



## Mental Health of MCAH Populations in San Francisco

According to Healthy People (HP) 2030, it is a national priority to promote mental health by leveraging screening and treatment of mental disorders.<sup>1</sup> Mental health can be assessed through a spectrum of outcomes ranging from well-being to suicide death, which are shaped by social determinants of health (e.g., racism, poverty, and other social inequalities) across the life course.<sup>2,3</sup> Key developmental stages for mental health include adolescence and the perinatal period. This brief explores how San Francisco (SF) is doing with respect to maternal, child and adolescent (MCAH) mental health.

### Screening data suggest need for mental health services for one third of women ages 18-44 years in SF.

- 35% of women ages 18-44 years in SF self-reported feeling like they might need to see a professional because of problems with their mental health or use of alcohol/drugs in the past year in 2015-2019.<sup>4</sup>
  - Among adult women of all ages (18+ years), the prevalence in SF was significantly higher than statewide, 29% (95% CI: 23%-36%) vs. 22% (95% CI: 21%-22%), in 2015-2019.<sup>4</sup>
- 39% of women ages 18-44 years who reported needing help in the past year did not receive treatment from a professional, such as a primary care physician, counselor, psychiatrist, or social worker in 2015-2019.<sup>4</sup>
  - In a study of pregnant women at Zuckerberg SF General Hospital, which serves predominantly low-income, publicly-insured patients, 56% of those who reported experiencing any type of unmet service need sought psychotherapy, in particular.<sup>5</sup>
- 14% of women ages 18-44 years self-reported severe psychological distress in the past year in 2015-2019.<sup>4</sup>
- 15% of women ages 18-44 years reported ever seriously thinking about committing suicide in 2015-2019.<sup>4</sup>

### Treatment patterns suggest need to improve access to mental health services for women ages 20-44 years in SF.

Lack of access to community mental health services is associated with increased use of inpatient hospitalization.<sup>6</sup>

- 2,958 women in SF, ages 20-44, including 1,332 pregnant women, were hospitalized with a primary or secondary diagnosis of a depressive disorder in 2017-2019 (see rates in Table 1).<sup>7</sup>
  - Mental health hospitalization was significantly more frequent for Black or African American women than women in other race-ethnic groups.
- 5.1 per 100,000 (95% CI: 3.8-6.7) women ages 15-44 years died by suicide in 2015-2019.<sup>8</sup> National suicide prevention efforts aim to reduce suicide deaths to 12.8 per 100,000.<sup>9</sup>

Table 1. Rates (95% Confidence Intervals) of mental health hospitalization per 100,000 population of people of female sex ages 20-44 years in SF.

	All	Black or African American	Hispanic or Latinx	White	Asian or Pacific Islander
<b>Depressive disorders</b>					
2017	514 (481-546)	1641 (1352-1929)	897 (786-1007)	511 (461-561)	181 (149-213)
2018	530 (497-563)	1988 (1674-2302)	862 (754-970)	510 (460-560)	191 (158-224)
2019	523 (490-556)	1877 (1574-2179)	760 (658-863)	502 (452-552)	207 (172-241)
2017-2019	522 (503-541)	1837 (1663-2012)	840 (778-902)	508 (479-536)	193 (174-212)
<b>Suicidal ideation/attempt or intentional self-harm</b>					
2017	105 (90-119)	423 (277-570)	145 (101-190)	96 (74-117)	51 (34-69)
2018	120 (104-135)	594 (422-766)	121 (80-161)	98 (76-120)	70 (50-90)
2019	132 (116-148)	710 (524-896)	143 (99-187)	115 (91-139)	53 (36-70)
2017-2019	119 (110-128)	578 (480-676)	136 (111-161)	103 (90-116)	58 (48-69)
<b>Alcohol-related disorders</b>					
2017	145 (128-162)	582 (410-754)	188 (137-238)	190 (160-220)	*
2018	142 (125-159)	581 (411-751)	124 (83-165)	179 (150-209)	*
2019	147 (129-164)	735 (546-925)	157 (111-204)	174 (145-203)	*
2017-2019	145 (135-155)	634 (531-736)	156 (130-183)	181 (164-198)	22 (15-28)

Data were analyzed by SFDPH MCAH Epidemiology. Rates were calculated using numerators estimated from Office of Statewide Health Planning and Development, hospital discharge data<sup>7</sup> and U.S. Census Bureau population estimates as denominators (Table CC-EST2019-ALLDATA).<sup>11</sup>

Mental Health Definitions: Clinical Classification Software Refined (MBD002, MBD012, MBD017).<sup>10</sup> Depressive and alcohol-related disorders capture primary and secondary diagnoses. Suicide ideation/attempt or intentional self-harm captures primary and secondary diagnoses as well as external causes of morbidity. Asian or Pacific Islander, Black or African American and White are non-Hispanic or non-Latino/a; Hispanic or Latino/a are of any race. \*Cell size is too small (n ≤ 15) to report an estimate.

**Screening data suggest need for mental health services for approximately one third of adolescents in SF (see Table 2).**

- 31% of San Francisco high school students, who completed the YRBS survey, reported prolonged sad or hopeless feelings in the past year in 2019, which was a significant increase from 2017 (26%), but statistically significantly lower than the 2019 statewide average (45%).<sup>12</sup>
  - 53% of students who identify as gay or lesbian and 58% of those identifying as bisexual reported prolonged sad or hopeless feelings in 2017-2019, compared to 24% of heterosexual-identifying students. This significant disparity has persisted over the past decade.<sup>12</sup> 59% of students who are transgender reported prolonged sad or hopeless feelings in 2015-2019.
  - 42% of students surveyed who experienced low levels of school connectedness reported depression-related feelings, compared to 18% of students who experienced high levels of school connectedness in 2017-2019.<sup>13</sup> School connectedness—based on a scale created from 5 questions about feeling happy, safe, close to people, a part of school, and about teachers treating students fairly—may buffer against depression-related feelings.<sup>13</sup>
- 17% of high school students reported considering attempting suicide, and 8% reported attempting suicide *in the past year* in 2019.<sup>12</sup> The national objective is to reduce adolescent suicide attempts to 1.8% by 2030.<sup>14</sup>
  - 43% of students who identified as bisexual considered suicide and 18% attempted suicide, significantly more than heterosexual-identifying students (11% and 6% respectively) in 2017-2019.<sup>12</sup> 50% of students who are transgender reported considering suicide in 2015-2019. Reducing suicidal thoughts among lesbian, gay, bisexual, and transgender adolescents is a HP 2030 objective.<sup>15, 16</sup>
- 22% of middle school students reported *ever* seriously considering suicide and 6.9% reported *ever* attempting suicide in 2019.<sup>12</sup>
  - 25% of middle school females considered suicide and 9% attempted suicide, significantly more than reported by males (16% and 5% respectively) in 2017-2019.<sup>12</sup>
  - 50% of gay or lesbian students and 62% of bisexual students considered suicide compared to 20% of heterosexual students in 2017-2019.<sup>12</sup>
- 6.2 per 100,000 (95% CI: 4.3-8.7) youth ages 10-24 years died by suicide in 2015-2019.<sup>8</sup>

**Treatment patterns suggest need to improve access to pediatric mental health services in particular zip codes in SF.**

- Among children, adolescents, and transitional age youth (ages 0-24 years), mental health or alcohol/drug use hospitalization rates varied by zip code in 2016-2019, with significantly higher rates observed among those who lived in zip codes such as 94102 and 94110 compared to zip codes such as 94127 and 94132.<sup>7,11</sup>
- The SAMHSA Behavioral Health Treatment Services locator only shows 14 facilities available in San Francisco to serve children and adolescents with public insurance<sup>17</sup> (see orange diamonds).

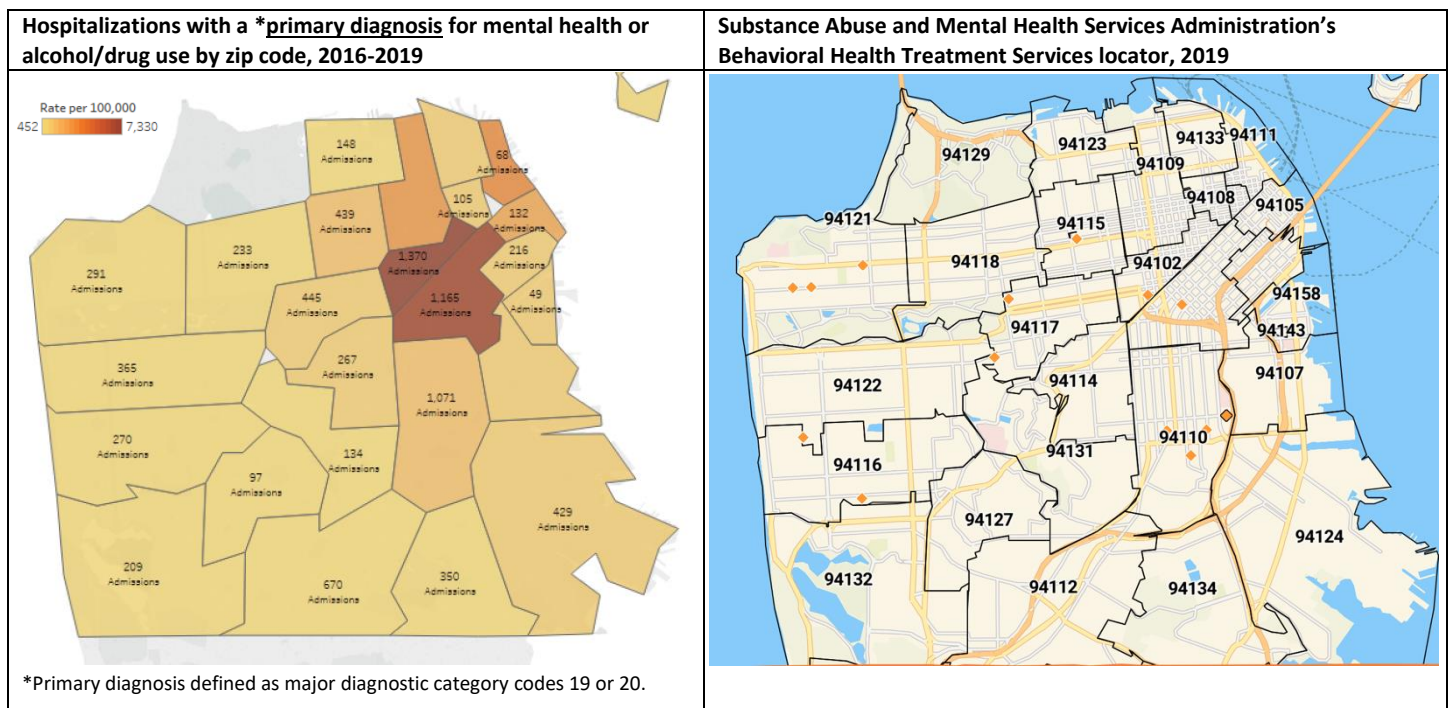


Table 2. Percentage (95% Confidence Intervals) of middle and high school students self-reporting mental health outcomes in 2017-2019<sup>1,2</sup>

	High School				Middle School		
	Total n	Sad or Hopeless Feelings	Considered Suicide (Past Year)	Attempted Suicide (Past Year)	Total n	Considered Suicide (Ever)	Attempted Suicide (Ever)
All <sup>1</sup>	8,046	31 (28-34)	17 (14-19)	8 (6-11)	5,472	22 (19-25)	7 (6-8)
All <sup>2</sup>	7,904	26 (24-28)	13 (11-14)	8 (7-9)	5,556	19 (17-22)	6 (5-8)
All	15,950	29 (27-31)	15 (13-16)	8 (7-10)	11,028	21 (19-23)	7 (6-8)
Female	7,563	34 (32-37)	17 (15-18)	7 (5-8)	5,280	25 (22-29)	9 (7-11)
Male	8,251	23 (21-26)	13 (11-15)	9 (7-11)	5,694	16 (14-19)	5 (3-6)
Gay or Lesbian	303	53 (42-64)	33 (19-46)	*	110	50 (31-68)	*
Bisexual	1,068	58 (51-64)	43 (36-50)	18 (12-25)	448	62 (54-71)	20 (12-27)
Heterosexual	12,989	24 (23-26)	11 (10-13)	6 (5-8)	8,132	20 (18-21)	6 (5-7)
Transgender <sup>3</sup>	144	59 (40-78)	50 (30-69)	*	--	*	*
Hispanic/Latinx	2,402	35 (30-40)	12 (9-15)	11 (7-16)	1,588	22 (18-26)	8 (6-11)
Black	1,078	31 (25-37)	13 (8-18)	12 (6-19)	754	29 (14-32)	*
White	1,571	33 (27-49)	18 (15-22)	7 (4-10)	1,385	17 (12-21)	6 (3-11)
Chinese	4,987	18 (16-21)	11 (9-13)	3 (2-5)	2,995	18 (15-21)	5 (3-6)
Filipino	882	38 (31-45)	16 (11-21)	7 (3-11)	446	34 (25-43)	9 (5-13)
Other Asian	1,144	23 (17-29)	17 (12-22)	*	788	20 (14-26)	*
Multiple, Hispanic/Latinx	1,670	36 (30-40)	18 (13-24)	17 (12-23)	1,264	22 (18-27)	10 (7-13)
Multiple, Non-Hispanic/Latinx	1,431	36 (30-42)	22 (16-28)	8 (5-12)	1,151	24 (19-30)	7 (3-10)

All data in the table are weighted estimates calculated by SFDPH-MCAH Epidemiology using the CDC Youth Risk Behavior Survey<sup>1,2</sup> 2017-2019, unless otherwise indicated (unweighted n: HS=4,713; MS=3,932). <sup>1</sup> Data in this row are from 2019 only (unweighted n: HS=2,169; MS=2,305). <sup>2</sup> Data in this row are from 2017 only (unweighted n: HS=2,544; MS=1,627). <sup>3</sup> Data in this row are from 2015-2019 (unweighted n=68).

\* Statistically unstable estimate (n<20). Cell sizes were too small to report estimates for American Indian/Alaska Native and Pacific Islander.

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