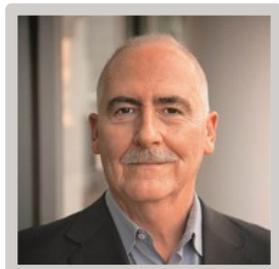# California Communities Mental Health Services Survey (CCMHSS)

April 2020

Meet the NORC Team

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About NORC

- NORC at the University of Chicago is one of the nation's largest independent, non-profit research organizations, since 1941

- Clients include leading Federal agencies, universities, foundations, state and local governments and companies in the private sector
  - U.S. Centers for Medicare and Medicaid Services
  - U.S. Department of Health and Human Services' Office of Minority Health
  - Centers for Disease Control and Prevention, DASH
  - Robert Wood Johnson Foundation, American Health Values Survey
  - Sacramento Office focus on CA State-level projects

- Home of the General Social Survey (GSS), which is, after the U.S. Census, the most authoritative source of information about American society and social trends

- AmeriSpeak is NORC's probability-based web survey
  - Offers the highest response rates in the industry
  - 35,000 in national panel

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About NORC- In California

- In California, local office in Sacramento
- Work on many culturally diverse public health/mental health projects
  - CalMHSA
  - CDPH Nutrition Education, Obesity Prevention, 10+ years
  - Covered California
  - California Health Care Foundation
  - First Five California
  - Department of Health Care Services, Office of Director/Medi-Cal
  - Alameda County
  - Others
- Quantitative and qualitative study design and administration, survey methods, data analysis/statistics
- For more information, visit: www.norc.org

Background- CRDP Phase 2 Poll/Survey

- Study is part of EOA (Education, Outreach, Awareness)
- Designation as a poll revised to "survey"
- Designed to provide population-level assessment of attitudes/beliefs toward mental health, priority populations, access to services
- Builds on findings from Phase 1 research
- Designed to inform Phase 2, and future
- Builds upon and informed by other studies, Kaiser poll, CHCF, CalMHSA, #Out4MentalHealth
- Naming process- now known as CCMHSS (California Communities Mental Health Services Survey)

Study Importance

- The CCMHSS will gather views on an important, urgent topic facing all Californians – mental health

- It will build upon previous research and Phase 1 to gain a better understanding of mental health services from the diverse California population

- To identify existence of disparities and demonstrate need for services

- It will aim to provide insights that support the future of mental health services in California communities

Goals of Study

- Collect data to gather public perceptions of access to mental health services
- Identify perceived need to improve types/options of mental health services in communities
- Capture perceived availability/access to services, perceived disparities in access
- Gather opinions, attitudes, and beliefs toward mental health, what affects/influences mental health and mental illness

Goals of Study

- Understand concerns related to mental health for Californians and priority populations, perceived need for changes

- Measure perceived need for policy action in California and changes related to mental health

- Learn about perceived need for mental health services at the community-level for Californians

- Track self-stigma and population-level stigma

- Address gaps in services among key populations

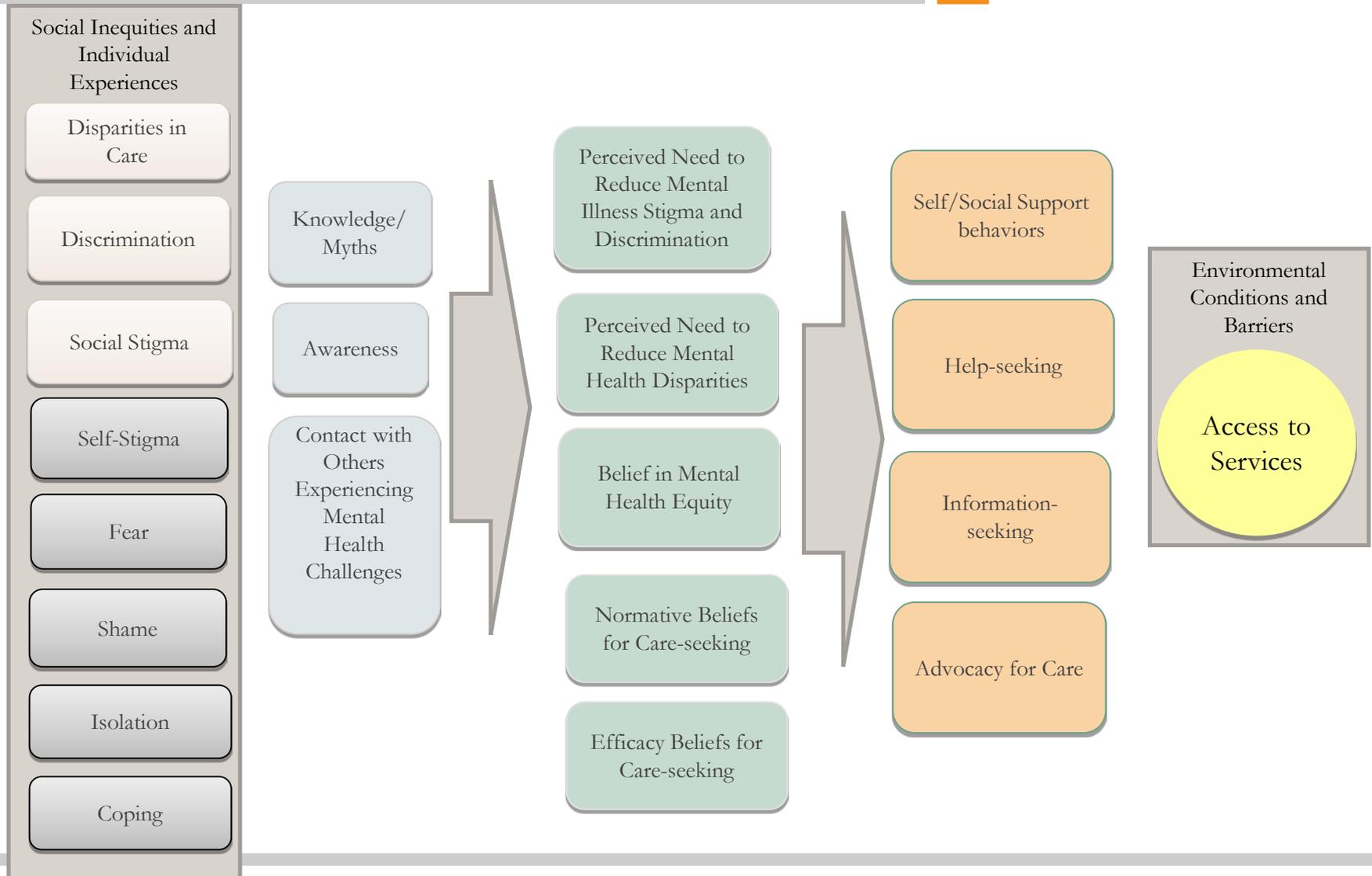- Contribute to strategy of prevention and early intervention (PEI)

Methodology

- Revised study design to include more formative testing including a pilot survey and one main survey with larger sample size
  - Based on feedback from TAPs
- Two surveys online in 2020

1) Formative research to improve the survey
  - In-depth, in-language interviews to ensure comprehension
  - Pilot survey designed to test survey instrument, new questions developed (completed)

2) Main survey n = 4,300
  - Cross-sectional (a unique sample, one point in time)

Main Survey Methodology

- General population + oversampling of five priority populations from Phase 1
  - Native Americans, Asian Americans, African Americans, Latinx and LGBTQ
  - Attention to samples for subgroups within Asian Americans and LGBTQ
- Probability sampling (representative population) and non-probability/convenience/opt-in sampling
- Statistical weighting and calibration for a full representative sample
- Comparisons with 95% confidence level

Sampling

- Samples among harder-to-reach groups including Asian Americans, Native Americans and Spanish-dominant Latinos
  - Asian American subgroups based on population density using American Communities Survey data
- Samples among LGBTQ groups, prioritizing harder-to-reach segments within these groups
- Sensitive to unique sub-populations within all priority groups for representation

Sampling

- Online panels + community recruitment (dependent on COVID-19) + recruitment through key partnerships
  - Panels include people who have already been pre-recruited and are ready to take a survey
  - Our AmeriSpeak panel is carefully selected and maintained
- Important to reach into communities to ensure inclusion of important California populations
- Neither IPP's nor participants will be surveyed
- NORC is working closely with CDPH Office of Health Equity and CPEHN to support best practices when reaching community members

Conceptual Framework

Social Inequities and Individual Experiences
- Disparities in Care
- Discrimination
- Social Stigma
- Self-Stigma
- Fear
- Shame
- Isolation
- Coping

- Knowledge/Myths
- Awareness
- Contact with Others Experiencing Mental Health Challenges

- Perceived Need to Reduce Mental Illness Stigma and Discrimination
- Perceived Need to Reduce Mental Health Disparities
- Belief in Mental Health Equity
- Normative Beliefs for Care-seeking
- Efficacy Beliefs for Care-seeking

- Self/Social Support behaviors
- Help-seeking
- Information-seeking
- Advocacy for Care

Environmental Conditions and Barriers
- Access to Services

Conceptual Elements

- Survey questions and measures will explore:
  - Social inequities in mental health care
  - Individual experiences
  - Knowledge, awareness and contact with others experiencing mental health challenges
  - Attitudes, norms, beliefs, perceptions toward mental health challenges
  - Support, information-seeking, help-seeking and advocacy for care
  - Environmental constraints and barriers to care
  - Demographics

Framing, Alignment and Care

- Survey measures/questions strive to use positive, culturally respectful and competent frame and tone

- Aligned with state-wide evaluation for key measures, but also to provide unique, population perspective on public perceptions

- Worked closely with CPEHN to ensure confidentiality and assurance of de-identified data collection

Transadaptation of Survey

- Plan to administer in English and the following languages:

  -Spanish   -Tagalog

  -Korean   -Chinese

  -Vietnamese   (Traditional Script)

- Focus on transadaptation rather than direct translation, plans for back translation

- Partnering with Asian American consultant who are adapting the survey for each Asian language to ensure that vocabulary and sentence structure are appropriate

- Both Asian American consultant and Spanish language translator are experienced in adapting surveys to be understandable to non-English speakers

Pilot Testing

- Online survey with each group, smaller sample that main survey completed, n=552

- Analysis included
  - Response Distribution
  - Validity Review
  - Respondent Burden
  - Review of Quotas and Sampling

Pilot Test Findings/Recommendations

- Response Distribution Findings
  - Some questions were positively or negatively skewed
- Respondent Burden Findings
  - The survey is long and wordy, but majority of respondents say it's important
  - Takes longer to read for people with lower education

- Review/Recommendations
  - Reviewing skewed responses
  - Significantly reduce the length based on analysis

Pilot Test
Validity Review

- We reviewed:
  - How well the particular survey questions measure the constructs for:
    - Social Determinants of Health
    - Mental Illness Stigma

- We conducted a factor analysis for each section of questions
    - Factor analysis determines which questions measure the same construct together well
    - Each "factor" identified is a construct
    - We use factor loadings to determine which items contribute the most to the factor, and which do not contribute

Project Timeline

January/February

- Re-scope of project

March-May

- Draft survey for testing
- Programming of online version of survey
- Formative testing, revisions to the survey
- Transadaptations

May-June

- English pilot survey
- Quality control checks of transadaptations

July/August

- In-language cognitive testing
- Update stakeholders- receive feedback
- Finalize survey
- Revisions to programmed online survey
- Secure sampling and community partnerships (based on COVID-19)

September/October

- Data collection and monitoring

November/December

- Analysis, preparation of report

January/February

- Preparation of presentations
- Dissemination

Next Steps

- Engage with other EOA partners and stakeholders- receive feedback
- Finalize survey and prepare for fielding, dependent on COVID-19, specifically for community-based intercepts
- Data collection
- Provide updates regarding status of the survey
- Disseminate findings
- Continue open dialogue regarding methods, progress and implications

Next Steps- Feedback

Process for feedback

- Current survey provided for review
- 5 minute survey link distributed next week
- Top ranked 3 questions
- Lowest 3 ranked questions
- Any comments
- Feedback due July 30 (1 week review period)

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Thank You!