys for over a dozen years throughout the Inland Empire and thus specializes in quantitatively and qualitatively measuring various health disparities and unmet community needs.

Methods

Survey Development

A customized survey was developed collaboratively between HARC and RAP. Using notes on community members' reactions to insufficient data points, HARC and RAP crafted questions to investigate health, mental health, and substance use in the Blythe region. Some of these questions were inspired from or modified versions of existing scales, as noted in the results section.

According to the American Community Survey,[1] about 31.2% of adults (25 and older) have no high school diploma/GED in the Blythe region (Blythe, East Blythe, Mesa Verde, and Ripley). Another 26.6% have just completed high school. Thus, more than half (57.8%) of the Blythe region has relatively low educational attainment. For this reason, the survey was designed at a 6.8 grade reading level and was available in both Spanish and English.

Sampling

Addresses were selected using the 92225 and 92226 ZIP codes to capture all areas in and surrounding the City of Blythe (i.e., the City of Blythe itself, East Blythe, Mesa Verde, Ripley, and two retirement communities known as Senior Citizens and the Colorado River Senior Center).

A total of 6,836 flyers (in Spanish and English) were mailed to these communities. The flyer included details on the project, as well as an online link and QR code that could be completed via phone, computer, or tablet. Given there were 500 responses received, that equates to a 7.3% response rate.

The next-birthday method is an approach that generally improves participation[2] and was used with this project (i.e., the member of the household with the next birthday was asked to participate). Each mailed package included a pre-incentive of a $1 dollar bill encouraging residents to participate in the survey, as well as a promise of a $10 Visa gift card in return for completing the survey. Data collection was live from March 14 through April 10, 2024.

Analyses

All close-ended questions from the survey are presented quantitatively. That is, percentages and counts for the responses to each question are provided. Open-ended questions were analyzed through a process of qualitative coding in which common themes/responses were grouped together and then counted.

---

[1] https://data.census.gov/
[2] Used in state-wide surveys (California Health Interview Survey), county-wide surveys (HARC in partnership with Riverside University Health System – Public Health), as well as for HARC's valley-wide Coachella Valley Community Health Survey.

Results

Demographics

A total of 500 surveys responses were received. Of those, 93.8% were English, and 6.2% were Spanish. An important point here is that this survey was intended for adults (18 years or older). Thus, when referring to "residents," these are always adult residents.

Geography

Residents were asked, "Which of the following do you currently live in?" As illustrated in the figure below, over three-quarters (79.8%) are from the City of Blythe. Some are also from East Blythe (9.3%), which is a small area directly south of the City of Blythe, about 5.8% are from Mesa Verde, and 3.7% are from Ripley.

Figure 1. Geography of Respondents
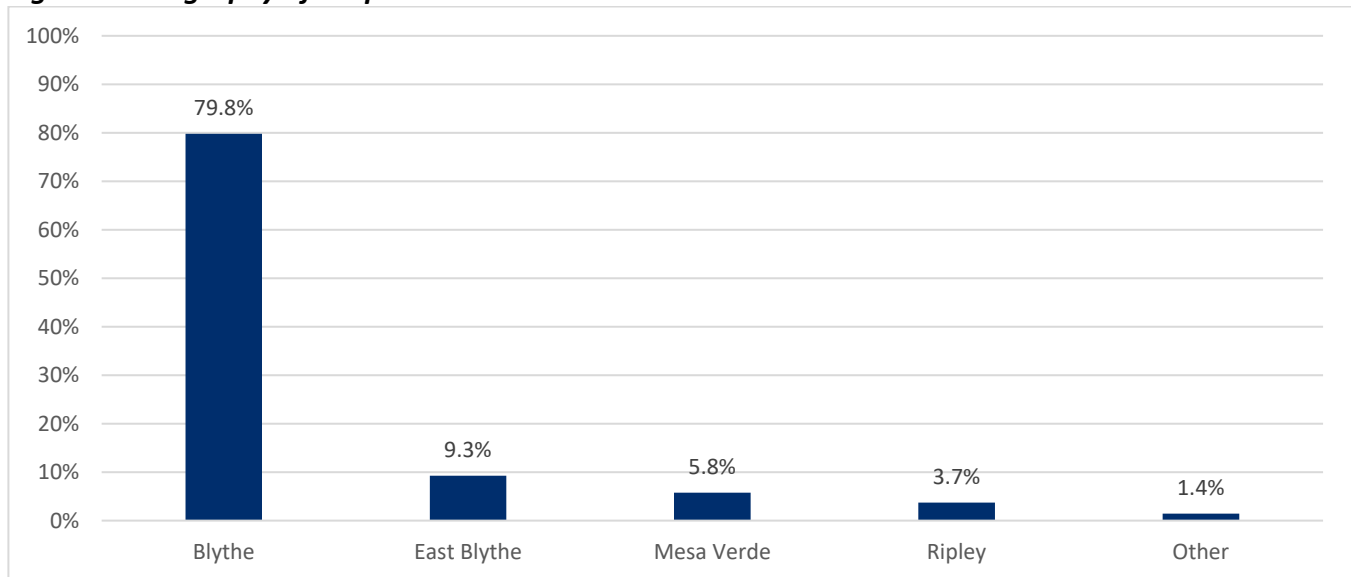
Note: *n* = 485.

Of those who said some other place (1.4%), responses included two mentions for "county," two mentions near the river, one mention for "Camp," and one mention for "South Blythe."

Age

The average age was 48.6 years, with the youngest being 18 and the oldest being 96. As illustrated in the figure below, residents were approximately evenly distributed into decadal age groups.

Figure 2. Age Groups
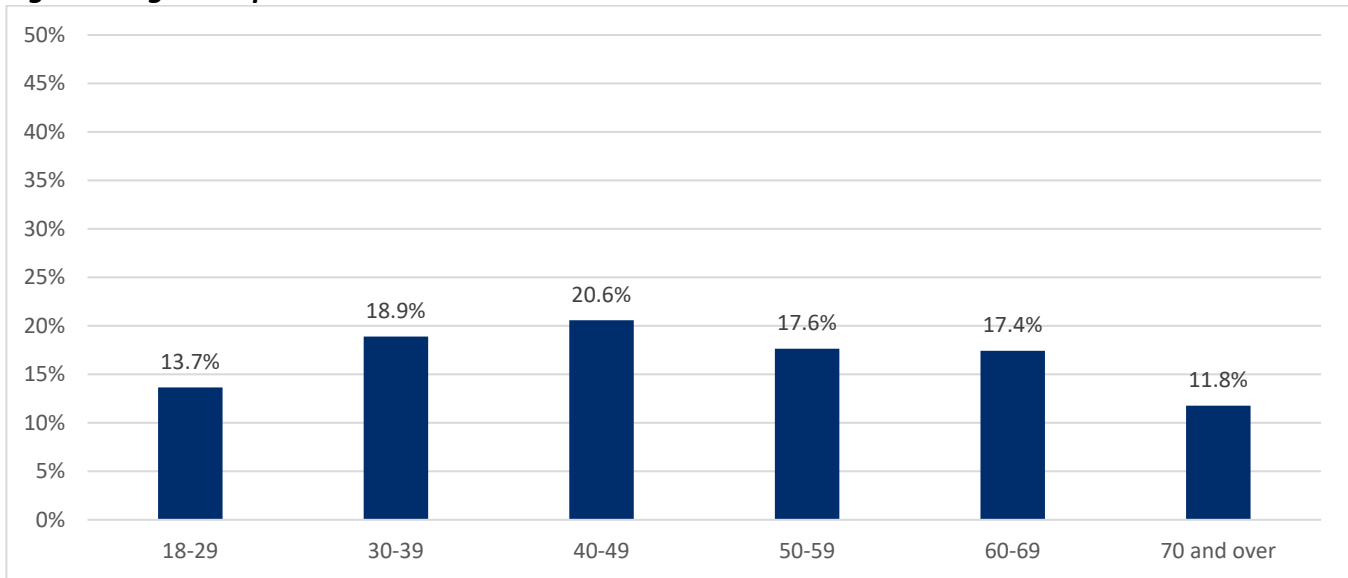
Note: *n* = 476.

Race

Residents were asked, "Which racial group do you identify with most?" Just under half (47.2%) reported Hispanic, Latino, or Spanish origin, and over a third (37.8%) stated White or Caucasian.

### *Figure 3. Racial Identity*
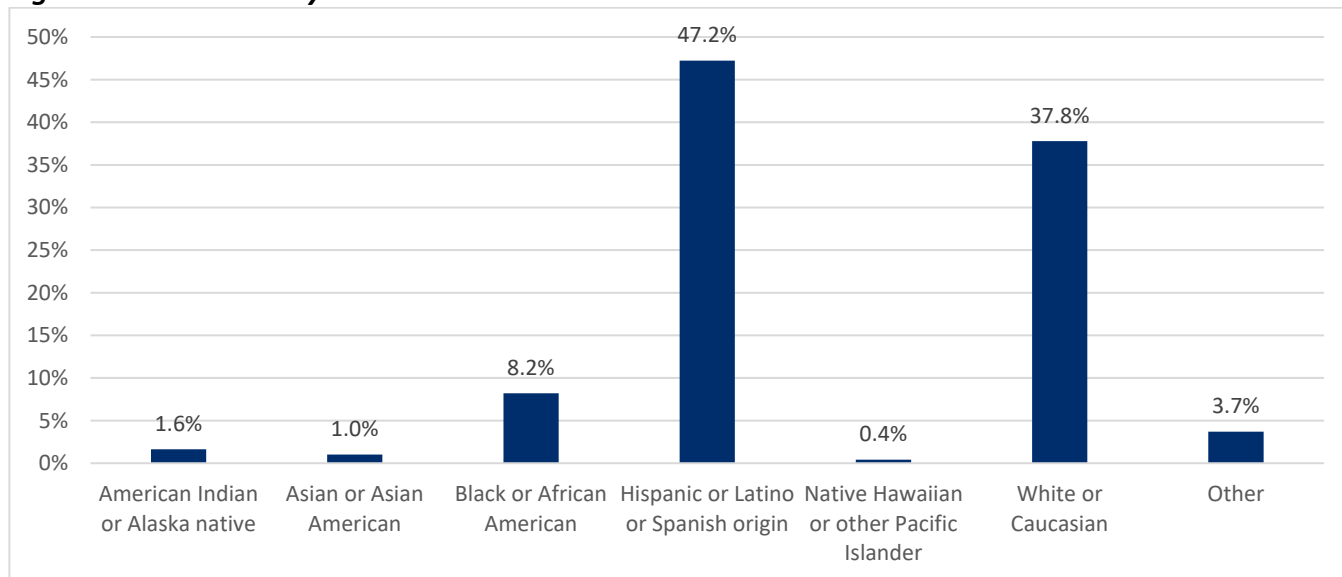
Note: *n* = 487.

3.7% of respondents indicated some other race; most of these were multiracial responses (*n* = 7), whereas some others indicated more specific racial identities (i.e., Portuguese, North African).

Gender and Sex

Residents were asked, "What sex were you assigned at birth, on your original birth certificate?" Just under three-quarters (72.4%) were female whereas 27.6% were male. Following this question, residents were asked, "How do you describe yourself?" Similarly to sex assigned at birth, 72.1% identified as female. Among those that indicated "another term," these two respondents specified that they use all pronouns and chose not to specify further.

Figure 4. Gender Identity
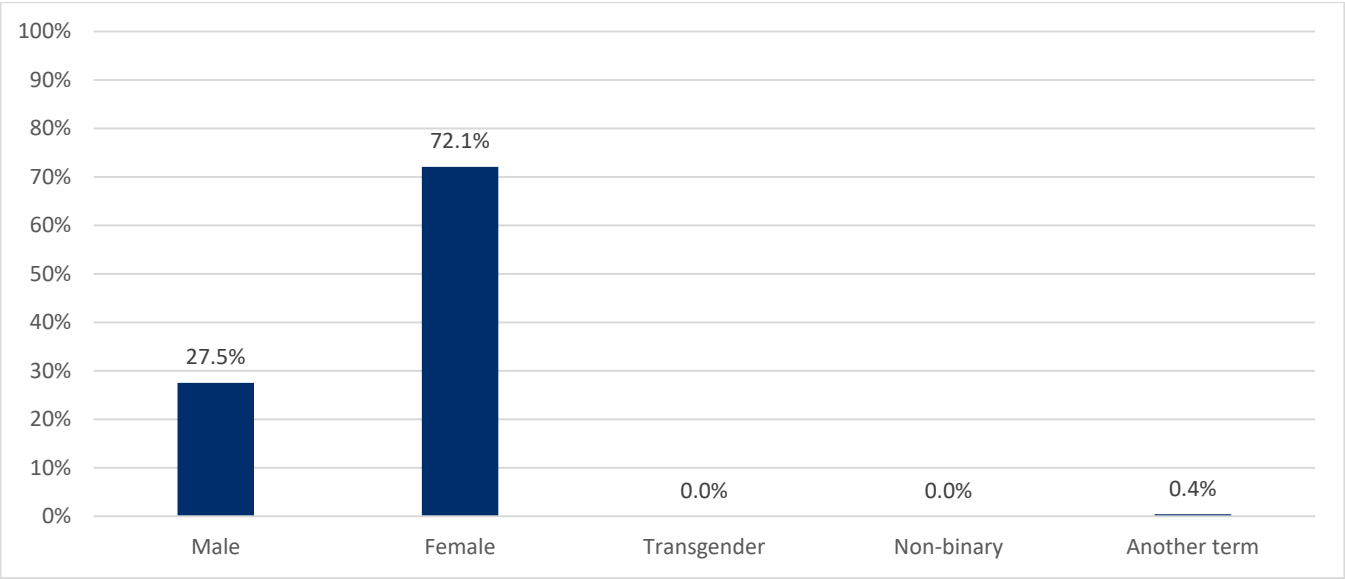
Note: *n* = 487.

When comparing sex assigned at birth with current gender identity, two respondents have a current gender identity that is different from their assigned sex at birth.

Socioeconomic Status

Residents were asked, "What is the highest grade of education you have completed?" As illustrated below, 45.0% of residents have a high school education or less, and just 19.1% have a four-year degree or higher.

Figure 5. Educational Attainment
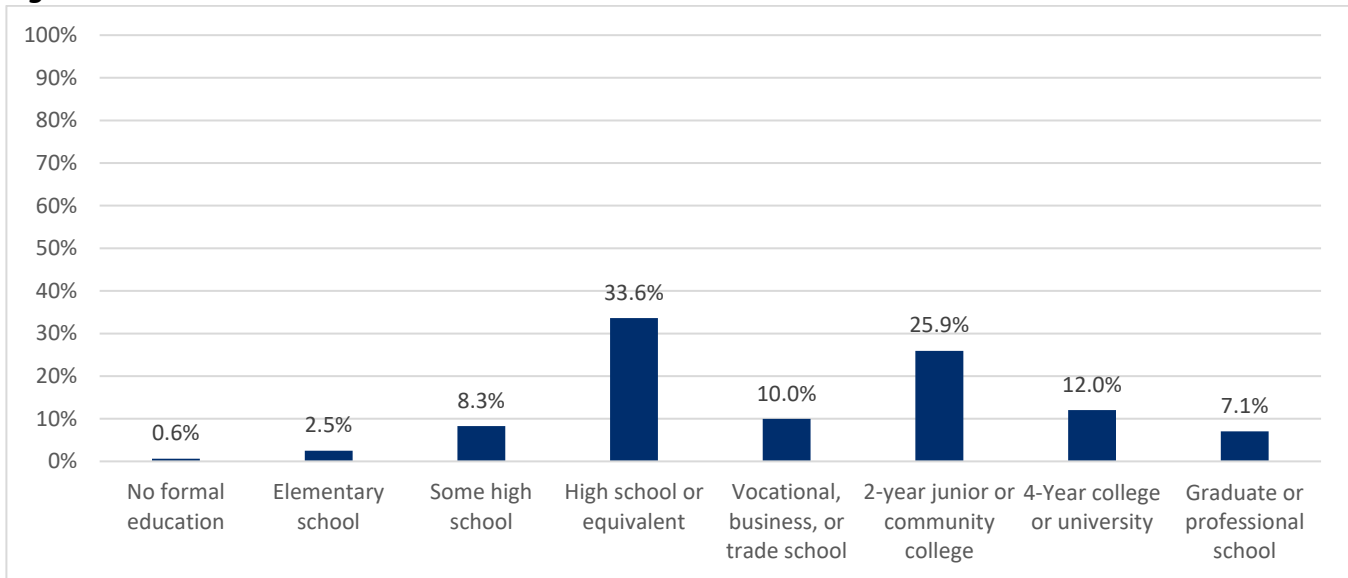
Note: *n* = 482.

Residents were asked about the number of people living in their household as well as their household income to estimate poverty levels. The mean household size was 2.8, with a minimum of one and a maximum of eight. Most people live either by themselves (20.4%), or in a household of two to three (48.8%).

Figure 6. Household Size
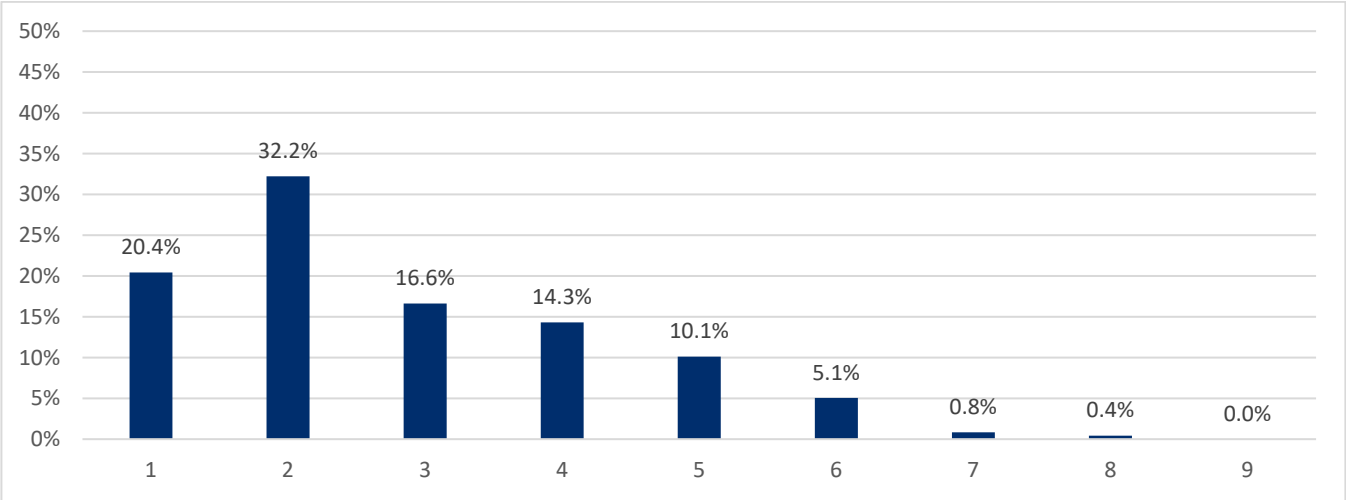
Note: *n* = 475.

Residents were asked, "Last year, what was your household income from all sources before taxes?" and could choose from various categories. As illustrated below, the two most common income categories were less than $14,580 (20.6%) and $101,960 or more (16.6%). See the figure below for additional details.

Figure 7. Household Income
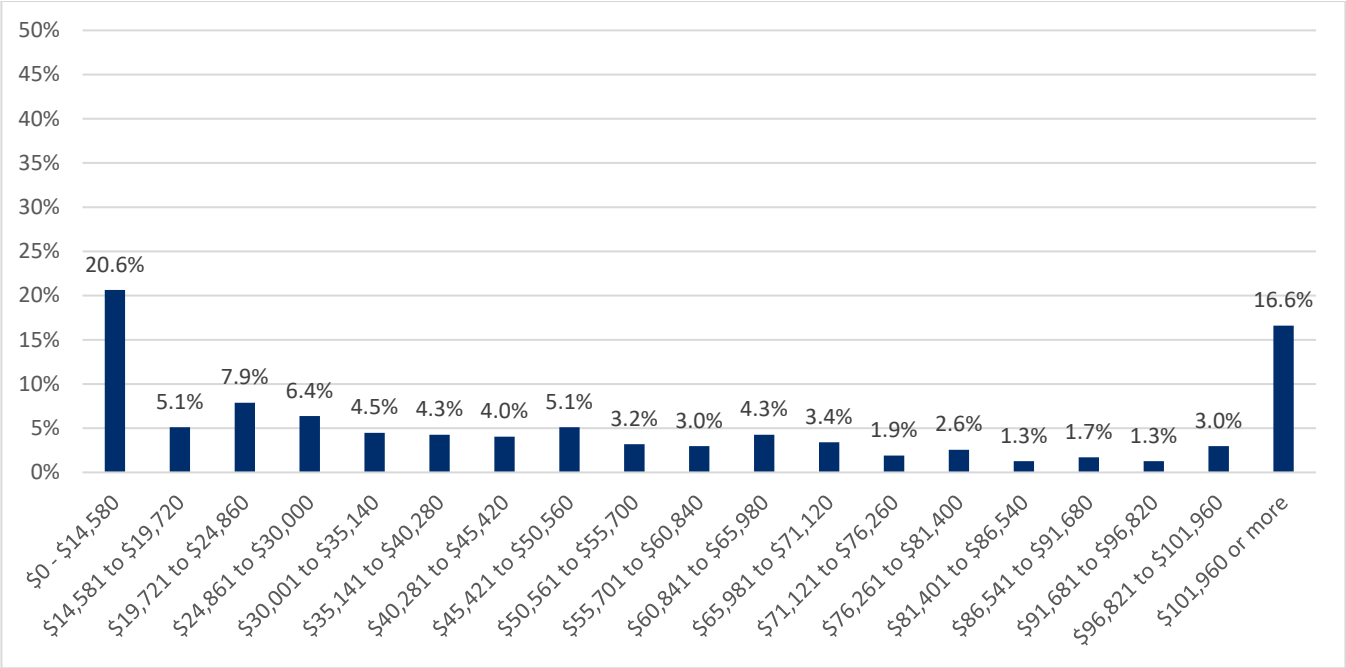
Note: *n* = 470.

Using the number of people in the household and household income, poverty status[3] (below poverty level, at or above poverty level) was calculated. That said, 29.1% of residents are living in poverty, and it is important to note that these poverty calculations only capture the most severe forms of poverty. For example, a household of one is considered to be living in poverty if the income level is $15,060 (an extremely low threshold to meet).

Figure 8. Federal Poverty Level

Note: *n* = 460.

---

[3] https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines
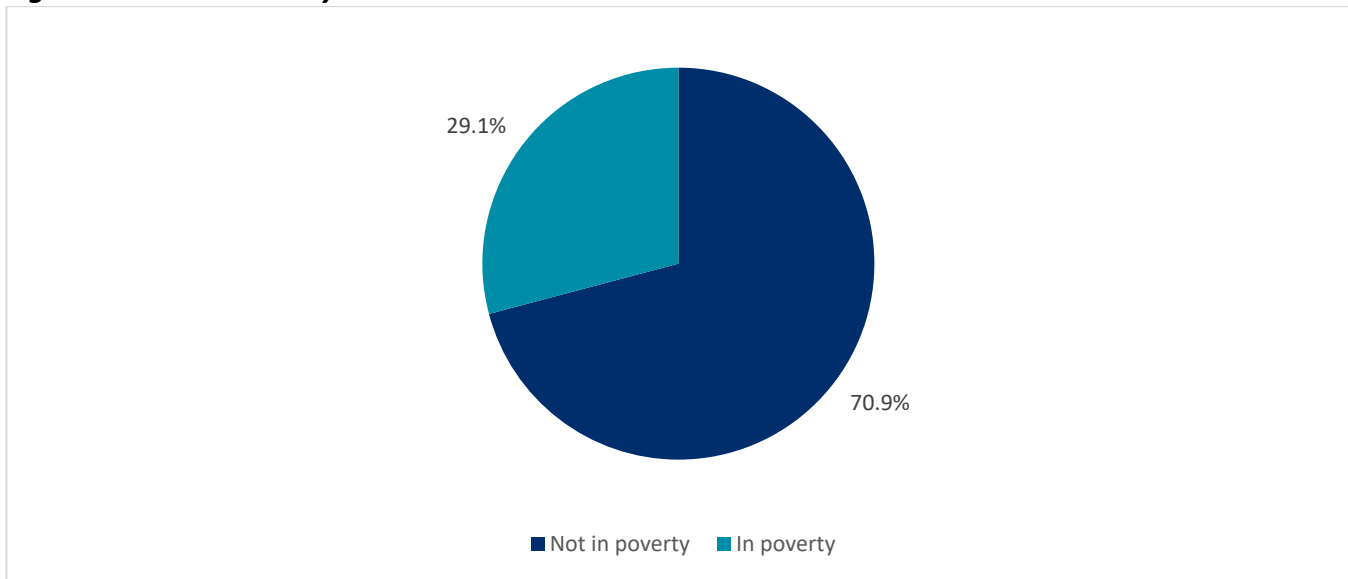
Residents were also asked if they have ever in their life been homeless. As illustrated below, over a fifth of residents (22.1%) reported having been homeless at some point.

Figure 9. Homelessness
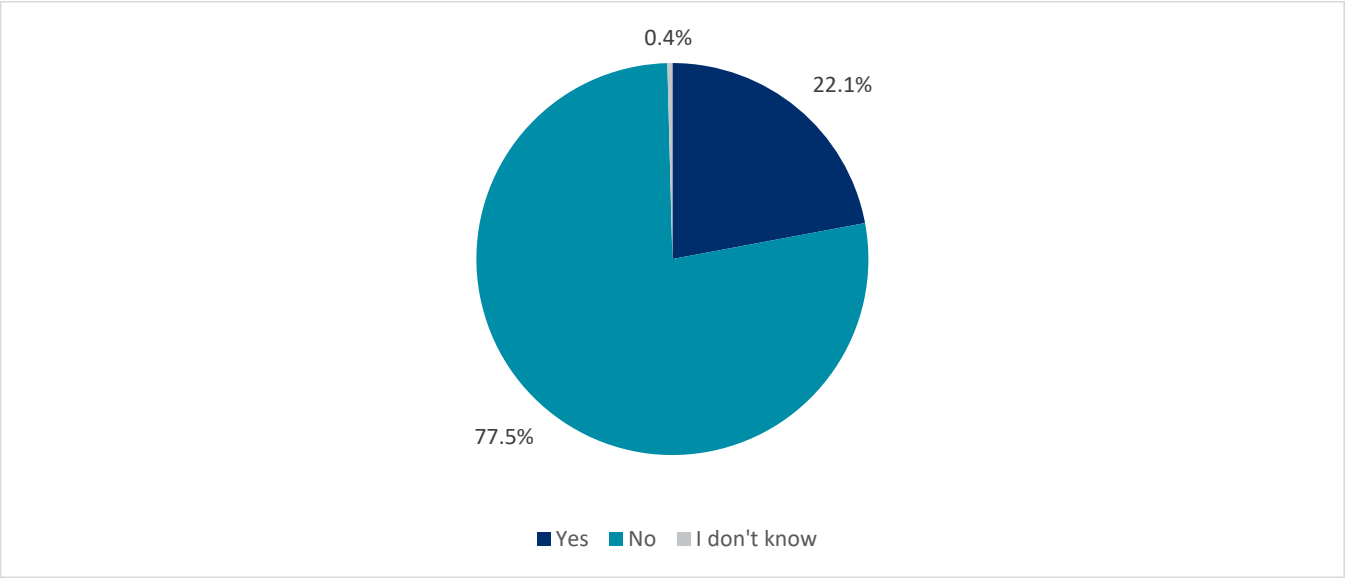
Note: *n* = 485.

Mental Health

Residents were asked about their mental health: "How is your mental health in general?" They were prefaced with the following:

> "This section of questions is about mental health. This can mean many things, but generally mental health is about how you feel and think and get through life's ups and downs."

As illustrated below, about 19.0% of residents reported *fair* or *poor* mental health, whereas just over half (51.5%) reported *very good* or *excellent* mental health.

Figure 10. Mental Health Rating
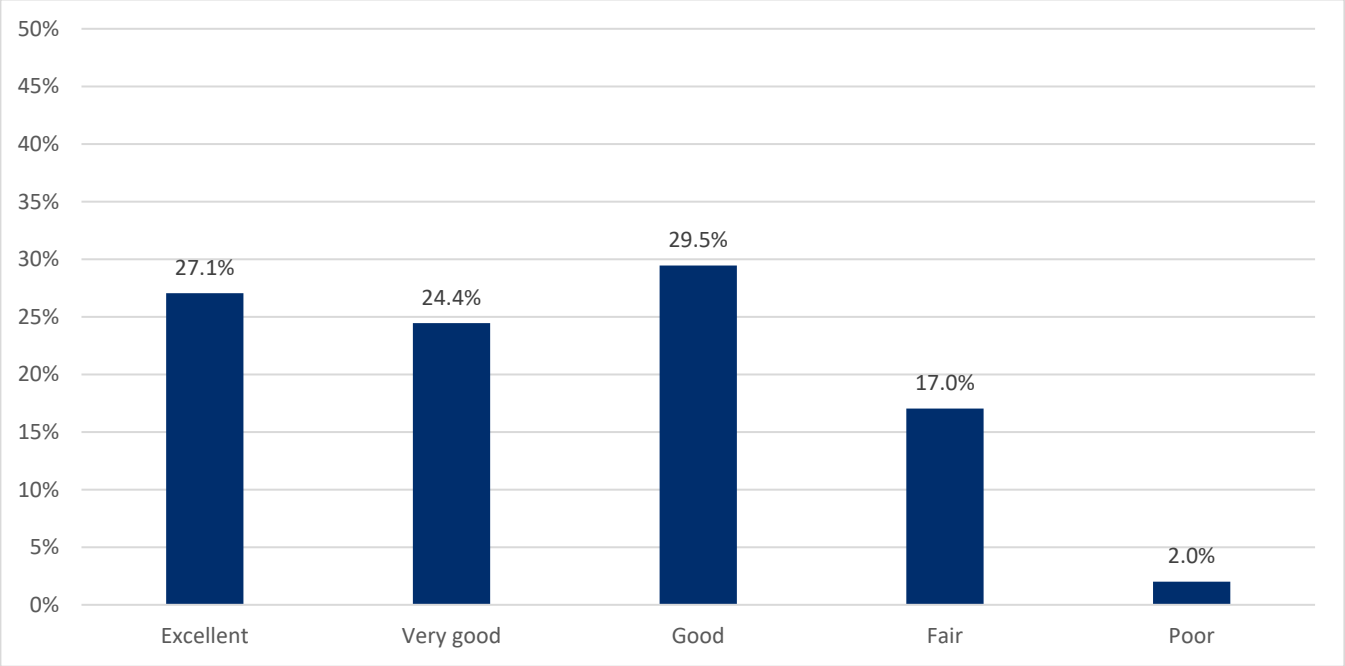
Note: *n* = 470.

Residents were asked to explain the reason for their mental health rating. To better understand the findings, these explanations are analyzed and presented by their initial mental health rating.

Among those who provided an *excellent* rating for their mental health, these residents typically wrote positively about their life such as being physically healthy, mentally healthy, or happy overall (*n* = 32). Others also stated that they have great family/home/friends (*n* = 18), and others stated they were self-sufficient/independent/determined (*n* = 10). See the table below for additional themes.

Table 1. Mental Health Excellent Rating Explanation

Theme	Count
Physically/mentally healthy/well/happy overall	32
No mental health problems	27
Great family/home/friends	18
Self-sufficient/independent/determined to do well	10
God/faith/religion	8
Good cognition	4
Support system	1

"Physical is excellent. I'm retired 10 years, surrounded by loving, caring family members, happily married 14 years."

Like mentioned previously with the excellent ratings, among those with *very good* ratings, responses were typically about being physically healthy, mentally healthy, or happy overall (*n* = 49). Others also stated they were self-sufficient/independent/determined (*n* = 15). Some also mentioned that they're doing alright, having some good and bad days (*n* = 8), and having a great family/home/friends (*n* = 8). See the table below for additional themes.

Table 2. Mental Health Very Good Rating Explanation

Theme	Count
Physically/mentally healthy/well/happy overall	49
Self-sufficient/independent/determined to do well	15
Doing OK/some good, some bad days	8
Great family/home/friends	8
No mental health problems	5
Support system	4
Mental health disorders/problems/traumas/general stress	4
God/faith/religion	4
Good job/employed	3
Retired	2
Memory problems	2
Difficult economy/financial problems/work stress	2
Not enough mental health providers or resources	1

"I feel good when I get up and go through my day. I am thankful for my family and what we have worked for and have. We have a good support system through family and friends and our faith."

Residents who provided a *good* rating typically emphasized again that they are doing alright and have some good and bad days (*n* = 28). Others mentioned having mental health problems or general stressors (*n* = 19), and some also mentioned the difficult economy or financial problems (*n* = 11). See the table below for additional themes.

Table 3. Mental Health Good Rating Explanation

Theme	Count
Doing OK/some good, some bad days	28
Mental health disorders/problems/traumas/general stress	19
Physically/mentally healthy/well/happy overall	13
Difficult economy/financial problems/work stress	11
Self-sufficient/independent/determined to do well	8
Physical health problems	5
Family loss	5
Great family/home/friends	5
Getting older	4
Significant community problems	4
Not enough mental health providers or resources	4
Good job/employed	4
Nothing available in the community	3
God/religion	3
Support system	1
School stress	1
Retired	1
Memory problems	1
Divorce/widowed/no family/partner	1
No mental health problems	1

"My mental health is good. Just like any person though, I can have my days or certain life events take place that can cause a decline in my mental health."

Among residents who provided a *fair* rating, most explanations were about mental health disorders/problems/traumas/general stress (*n* = 34). Others also explained that there are not enough mental health providers or resources (*n* = 7). Some also mentioned physical health problems (*n* = 7) and the difficult economy or financial problems (*n* = 7). See the table below for additional themes.

Table 4. Mental Health Fair Rating Explanation

Theme	Count
Mental health disorders/problems/traumas/general stress	34
Not enough mental health providers or resources	10
Physical health problems	7
Difficult economy/financial problems/work stress	7
Family loss	5
Divorce/widowed/no family/partner	4
Substance use	3
Doing OK/some good, some bad days	3
Getting older	2
Memory problems	2
Significant community problems	2
Generally not well	2
No friends	1

"I struggle with depression and I don't feel like there's enough resources available in our small town to help me. Most doctors don't take you serious."

Like with the ratings above, residents with *poor* mental health ratings also cited mental health disorders/problems/traumas/general stress (*n* = 5). See the table below for additional themes.

Table 5. Mental Health Poor Rating Explanation

Theme	Count
Mental health disorders/problems/traumas/general stress	5
Significant community problems	2
Not enough mental health providers or resources	2
Physical health problems	1
Difficult economy/financial problems/work stress	1

Residents were also asked about mental health concerns ("Have you had any emotional, mental, or behavioral problems that concerned you during the past 12 months?"), and then those who said "yes" were further asked, "Have you ever needed mental healthcare in the past year but couldn't get it?" This order of questions allows an estimation of unmet mental healthcare needs.

As illustrated below, nearly a quarter (24.6%) of residents had an emotional, mental, or behavioral problem that concerns them during the past 12 months. Of those who had these concerns, more than half of them (54.2%) needed mental healthcare in the past year but couldn't get it.

Figure 11. Mental Health Concerns and Needing Help
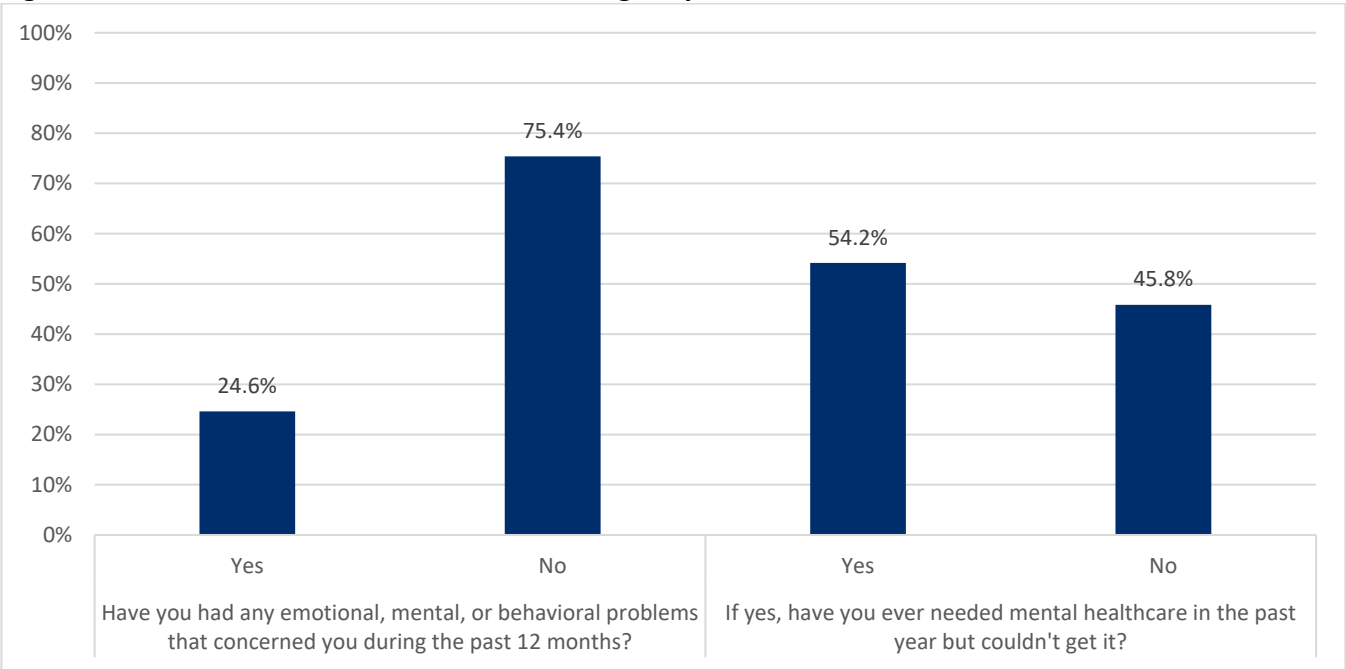
Note: Have you had any emotional, mental, or behavioral problems that concerned you during the past 12 months? *n* = 470. Have you ever needed mental healthcare in the past year but couldn't get it? *n* = 120.

Residents were asked, "Have you ever seriously considered attempting suicide in the past year?" A total of 4.4% reported that "Yes," they have seriously considered attempting suicide in the past year.

Figure 12. Suicidal Ideations

4.4%

95.6%

■ Yes ■ No
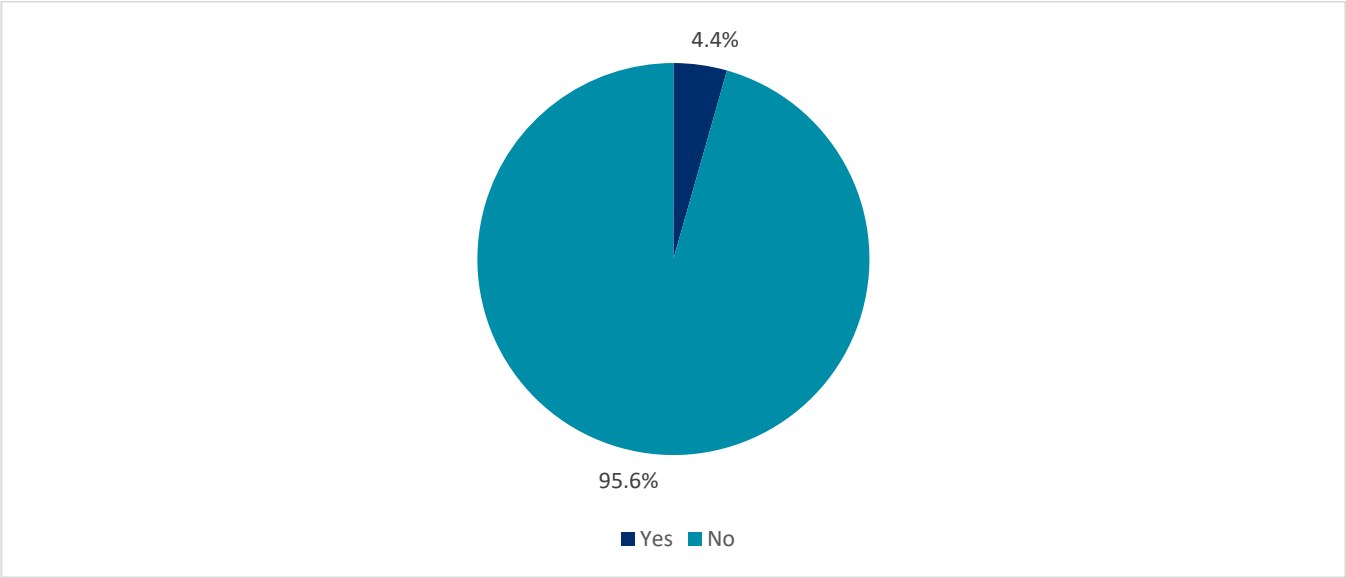
Note: *n* = 499.

This section includes questions from the Kessler six-item scale,[4] which is a validated tool used to measure psychological distress. Items from the scale receive a numerical rating (e.g., *All of the time* = 4, and *None of the time* = 0) to get the summed total. Then, a cut-off score that indicates serious mental distress (above or equal to a summed score of 13)[5] can be determined.

When these items are calculated, the average score was 5.7, with a minimum of zero (no mental distress) and a maximum of 24 (severe mental distress). A total of 14.6% of residents were scored at 13 or higher on this scale, indicated serious mental distress.

Figure 13. Mental Illness Indicator
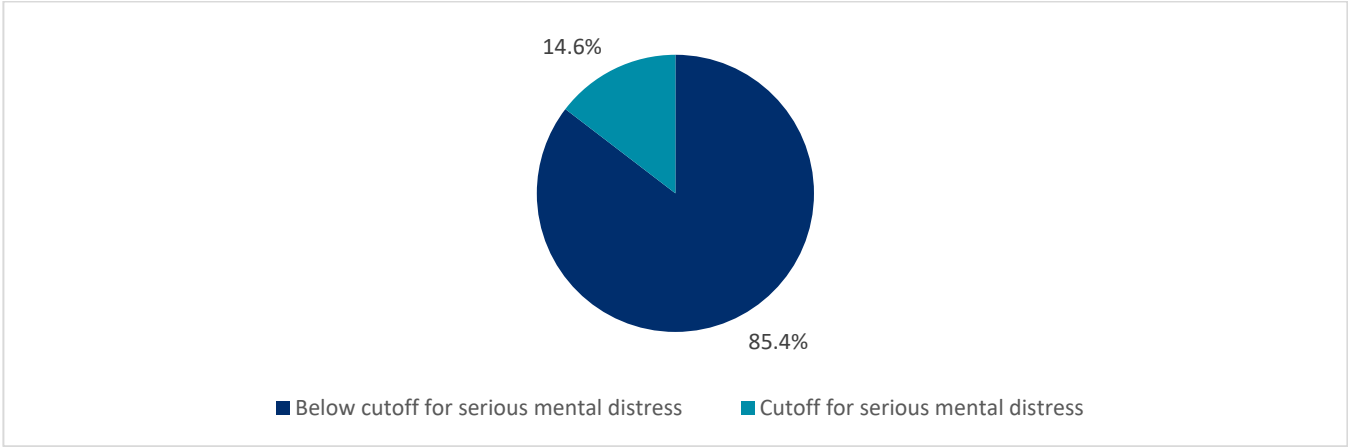
Note: *n* = 492.

See the ratings for the individual items in the figure below.

Figure 14. Psychological Distress Items
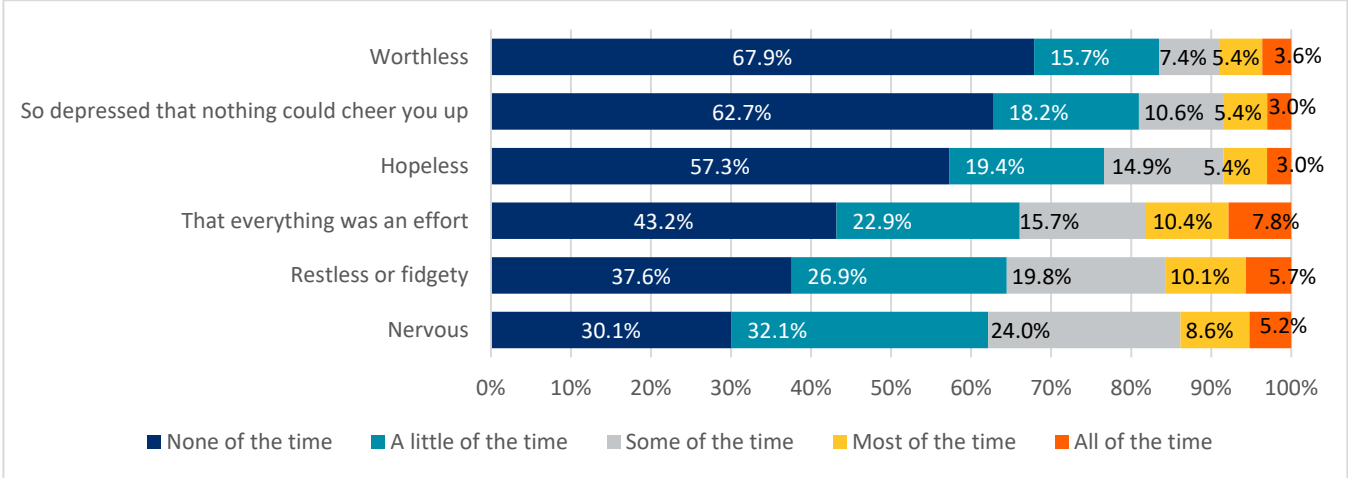
Note: Nervous *n* = 499, hopeless *n* = 496, restless or fidgety *n* = 495, so depressed that nothing could cheer you up *n* = 499, that everything was an effort *n* = 498, and worthless *n* = 498,

---

[4] Prochaska, J. J., Sung, H. Y., Max, W., Shi, Y., & Ong, M. (2012). Validity study of the K6 scale as a measure of moderate mental distress based on mental health treatment need and utilization. *International Journal of Methods in Psychiatric Research*, *21*(2), 88-97.

[5] Ibid.

Stigma and Mental Health

Residents were asked, "How comfortable are you with getting mental health services IF you needed it?" The majority (60.9%) were either *very comfortable* or *comfortable*, whereas 11.6% were either *uncomfortable* or *very uncomfortable*.

Figure 15. Comfort with Getting Mental Health Services
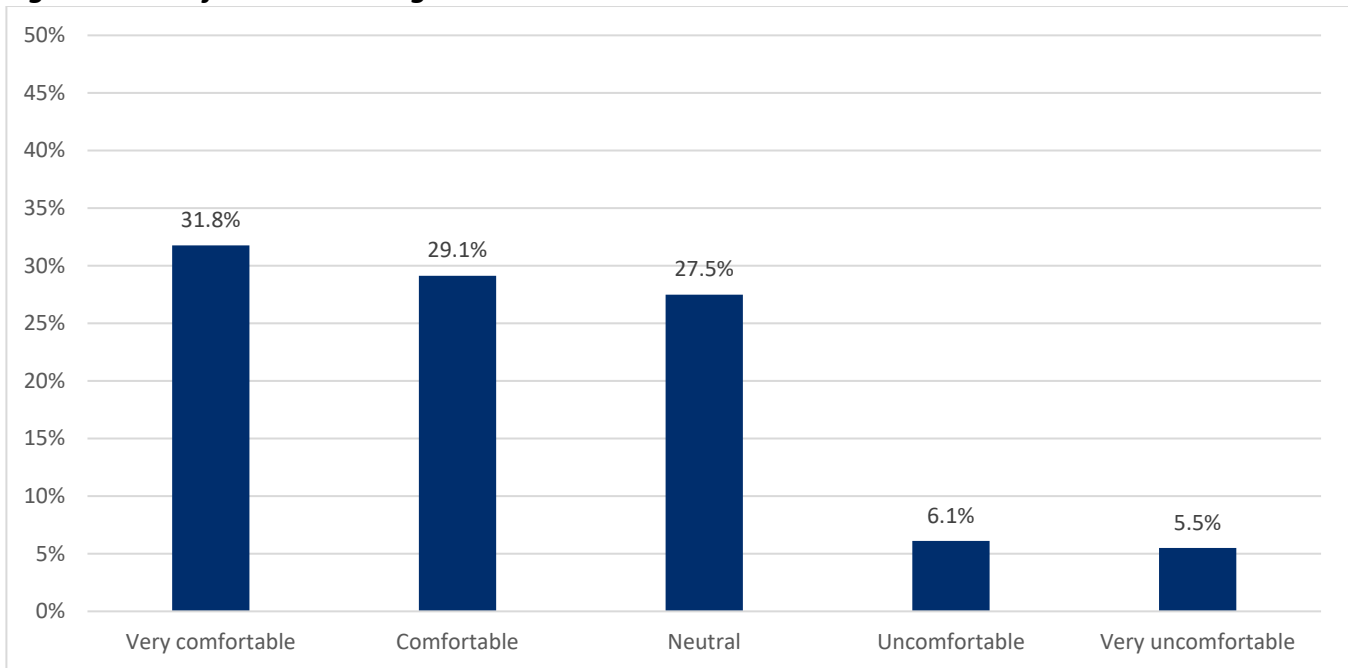
Note: *n* = 491.

Residents were asked to explain the reason for their comfort rating in seeking mental health services. To better understand the findings, these explanations are analyzed and presented by their comfort rating. Residents who provided a *very comfortable* rating typically emphasized the necessity, importance, and acceptance of getting mental health services when it is needed (*n* = 89). Others mentioned that they are already getting mental health services or they have in the past (*n* = 15). See the table below for additional details.

Table 6. Getting Mental Health Services – Very Comfortable Rating

Theme	Count
Necessary/important to get help when needed	89
Already getting help/have gotten help	15
Not many resources available here	8
No mental health problems	1
Prefer out of town services	1
Cost/insurance is a factor	1
Not sure	1
Small town - people know/confidentiality problems	1

"I believe everybody could use some mental health here and there. It's best to go to a Doctor or someone that can help you if you're feeling down."

Like before, residents who provided a *comfortable* rating typically emphasized the necessity, importance, and acceptance of getting mental health services when it is needed (*n* = 74). That said, there were just a few mentions of disliking therapy or having problems with providers (*n* = 7). See the table below for additional themes.

Table 7. Getting Mental Health Services – Comfortable Rating

Theme	Count
Necessary/important to get help when needed	74
Dislike therapy/problems with healthcare providers	7
Already getting help/have gotten help	5
Not many resources available here	4
Can't get mental services because of insurance	2
Services available now	2
Small town - people know/confidentiality problems	2
Not comfortable sharing with a stranger	1
Prefer out-of-town services	1
Can afford it	1
Cost/insurance is a factor	1
Difficulty getting appointments	1
Not sure	1
Difficult to admit/ask for help/embarrassed/stigma	1

"They provide a much-needed safe space and educate one about 'tools' to help one recover and design healthier coping skills."

Similar to before, residents who gave a *neutral* rating emphasized the necessity, importance, and acceptance of getting mental health services when it is needed (*n* = 21). Residents also stated not being sure about mental health services (*n* = 9), not needing services (*n* = 8), and disliking therapy or having problems with healthcare providers (*n* = 7). See the table below for additional details.

Table 8. Getting Mental Health Services – Neutral Rating

Theme	Count
Necessary/important to get help when needed	21
Not sure	9
Don't need services	8
Dislike therapy/problems with healthcare providers	7
Not many resources available here	5
Not comfortable sharing with a stranger	4
Small town - people know/confidentiality problems	4
Never had treatment	3
Cost/insurance is a factor	3
Difficulty getting appointments	3
Already getting help/have gotten help	3
Need to learn more about it	2
Not enough time	2
No mental health problems	1
Nervous/first time	1
Difficult to admit/ask for help/embarrassed/stigma	1

"I would feel okay asking for help if I needed it."

Residents who gave an *uncomfortable* or *very uncomfortable* rating were similar in that they emphasized disliking therapy or having experienced problems with healthcare providers (*n* = 4 for both ratings). Likewise, residents also emphasized concerns with Blythe being a small town (and thus knowing people when getting treatment) or there being confidentiality concerns (*n* = 4 for both ratings). See the tables below for additional details.

Table 9. Getting Mental Health Services – Uncomfortable Rating

Theme	Count
Dislike therapy/problems with healthcare providers	4
Small town - people know/confidentiality problems	4
Difficult to admit/ask for help/embarrassed/stigma	4
Not many resources available here	3
Not comfortable sharing with a stranger	2
Nervous/first time	1

I don't trust them. They seem to have a lack of understanding.

Table 10. Getting Mental Health Services – Very Uncomfortable Rating

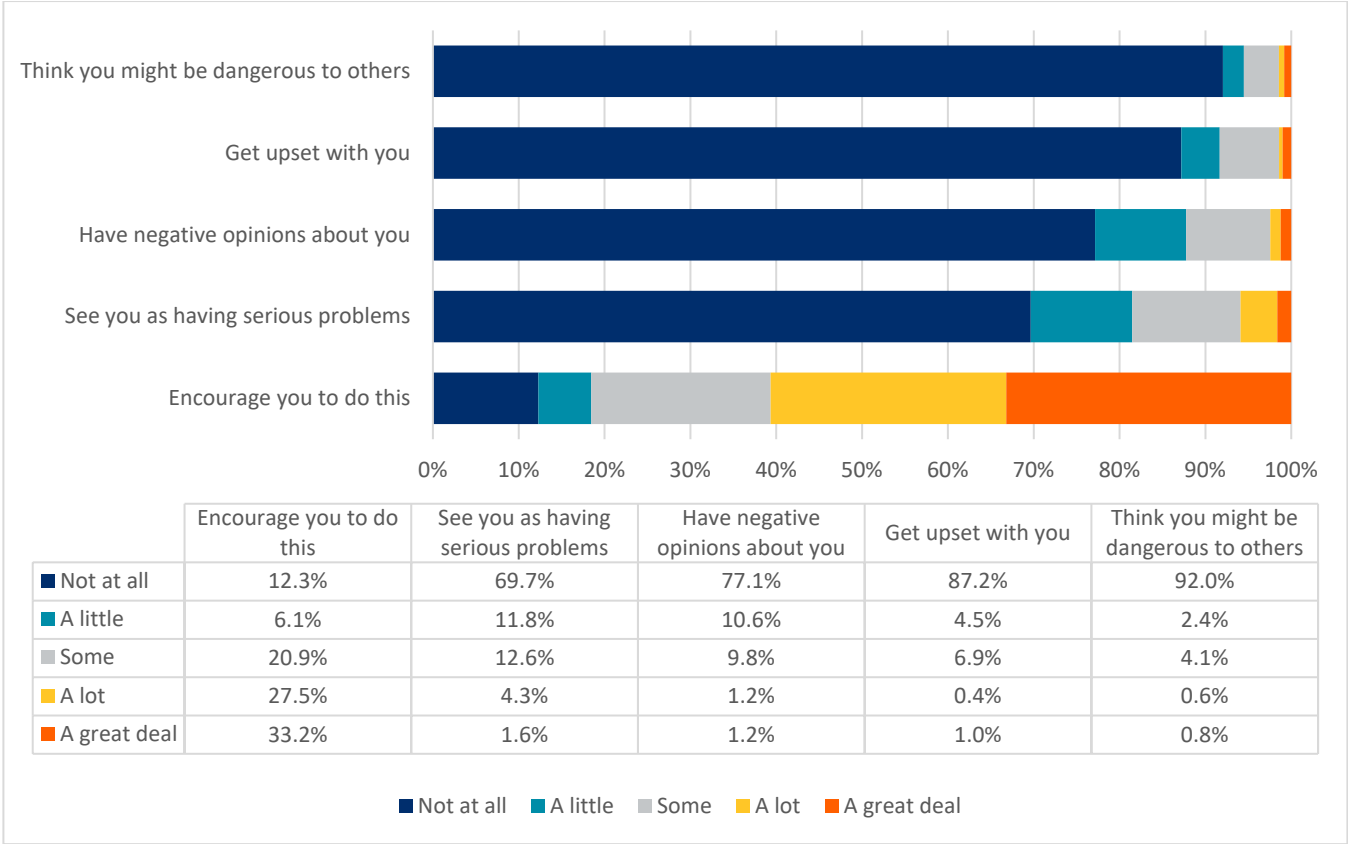| Theme	Count
Dislike therapy/problems with healthcare providers	4
Small town - people know/confidentiality problems	4
Don't need services	3
Difficult to admit/ask for help/embarrassed/stigma	2
Not comfortable sharing with a stranger	1
Nervous/first time	1

"There is no confidentiality in life; time and time again my confidentiality has been broken. It's very unsettling to know that your personal business is put out there by the same people that are trying to help you."

Respondents were asked questions around stigma and mental health. These questions were inspired by the Perceptions of Stigmatization by Others for Seeking Help Scale.[6] They were asked, "How do you think your friends and family would react IF you got help from a counselor or therapist?" and then provided with a list of options. As illustrated in the figure below, a majority of residents stated that family and friends would encourage them a lot or a great deal (60.7%) to get mental health services. Further, a majority stated that family and friends would not at all have negative opinions (77.1%), get upset (87.2%), or think they are dangerous (92.0%) for getting mental health services.

On the other hand, about 18.5% of residents stated that family or friends would see them as having serious problems to some extent, a lot, or a great deal for seeking mental health services.

See the figure below for additional details.

Figure 16. Stigma Perceptions Around Mental Health

	Encourage you to do this	See you as having serious problems	Have negative opinions about you	Get upset with you	Think you might be dangerous to others
Not at all	12.3%	69.7%	77.1%	87.2%	92.0%
A little	6.1%	11.8%	10.6%	4.5%	2.4%
Some	20.9%	12.6%	9.8%	6.9%	4.1%
A lot	27.5%	4.3%	1.2%	0.4%	0.6%
A great deal	33.2%	1.6%	1.2%	1.0%	0.8%

Not at all ■ A little ■ Some ■ A lot ■ A great deal ■

Note: Encourage you to do this *n* = 488, get upset with you *n* = 492, have negative opinions about you *n* = 490, see you as having serious problems *n* = 491, and think you might be dangerous to others *n* = 490.

---

[6] Vogel, D. L., Wade, N. G., & Ascheman, P. L. (2009). Measuring perceptions of stigmatization by others for seeking psychological help: Reliability and validity of a new stigma scale with college students. *Journal of Counseling Psychology*, *56*(2), 301.

Barriers to Mental Healthcare

Respondents were asked about barriers to mental healthcare, via a modified version of the Barriers to Access to Care Evaluation Scale[7]: "Have any of these issues stopped you from seeking professional mental health care in the past year?"

As illustrated below, the most common barriers to mental healthcare were people wanting to handle the problem by themselves (24.7%), not liking to talk about their feeling, emotions, or thoughts (23.1%), thinking the problem would get better by itself (22.6%), and that they couldn't afford the cost (21.8%).

Figure 17. Barriers to Mental Healthcare
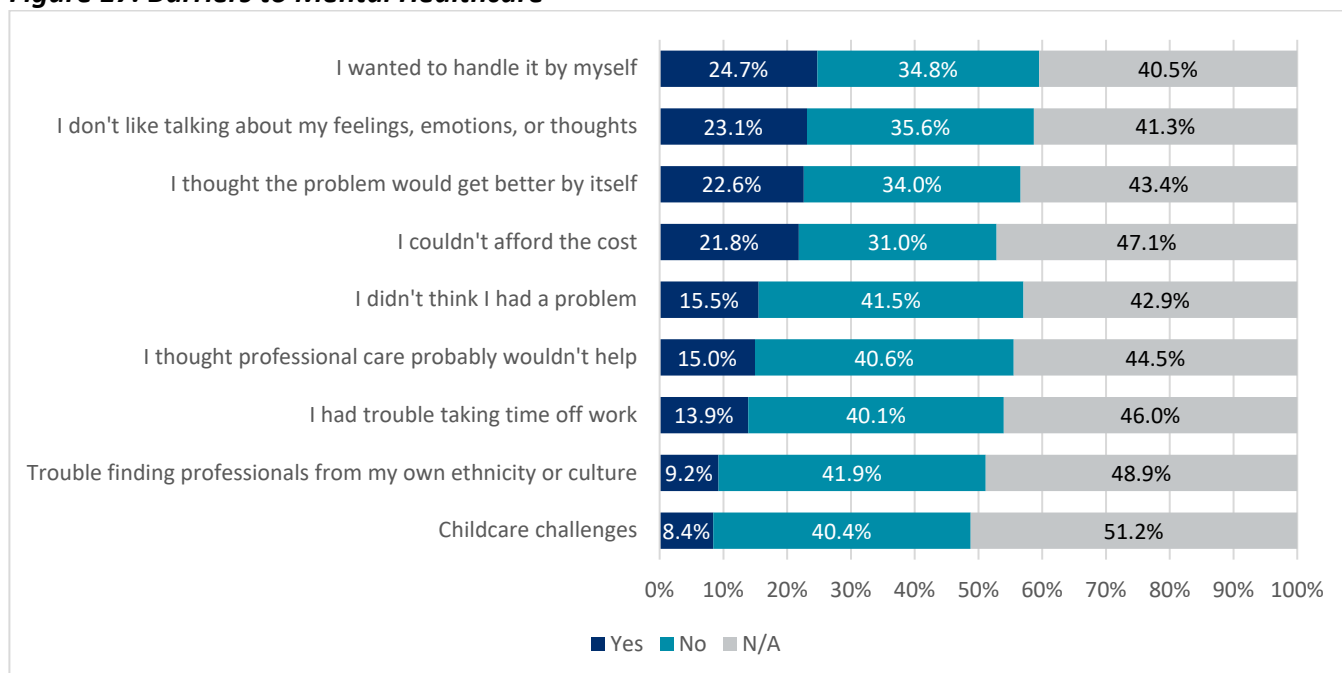
Note: I wanted to handle it by myself *n* = 489, I thought the problem would get better by itself *n* = 491, I couldn't afford the cost *n* = 490, I thought professional care probably wouldn't help *n* = 488, I don't like talking about my feelings, emotions, or thoughts *n* = 489, I didn't think I had a problem *n* = 489,I had trouble taking time off work *n* = 489, childcare challenges *n* = 488, and I had trouble finding professionals from my own ethnic or cultural group *n* = 487.

---

[7] Clement, S., Brohan, E., Jeffery, D., Henderson, C., Hatch, S. L., & Thornicroft, G. (2012). Development and psychometric properties the Barriers to Access to Care Evaluation scale (BACE) related to people with mental ill health. *BMC Psychiatry*, *12*, 1-11.

Substance Use

Residents were asked, "Have you ever felt you needed help with alcohol or drug use in the past year?" and were also prefaced with the following:

> "This next section is about substance use, like alcohol or drugs. We use this information to estimate how people use drugs. Your answers are not shared with anyone."

About 42.6% reported that they don't use alcohol or drugs, and then 50.6% stated "No," that they haven't needed help with substance use, leaving 6.8% of residents who felt they needed help with substance use.

Figure 18. Needed Help with Substance Use
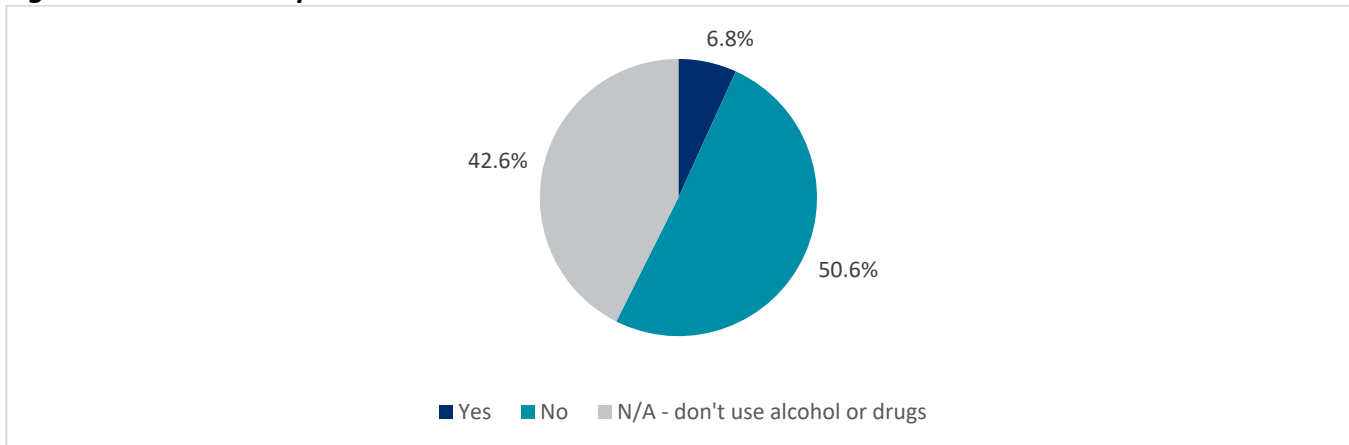
Note: *n* = 500.

Those who said "Yes," that they needed help with alcohol or drug use in the past year were further asked, "If yes, why did you feel you needed help?" As illustrated in the table below, residents reported drinking too much (*n* = 8), they cannot stop without help (*n* = 7), and that they use drugs to self-medicate (*n* = 7). See the table below for additional details.

Table 11. Reasons for Needing Substance Use Help

Theme	Count
Drinking too much	8
Can't stop without help	7
Use drugs to self-medicate	7
Making improvements	3
Relapsed	1
No one to talk to	1
Thinking more about health	1
Medical problems	1

"I've drank beer [since] high school. My ADHD/mild autism has made it hard for me to fit in. Now I can't seem to enjoy life without alcohol. After 40 years of drinking 3 or 4 times a week I'm having pain in my kidney and liver, yet I still have the desire to drink."

Those who said "Yes," that they needed help with alcohol or drug use in the past year were also asked, "Have you ever needed substance use treatment in the past year but couldn't get it?" Just under a third (30.3%) reported that "Yes," they have needed substance use treatment in the past year but couldn't get it.

Figure 19. Needed Substance Use Treatment in Past Year but Couldn't Get It
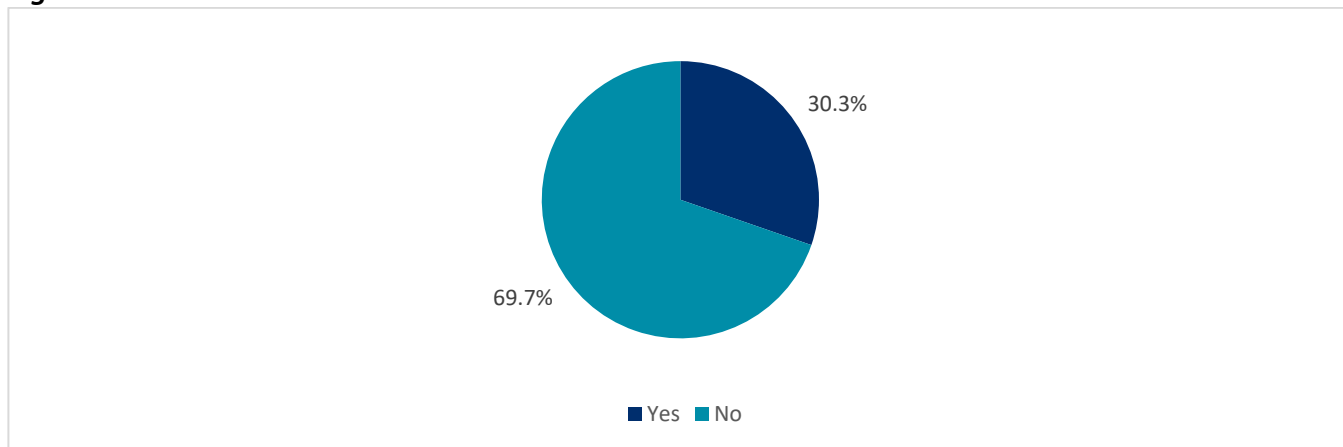
Note: *n* = 33.

To estimate substance usage, residents were asked, "Have you OR anyone in your household used one of the following?" and were reminded that answers would not be shared with anyone. Marijuana and alcohol were certainly the most common substances reported for daily usage at 14.5%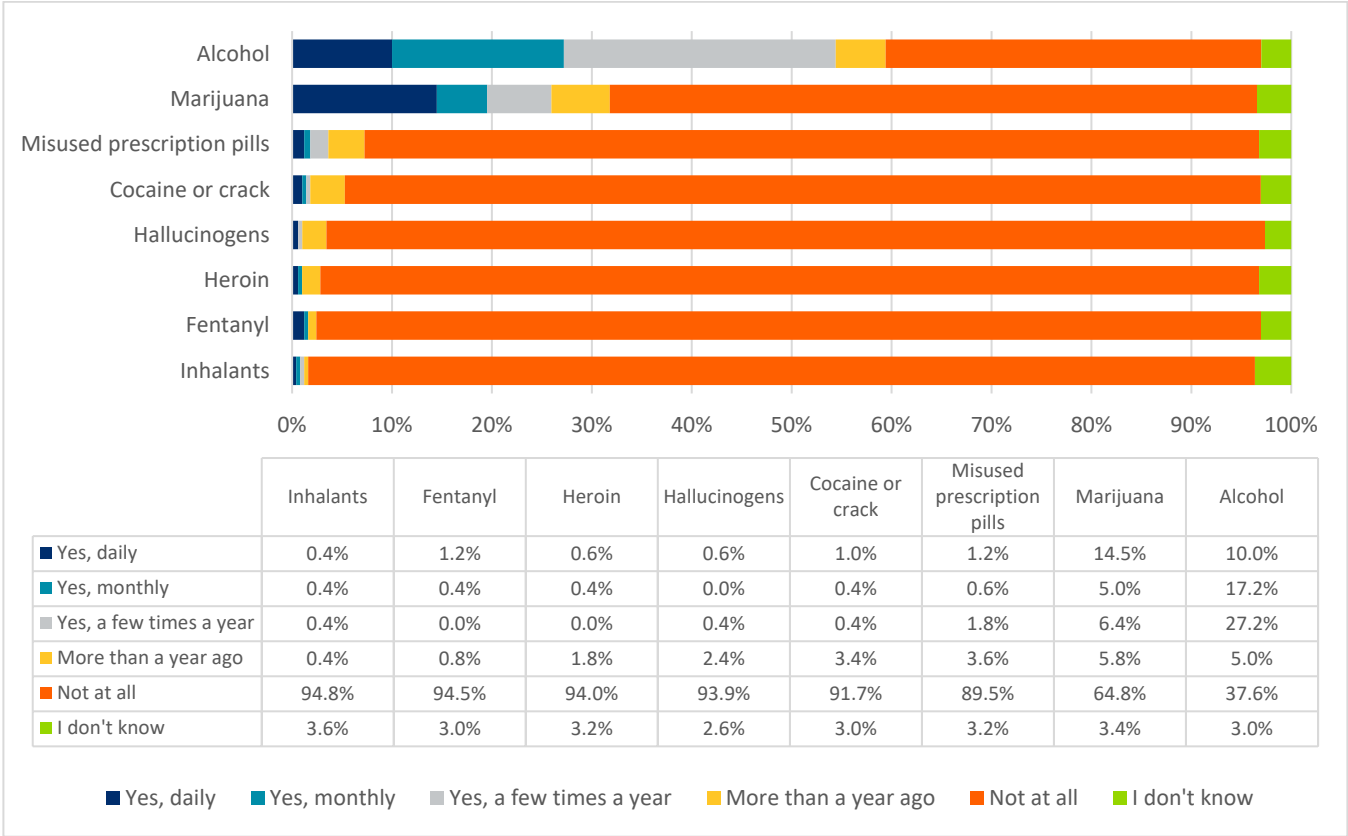 and 10.0%, respectively. Monthly usage for alcohol (17.2%) is also much higher than any other substance including monthly marijuana usage (5.0%).

When looking at usage across all frequency categories (a few times per year, monthly, and daily), usage for alcohol is at a total of 54.4%, marijuana at 26.0%, misusing prescription pills at 3.6%, cocaine or crack at 1.8%, fentanyl at 1.6%, inhalants at 1.2%, heroin at 1.0%, and then hallucinogens at 1.0%. See the figure below for additional details.

Figure 20. Household Substance Usage

	Inhalants	Fentanyl	Heroin	Hallucinogens	Cocaine or crack	Misused prescription pills	Marijuana	Alcohol
■ Yes, daily	0.4%	1.2%	0.6%	0.6%	1.0%	1.2%	14.5%	10.0%
■ Yes, monthly	0.4%	0.4%	0.4%	0.0%	0.4%	0.6%	5.0%	17.2%
▪ Yes, a few times a year	0.4%	0.0%	0.0%	0.4%	0.4%	1.8%	6.4%	27.2%
■ More than a year ago	0.4%	0.8%	1.8%	2.4%	3.4%	3.6%	5.8%	5.0%
■ Not at all	94.8%	94.5%	94.0%	93.9%	91.7%	89.5%	64.8%	37.6%
■ I don't know	3.6%	3.0%	3.2%	2.6%	3.0%	3.2%	3.4%	3.0%

■ Yes, daily ■ Yes, monthly ▪ Yes, a few times a year ■ More than a year ago ■ Not at all ■ I don't know

Note: Alcohol *n* = 500, cocaine or crack *n* = 493, heroin *n* = 496, hallucinogens (LSD, PCP, Ecstasy) *n* = 495, inhalants *n* = 496, fentanyl *n* = 495, marijuana *n* = 497, and misused prescription pills *n* = 497.

Healthcare Utilization and Barriers

Residents were asked, "How long has it been since you last visited a doctor, family doctor, or nurse practitioner or other health care provider such as specialists?" As illustrated in the figure below, about two-thirds (63.7%) have seen a healthcare provider within the last six months. Conversely, about 7.9% have never been for treatment, and 8.9% haven't been to a healthcare provider within two or more years.

Figure 21. Times Since Last Healthcare Provider Visit
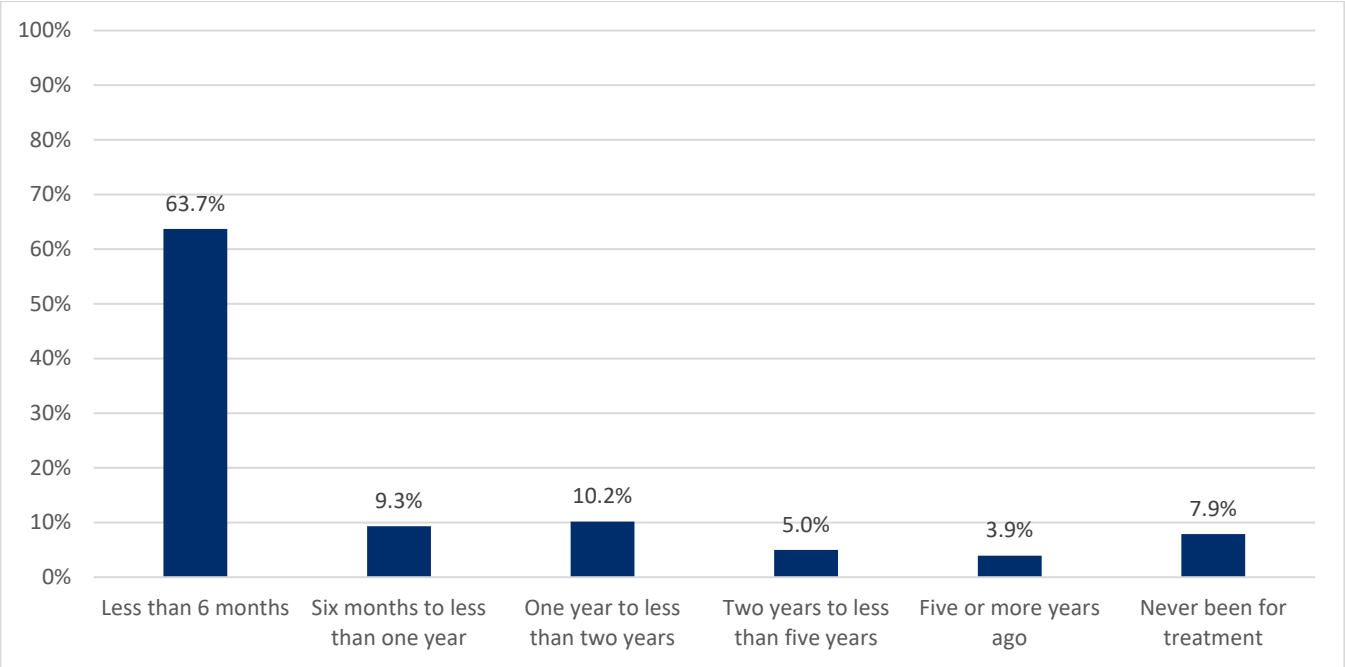
Note: *n* = 482.

Residents were also asked, "In the past 12 months, have any of the following things made it very difficult or impossible for you to get healthcare?" As illustrated in the figure below, the most common barriers to healthcare include not having enough doctors (42.7%) and the length of time it takes to get an appointment (41.6%). See the figure below for additional details.

Figure 22. Barriers to Healthcare
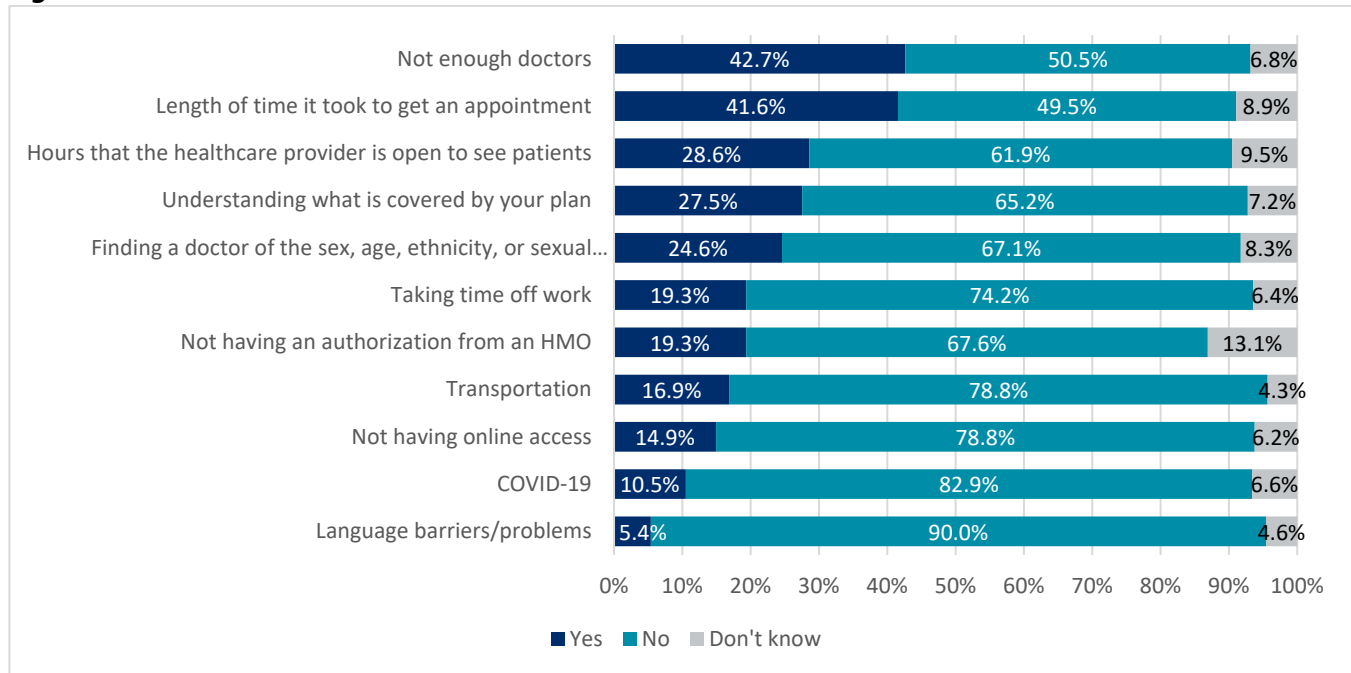
Note: COVID-19 *n* = 485; not enough doctors *n* = 483; finding a doctor of the sex, age, ethnicity, or sexual orientation that is comfortable for you *n* = 484; hours that the healthcare provider is open to see patients *n* = 483; language barriers/problems n = 482; length of time it took to get an appointment *n* = 481; not having an authorization from an HMO *n* = 481; taking time off work *n* = 481; transportation *n* = 485; understanding what is covered by your plan *n* = 483; and not having online access *n* = 482.

Final Comments

As a final question, residents were asked, "Is there anything else you'd like to tell us about mental health around the City of Blythe and unincorporated communities in the Palo Verde Valley?"

Respondents most often cited the need for mental health resources and more therapists (*n* = 97). For example, one resident stated, "*Blythe could really use additional mental health support as it is currently almost non existent. Anything would be helpful just to give people an option locally rather than having to travel out of town to seek help.*"

Others also mentioned homelessness problems (*n* = 59), often citing concurrent mental health or substance use issues. For example, one resident stated, "*There are a lot of homeless people in the Blythe community that seem to be suffering from mental health and drug abuse issues.*" Other concerns included a lack of general healthcare (*n* = 41) and rampant drug abuse/addiction (*n* = 38). See the table below for additional details.

Table 12. Final Comments

Theme	Count
Need for mental health resources/more therapists	97
Homelessness problems	59
Lack of general healthcare services/more doctors/better doctors	41
Drug abuse/addiction	38
General - more resources/help	23
Needs community and economic development/poverty problems	16
Children/adolescents need more support/counseling for youth	15
Crime and safety concerns	6
Parenting classes/resources	3
Transportation	3
Knowledge of where to get help	3
Domestic violence services needed	2
Insurance problems	2
Confidentiality problems with existing services	2
Better schooling is needed	1
Religious and spiritual support	1
More providers from out of town	1
Veteran services	1

"Blythe needs more QUALITY Mental Health resources from companies that provide services 7 days a week. Not just from people who come to Blythe on specific days. Blythe belongs to Riverside County just as much as Indio, Palm Springs, Banning, Beaumont and Riverside do. But because of distance and the sheer lack of interest, care and concern about Blythe, the residents who pay the same taxes as the rest of the county pays, receive FAR less in County services as the rest of the towns and cities in Riverside County."

Conclusion

RAP and HARC collaboratively developed a survey that was community-driven involving topics of mental health, stigma, and barriers to care for the region of Blythe. The project aimed to acquire Blythe-specific data pertinent to mental health with the ultimate hope of bringing in much-needed resources to the Blythe region.

One of the key findings from the survey is the significant concern about mental health, with 19.0% of residents rating their mental health as fair or poor. Explanations for these ratings often included stress, trauma, and a perceived lack of adequate mental health resources. About a quarter (24.6%) had mental health concerns in the past year, but more than half of them (54.2%) were unable to get the mental healthcare they needed.

Stigma associated with seeking mental health services remains a challenge. About 60.9% expressed comfort with the idea of obtaining mental health services if needed; however, about 11.6% of residents still feels uncomfortable or very uncomfortable with seeking such help, often citing confidentiality concerns and previous negative experiences with healthcare providers.

Barriers to accessing mental healthcare predominantly included preferences for handling problems independently (24.7%), discomfort discussing personal issues (23.1%), and financial constraints (21.8%). Additionally, substance use emerged as a significant concern, with 6.8% of respondents feeling the need for help regarding their use of alcohol or drugs.

Additionally, over a fifth of residents (22.1%) reported having been homeless at some point in their lives.

These survey data suggest a need for increasing the availability and accessibility of mental health services, substance use treatment, and helping residents who are experiencing homelessness/insecure housing, alongside efforts to reduce stigma and enhance community trust in mental health resources/professionals.

Appendix: Survey

The survey is on the next page.

Blythe Health Survey

Fourth District Supervisor V. Manuel Perez, the RAP Foundation, and Innercare want to learn what your community needs. This survey will get local information to help get more mental healthcare for the areas around the City of Blythe and unincorporated communities in the Palo Verde Valley.

This survey is confidential, and your answers will be mixed in with others.

The unique code you write in below for the survey is tied to your mailing address. So once you complete this survey, we will already have your mailing address and will send you the $10 gift card. No need to send us your name or address.

This survey takes less than ten minutes.

➡ Please write in your **code** (found on "**Step 3**" of the original **survey invite letter** you received)
CODE: _____

This section of questions is about mental health. This can mean many things, but generally mental health is about how you feel and think and get through life's ups and downs.

1. How is your **mental health** in general?

   o   Excellent
   o   Very good
   o   Good
   o   Fair
   o   Poor

2. Please explain the reason for your rating.

   _____

   _____

   _____

   _____

3. Have you had any emotional, mental, or behavioral problems that concerned you during the past 12 months?

   o   Yes
   o   No [*skip to #5*]

4. Have you ever needed mental healthcare in the past year but couldn't get it?

   o   Yes
   o   No

5. Have you ever seriously considered attempting suicide in the past year?

   o   Yes
   o   No

In the tables below, mark an "X" next to each option.

In the past 30 days, **how often have you felt:**	All of the time	Most of the time	Some of the time	A little of the time	None of the time
6. Nervous					
7. Hopeless					
8. Restless or fidgety					
9. So depressed that nothing could cheer you up					
10. That everything was an effort					
11. Worthless					

This next section is about substance use, like alcohol or drugs. We use this information to estimate how people use drugs. Your answers are not shared with anyone.

12. Have you ever felt you needed help with alcohol or drug use in the past year?
    - o Yes ─────────────────────────►
    - o No [*skip to #15*]
    - o N/A – don't use alcohol or drugs [*skip to #15*]

13. If yes, why did you feel you needed help?

    _____

    _____

    _____

    _____

14. Have you ever needed substance use treatment in the past year but couldn't get it?
    - o Yes
    - o No

For this next question, remember that your answers are not shared with anyone.

Have you OR anyone in your household **used one of the following**?	Yes, daily	Yes, monthly	Yes, a few times a year	More than a year ago	Not at all	I don't know
15. Alcohol						
16. Cocaine or crack						
17. Heroin						
18. Hallucinogens (LSD, PCP, Ecstasy)						
19. Inhalants						
20. Fentanyl						
21. Marijuana						
22. Misused prescription pills						

23. How comfortable are you with getting mental health services IF you needed it?
    - o Very comfortable
    - o Comfortable
    - o Neutral
    - o Uncomfortable
    - o Very comfortable

24. Please describe the reason for your above rating:

_____

_____

_____

How do you think **your friends and family would react** IF you got help from a counselor or therapist?	Not at all	A little	Some	A lot	A great deal
25. Encourage you to do this					
26. Get upset with you					
27. Have negative opinions about you					
28. See you as having serious problems					
29. Think you might be dangerous to others					

Have any of these issues **stopped you from seeking professional mental health care** in the past year?	Yes	No	N/A
30. I wanted to handle it by myself			
31. I thought the problem would get better by itself			
32. I couldn't afford the cost			
33. I thought professional care probably wouldn't help			
34. I don't like talking about my feelings, emotions, or thoughts			
35. I didn't think I had a problem			
36. I had trouble taking time off work			
37. Childcare challenges			
38. I had trouble finding professionals from my own ethnic or cultural group			

39. How long has it been since you last visited a doctor, family doctor, or nurse practitioner or other health care provider such as specialists?
     o   Less than 6 months
     o   Six months to less than one year
     o   One year to less than two years
     o   Two years to less than five years
     o   Five or more years ago
     o   Never been for treatment

In the past 12 months, have any of the following things **made it very difficult or impossible for you to get healthcare**?	Yes	No	Don't know
40. COVID-19			
41. Not enough doctors			
42. Finding a doctor of the sex/age/ethnicity/or sexual orientation that is comfortable for you			
43. Hours that the healthcare provider is open to see patients			
44. Language barriers/problems			
45. Length of time it took to get an appointment			
46. Not having an authorization from an HMO			
47. Taking time off work			
48. Transportation			
49. Understanding what is covered by your plan			
50. Not having online access			

51. Have you ever in your life been homeless?
     o   Yes
     o   No
     o   I don't know

52. Which racial group do you identify with most?
    o American Indian/Alaska native
    o Asian/Asian American
    o Black/African American
    o Hispanic/Latino/Spanish origin
    o Native Hawaiian or other Pacific Islander
    o White/Caucasian
    o Other (please specify): _____

53. What sex were you assigned at birth, on your original birth certificate?
    o Male
    o Female

54. How do you describe yourself?
    o Male
    o Female
    o Transgender
    o Non-binary
    o I use a different term: _____

55. What is your age? _____

56. What's the highest grade you completed in school?
    o No formal education
    o Elementary school
    o Some high school
    o High school or equivalent
    o Vocational, business, or trade school
    o 2-year junior or community college
    o 4-Year college or university
    o Graduate or professional school

57. How many people, **including yourself**, live in your household? *Circle one option.*

    1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 - 11 - 12+

This next question asks about household income. We ask this so we can determine poverty in the area. When answering, include all income from jobs, social security, retirement, unemployment, public assistance, investments, etc. It doesn't have to be exact. Your best guess is fine.

58. Last year, what was your household income from all sources before taxes?
    o $0 - $14,580
    o $14,581 to $19,720
    o $19,721 to $24,860
    o $24,861 to $30,000
    o $30,001 to $35,140
    o $35,141 to $40,280
    o $40,281 to $45,420
    o $45,421 to $50,560
    o $50,561 to $55,700
    o $55,701 to $60,840
    o $60,841 to $65,980
    o $65,981 to $71,120
    o $71,121 to $76,260
    o $76,261 to $81,400
    o $81,401 to $86,540
    o $86,541 to $91,680
    o $91,681 to $96,820
    o $96,821 to $101,960
    o $101,960 or more

59. Which of the following do you currently live in?
    o Blythe
    o Mesa Verde
    o Ripley
    o East Blythe
    o Other (please specify):
      _____

60. Is there anything else you'd like to tell us about mental health around the City of Blythe and unincorporated communities in the Palo Verde Valley?

_____

_____

_____

_____

_____

The survey is finished! Thank you so much!