



# RACIAL DISPARITIES IN FOLLOW-UP CARE PROJECT

**Oakland Family Services**  
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## Evaluation Overview

This evaluation study is part of an Oakland Family Services (OFS) initiative to improve engagement and treatment for people who are African American/Black. The “Racial Disparities Project” was focused on learning the barriers African American/Black people face seeking, initiating, and maintaining treatment in Oakland County. The project was driven by the findings from the 2021 state report by the Michigan Public Health Institute (MPHI): Racial/Ethnic and Geographical Disparities in Behavioral Healthcare in Michigan Medicaid. The report revealed high differences between White and African American/Black people with mental health and substance use disorder receiving follow-up treatment. Wayne State University (WSU) was asked to design and implement an evaluation study to collect data from the community about the racial disparities in the behavioral healthcare system with the intent that the findings would guide efforts to improve quality of care, increase treatment engagement and reduce health disparity for African American/Black people.

The MPHI report framed some of the indicators used to structure the evaluation. At the start of the project OFS reached out to local agencies, treatment providers and community stakeholders to introduce the project and enlist support. This strategy offered the opportunity to identify community members and organizations to form partnerships. The partner collaborative called the “Principal” partners provided input with planning and implementation of the evaluation study. The collaborative was also instrumental in OFS finding Memorandum of Understanding (MOU) partners willing to commit some resources and help with the evaluation process.

## Evaluation Questions

The evaluation was guided by multiple questions.

### Evaluation Questions

What barriers do African American/Black people experience seeking treatment for behavioral health, mental health, and substance use disorder?

What are the barriers for African American/Black people in treatment to continue or complete treatment?

Do hospitals and treatment providers see barriers to treatment for African American/Black people living in Oakland County?

- Do hospitals and treatment providers see barriers as different for African American/Black and White people in treatment?
- What can be done to increase participation in treatment?

How do community stakeholders and organizations view barriers to mental health and substance use disorder treatment in Oakland County?

- Do they identify barriers specific to the African American/Black community?
- Do they see a role to increase people’s access to treatment and follow-up treatment in the community?

## Plan & Methods

The plan was to use qualitative methods with the treatment services/provider community first, OFS identified key informants from area hospitals, medical professionals, treatment agencies, and service nonprofits through email invitations with information about the project, its purpose and inclusion criteria, time commitment, and incentive. Those who expressed interest would be scheduled to complete a semi-structured phone interview with a consultant hired by OFS. Key informant interviews would explore organizational protocols related to behavioral health emergencies, gather background and general observations regarding substance use disorder and mental health disparities and how this impacted African American/Black people's response to treatment and follow-up care in Oakland County. OFS had compiled a list of 22 names from six area hospitals, these were physicians and other medical staff. The consultant managed to contact seven people from the area hospitals and secure interviews. Scheduling with community organizations was equally difficult. OFS identified 12 contacts, but only three people responded. Eventually, the consultant completed 6 interviews with hospital staff from March-April 2022, and 9 interviews with community members from March – October 2022. Community partners were eager to participate and provided good information. The responses are summarized in Appendix A and B.

Our initial plan was to use OFS MOU partners to advertise and hold focus groups and interviews with those who qualified. In addition, OFS has two locations, with a significant African American/Black population. Unfortunately, before the focus groups could get off the ground the Michigan COVID19 numbers were on the rise. The focus groups were switched to interviews, adopting some of the protocols used in key informant interviews. WSU organized four faculty facilitators, who were African American/Black to conduct the interviews. The recruitment goal was 75, adult African American/Black people. OFS created and circulated social media packets, that included electronic and distributable information flyers describing the project and purpose, inclusion criteria, time commitment, and incentive.

The MOU project partners received social media packets to post in their network and circulate in their service communities. The flyer included an electronic survey link (bar code) and hyperlink created by WSU to screen for eligibility. To be eligible the person had to identify as African American, reside in Oakland County, and could identify at least one or both occurrences; substance use disorder or mental health, and either received or did not seek follow-up treatment after a behavioral health emergency. The interview questions centered on the following: characteristics of good/effective treatment, difficulties accessing treatment, supports that would make accessing and maintaining treatment less challenging, and interactions with healthcare and treatment providers. WSU would contact eligible people, explain the consent agreement for the study, and schedule them to be interviewed participants received a \$50 gift card for their time. Recruitment started in April 2022, but the process was challenging, and the first interviews were not scheduled until June. A total of 6 interviews were conducted and a summary can be found in Appendix C.

A series of barriers, outlined below, prevented implementation of the original plan. OFS and WSU regrouped and shifted to more practical methods for data collection. WSU moved the questions to an online survey which required a change in Institutional Review Board approvals. A new advertising piece was created and shared with MOU partners, shared on social media, distributed at select Oakland County libraries and in person at events in the community, at a church health fair, and a Recovery Community Picnic. We received over 400 responses from March until August. To increase responses from African American/Black respondents, a slightly revised survey was distributed through a collaboration with Malkia Newman from New Birth International Church and a series of churches in Oakland County. In addition, WSU staff visited Lighthouse Shelter and Food Pantry. This second distribution added 110 responses. For all survey distribution methods, respondents received a gift card for completing the survey.

In final review, what we have learned from the Oakland County Community Health Survey and the African American/Black Community Health Survey is that people who have a substance use, or mental health disorder have a high preference for outpatient treatment. Though hospitals, particularly emergency services, are overwhelmed with people using ERs for their primary care, people with substance use or mental health disorder know if they go to the hospital, they will receive immediate treatment. People do want treatment but cannot wait

until an appointment is available. African American/Black people want to have autonomy in treatment, so it fits in with the way they live, they do not want treatment interfering in the work and homelife. They want options to other therapies not just medication. Notably outpatient mental health treatment services, while favorable, were less satisfactory in treatment and had a staff environment that was not as courteous and respectful. African American/Black people who experienced mental health treatment were less likely to return to that facility compared to African American/Black people receiving substance use or alcohol treatment where they experienced overall satisfaction and felt staff showed them courtesy and respect.

Stigma is clearly the greatest obstacle for treatment and follow-up care. It is institutionalized, rooted in practice and policy and it shows up in treatment facilities through the “conscious and unconscious bias” exhibited by staff. For marginalized groups perpetual slights and insults, while not acceptable, are common occurrences. African American/Black people who experience these “microaggressions” in a treatment facility will not come back for follow-up care and that experience becomes the template of how they understand treatment and follow-up care works. The barriers to follow-up care for African American/Black people intersects with much of the stigma already targeted on this population. African American/Black people if employed are often less insured or without health insurance, lack of insurance and employment instability does dictate the feasibility of follow-up care. Affordability of treatment is a huge follow-up barrier; it intersects with continuing to take medications and access to care. Follow-up treatment that is a distance away intersects with work and family; without reliable transportation, inflexible employment and no support for childcare, follow-up treatment is not feasible. African American/Black people have a historical distrust of the healthcare system and do not view it as working for their best interest. Communities of color in general have not had equitable access to good healthcare, they are often in lower income to impoverished communities that are also stigmatized. Addressing the barriers to follow-up care in the African American/Black community should start with healthcare providers and public health leaders investing in a treatment design that respects the cultural inclusion necessary for intervention and de-stigmatization for African Americans/Black people to see a real path for treatment and follow-up care. The results of both surveys are included in Appendix D, Appendix E, and Appendix F. Overall, the survey approach did give us a wider range of responses, but reduced the depth of information we were able to capture.

## Evaluation Barriers

The Racial Disparities Project had challenges and despite planning and putting forth strategies to address them, the evaluation study fell short on achieving the project goals it set to accomplish. Having a timeline of one year to engage the community in an authentic conversation about racial disparity in the behavioral health system and the factors that influence the response of African American/Black people to seek treatment and follow-up care when dealing with substance use disorder and mental health trauma proved not to be enough time. Just building community relationships and trust can be a yearlong undertaking. OFS had hoped to hire a community liaison to manage the project. No suitable candidates were found, and WSU filled in a limited capacity.

Providing social services has changed a great deal due to Covid. Fewer staff and clients are getting services in the office on a regular basis, disrupting connections that normally would help to build relationships. Our hopes for in person or even virtual interview suffered from a lack of ability to recruit in traditional ways. The evaluation team worked with OFS and community partners to shift to online data collection. While we did not get the depth of information we had hoped for, we had a good response from the community.

The community interviews had few barriers beyond the usual time constraints and difficulties in coordinating schedules. The hospital interviews were more challenging. Our interviewer made multiple attempts to connect with different people in local hospitals using both email and phone calls. OFS used their Board members and other community connections, including OCHN, to find the right people to speak with, but participation was lower than expected. OFS had a call with a team at the University of Michigan to discuss the issue of follow-up more broadly. They provided an interesting perspective on how hospitals may not see the issue as within their realm of control. Instead noting that hospitals may view the issue as stemming more from lack of “pull” from community agencies to attract people into care.

## **Conclusion**

The evaluation of the OFS Racial Disparities in Follow-up care faced significant challenges, each met with a willingness to adapt and move forward. In the end, WSU fulfilled both a program implementation role and an evaluation role. The project would have been more successful with a full- or part-time person at OFS to manage relationships and encourage progress. We were successful in gathering information regarding the intersections of race, stigma and behavioral health care that will be useful for OFS in their clinical and community work.

## Appendices

Appendix A: Community Partner Interview Summary

Appendix B: Hospital Interview Summary

Appendix C: African American/Black Treatment Recipient Interview Summary

Appendix D: Original Community Health Survey – Final Report

Appendix E: Original Community Health Survey – African American/Black Participants Final Report

Appendix F: Revised Community Health Survey – Final Report

## Appendix A

### Community Partner Interview Summary

There were nine community interviews conducted; individuals who represented agencies or organizations that are the point of entry for adults, children and families in crisis living in Oakland County. These agencies or organizations cover needs such as food, housing, shelter, emergency assistance, employment and life skills, counseling, and pastoral support. The interviews were conducted by a trained facilitator hired by Oakland Family Services for this project.

#### *Interview Subjects*

There were a total of nine interviews with one male and eight females. Three participants identified as Caucasian/White, and six African American/Black. They all held key leadership or mid-manager roles with their agencies.

#### *Interview Procedures*

The interviews were conducted virtually or over the phone. On average the interviews ran 30-40 minutes, covering seven interview questions focused on the organization's experience with substance use disorder and mental health, the organizations knowledge and use of community resources for people they see who may need this support, and what protocols or practices guide the organization when disclosures are made. The questions were not required to be asked in order, as the plan was to make the interviews more conversational, developing a natural flow. The interviewer had autonomy to prompt questions based on the responses.

### Community Partner Interview Questions

Interview Questions
As an advocacy services provider in the community, how does your organization intersect with the mental health and substance use service agencies?
How often does your organization provide services to people with mental health and/or substance use disorder?
Do you screen participants for mental health and/or substance use disorders? <ul style="list-style-type: none"><li>• How is screening done? Over the phone or in person?</li><li>• What happens if the person discloses a mental health condition or substance use disorder?</li></ul>
Does your organization have a relationship with a local mental health and/or substance use treatment agency? Tell me about how the relationship works. <ul style="list-style-type: none"><li>• Is there an agreement of understanding to work together, or collaboration for referrals?</li><li>• Do you share resources?</li></ul>
What do you think are the challenges for African American/Black patients in Oakland County who seek treatment for mental health and substance use disorders?
In your experience as a service provider, what would make seeking treatment for mental health issues and substance use disorders easier for African American/Black people in Oakland County?
Thinking about the perspective of agencies that provide mental health and/or substance use services? <ul style="list-style-type: none"><li>• How could you work with these agencies to support treatment services for participants in your program?</li><li>• What is your referral process for treatment centers or programs when that need has been identified?</li></ul>



## Interview Summary

The organizations interviewed represented a cluster of community nonprofits in Oakland County; advocacy, outreach, prevention education, social service, and faith-based initiatives. The clients that primarily access their services are driven by specific unmet basic needs. Only one organization required substance use and mental health screening, these organizations services are unique and specific to people with substance use and mental health disorders. This organization may be the first “point of entry” for people wanting access to treatment and support services. However, all the organizations indicated that substance use disorder and mental health crisis are either disclosed during the initial meeting/intake or behavior is exhibited during service that may trigger a behavioral health evaluation and referral. Except for one, the organization’s set priority on the services they provide, they will address substance use and mental health disorders if disclosed by client and they request help. It is important to note that no provider indicated that a disclosure of substance use, or mental health need would be cause for termination of services or dismissal from program. However, from the services offered by these organizations, it would be difficult for a person actively using or experiencing mental health episodes to stay engaged and benefit without proper intervention. These organizations have no capacity to provide that level of intervention and rely on the behavioral health community to assist clients.

Each organization interviewed can identify at least two or more resources for substance use disorder and mental health in the community that they have experience with; referred clients if asked or recommended to clients when necessary. With exception of the one agency that does have a formal structure for vetting referrals and authorizing mental health and substance use treatment, they all use an informal process for making referrals; providing information based on previous experience with making referrals for example; how clients were engaged and treated, how accessible the services were for the client, and reaction from the client. The providers recognize that helping clients engage with mental health or substance use treatment can influence better outcomes in programming and services they provide, if this is something the client wants to do, they make effort to provide information and encourage the client to pursue on their own or directly advocate on client behalf if asked to do so. There appears to be some professional courtesy among the service providers in the community to collaborate if it serves the interest of the client and the client agrees. But there are also informal relationships that individuals working in the organization may have in the community.

The organizations all indicated that stigma in general exists in the community for people who are trying to manage substance use disorder or mental health. There was also acknowledgement by this group that race does become part of the stigma when other disparities are added, homelessness, poverty, and access to healthcare. One provider explained that ninety-seven percent of their clients are African American/Black and deal with chronic trauma. They also do not have healthcare or a medical home. When they need to seek medical services, they go through the hospital Emergency Department. This is their entry point to medical care; they do not receive additional information or are encouraged to seek follow-up treatment.

### **Barriers to Seeking Treatment**

Six possible barriers were identified during the interviews that might affect African American/Black people seeking help and follow-up treatment for substance use disorder and mental health, they were:

- Denial/Fear
- Stigma in the treatment “systems response” policy and practices, and by the professionals directly providing services
- Bias held by the person who needs treatment and the professionals directly providing services
- No trust/confidence in treatment
- Transportation
- Disparity in treatment and information access

### **Transportation**

The comments regarding transportation were mixed, it was believed that transportation in general can be a problem, but people will figure it out if its important. It was suggested that it may be used more as an excuse not to go to treatment because public transportation was available in Oakland County. It was also pointed out that some people will choose the more costly Uber service instead of accessing the Smartflex system that covers

Auburn Hills and Pontiac for \$2. It was clear that having reliable transportation is critical to treatment, SMART bus was suspended in some of the treatment areas (Auburn Hills) because of low use, however this impacted a considerable number of low-income African American/Black people who relied on this bus service. Other factors noted concerning transportation were lack of money to travel or arrange for transportation and work schedules or employers did not align with getting to treatment and people with chronic trauma will not manage bus schedules. The following comments about transportation barriers do speak to some intersectional struggles people seeking treatment may encounter.

- Not having consistent income – money one week to get to treatment, but not the next week
- Cannot afford to make the trip and/or do not have the money to pay someone for transportation to treatment
- Childcare is not available or they do not have the money to pay someone
- Some treatment center offers childcare but no transportation – navigating children on the bus may not be manageable
- Reliance on public transportation may not align with their work schedule to travel from work to treatment
- People with chronic trauma may not be successful managing bus travel

**Racial Disparities**

It is important to note that collectively everyone interviewed did not see African American/Black people as being discriminated in treatment because of race, but rather race perpetuated the stigmas and biases which they observed had bearing on the treatment response to African American/Black people. For example, Drug Courts were viewed as being more accessible to White’s than to African American/Black people because it offered alternatives to jail. Also, veterans were a specifically identified group that was seen as being most often overly medicated and misdiagnosed, including African American/Black people, especially Vets returning from active duty.

The table below identifies barriers to seeking follow-up care and ways that seeking follow-up treatment could be made easier for African American/Black people in Oakland County.

Barriers to Seeking Follow-Up Care	Facilitators to Seeking Follow-Up Care
Referrals are not flexible to working people, employers not accommodating, it is hard to get appointments when needed.	Move or offer services where the need is high, consider alternative locations. i.e., mobile Clinics, or churches to provide services.
Misdiagnosis, quick to prescribe medication. African American/Black men receive “extreme” diagnoses that may not be accurate.	SUD/MH providers should open treatment therapies that do not start with medication and offer counseling first. Offer therapist that are African American/Black.
Does not want medication, will not stay on medication so no follow-up, do not feel empowered to seek help.	Hospitals, jails, and other CBOs must improve following the required protocol of getting a “Release of Information” completed for SUD screening and treatment approval and complete the patient information sheet. Hospitals want to discharge people before approvals are in place. (OCHN)
Don’t want to know what’s happening to them, afraid, counseling will bring up things they want to forget.	Market culturally specific information SUD/MH to help bust bias and incorrect cultural beliefs that have shut African American/Black people from seeking treatment and healthcare

Have history of behavioral health issues in family its normalized or seriousness minimized; they can handle it on their own (it was believed that African American/Black men were less likely to seek help for this reason, whereas African American/Black women saw this as self-care and more likely to pursue treatment).	Healthcare providers need on-going training about stigma and bias. They need more training about historical trauma and its impact on African American/Black people perceptions about medicine, medical care and treatment. Providers need cultural sensitivity about their service community.
Afraid they will be treated differently, like criminals.	Hospital and treatment community need to improve hiring practices that include more African American/Black therapist and medical professionals.
Misinformation about what treatment is and how recovery works. Information is not easily accessible. May hold belief NARCAN is readily available to White's.	The treatment community needs to improve education about medication assisted treatment (MAT) and other treatment therapies.
Ignoring or not including the historical trauma or experiences of African American/Black and Indigenous People in treatment.	Increase information/education in the African American/Black community of how to access SUD/MH resources and help. Also, PTSD and Anxiety
African American/Black people with chronic mental health illness often use ERs to seek medical care, they do not receive treatment information or encouraged to follow-up	Transportation must be consistently a part of the treatment service. Either purchase bus passes/card or provide ride vouchers.
Disparity in treatment based on type of insurance and if uninsured	Treatment providers can be more accessible and collaborate with other CBOs to offer services on their site, keep office hours; share space for treatment
Seeking help exposes them, being seen by people they know, especially if services are close to where they live.	

Finally, stigma is in the center of the barriers most experienced by African American/Black people with substance use disorder and mental health trauma when seeking care or treatment. The observations from this group are African American/Black people have experienced healthcare inequity for so long that they set a low bar for treatment from a “system of care” that they have become accustomed to invisibility. Racism and bias demonstrated by healthcare institutions through policy, practices, and staff biases, does inform African American/Black people’s response to their health and wellness. Rewriting the historical damage that has been done in the African American/Black community about healthcare and treatment must be a collective effort led by the public health sector with key community partners helping to close the health disparity gap with initiatives that are trauma informed and include the social determinants of health as part of the strategic effort. Building trauma informed accessible quality healthcare in communities of color can improve confidence, increase trust, and reduce stigma.

## Appendix B Hospital Interview Summary

An important piece of the Oakland Family Services project was to connect with and learn how hospitals manage follow-up care for clients with mental health and substance use disorders. A consultant hired by OFS reached out to a list of hospital contacts via email and phone to schedule interviews. Interviews were conducted virtually or over the phone due to COVID19. The interviews were 20-40 minutes in length.

### *Interview Subjects*

There were 6 interviews conducted, 4 were medical doctors, who had background in emergency departments (ED) medicine and/or experience with treatment for opioid use disorder (OUD), there was also an emergency room (ER) Specialist Nurse, and a Lead ER Social Worker. Four identified as white, and male, two identified as female but race/ethnicity was not reported. All were experienced working with vulnerable populations and providing services to people who were not insured or able to pay for treatment. The interviews represented a small segment of medical professionals from a collective of four urban hospitals in Oakland County.

### Interview Procedures

The facilitator conducting the interviews did not follow a sequential pattern for asking questions but rather asked the question and followed with the next question that fit the flow of conversation. This was intentional to help engagement and make the interview more conversational. Not all questions were asked, and participants did not have to respond to questions they were uncomfortable with. Confidentiality in participation was important to the group, and they wanted it understood that they were not representing the opinions or ideas of the hospitals that employed them. Interview responses were based on their professional experiences and personal observations.

#### **Hospital Staff Interview Questions**

Tell me about the process for referrals to community mental health and substance use services.

- How do you determine who gets a referral to community mental health services for mental health or substance use issues after emergency department care?
- What improvements have been made to this process?
- What else would you do to improve the hospital to community referral process?

How are peer recovery coaches being used in your setting? Are they helping to link patients to care?

- How could peer recovery coaches be used more effectively?

What do you see as the biggest barriers to follow-up care after a visit from referrals made by your staff?

- Do you think the barriers are different for African American/Black patients? Why or why not?
- How could hospitals address the barriers that African American/Black face?
- What do you think would reduce the barriers to patients to get follow-up care after the emergency department treatment for mental health or substance use disorder?

Recent data from the MPHI shows that African American/Black people are less likely to receive follow-up care after having been treated in a hospital emergency department for mental health or substance use issues.

- What contributes to the different follow-up rates from these referrals for African American/Black patients? (Probes: say more about that, can you explain why?)

Given your experience as a healthcare practitioner, tell me about any general cultural or behavioral differences between African American/Black patients and White American patients seeking treatment for mental health or substance use disorders, if any, that you have observed in the ED setting (e.g., language, cultural references, or whatever comes to mind)?

- Note: Remind subject of confidentiality to reduce discomfort, use warm dialogue about no judgement in responses – we are seeking information that may help people.

Again, given your experience as a healthcare practitioner, have you observed any general differences between African American/Black men and African American/Black women who need mental health or substance use treatment?

Do/Did you find it easier to relate to patients who reflect your own race and/or gender?

- If so, talk about why you think that is.

## Interview Summary

It was clear from all the interviews that hospitals benefited from having social workers available to help with the assessment and planning recommendations for individuals with substance use disorders and mental health. In some instances, hospitals that had capacity offered social worker availability from 16 hours up to 24/7. Even with this there were still not enough social workers for the volume of need that many hospital EDs are confronted with. During COVID19 it was the worse time for hospitals and staffing, but in the aftermath of COVID19 hospitals are still dealing with staffing issues. ED resources are especially taxed due to people without insurance or a primary care physician using the ED for primary care. People suffering with substance use disorders and mental health episodes will show up in the ED when in crisis. Mental health and substance use disorder treatment is an on-going challenge for hospitals and their staff. Hospitals located in areas with low socio-economic demographics see their ED's inundated with mental health and substance use disorder crisis, doctors interviewed described a level of frustration in trying to abide by CMH standards of process and referral to move people where they need to go only to encounter a wall of bureaucracy, that they explain without the support from the social workers, it would be unmanageable. The social workers have more familiarity with the community resources, usually know what is available and how to access the resources. This is something that doctor's do not have full working knowledge of, while a couple indicated this is something they could learn, it was clear that they don't have the time with patients in the ED doctor's expressed concern about the process to access the mental health system, that it is difficult and they would not be able to accomplish on their own. The greatest issue is time, for both the hospital and patient. The time it takes to complete a medical history/evaluation, make a referral for treatment, wait for a response, and if possible, help get the patient to that location can take several hours and as long as three days. Leaving patients to wait does not help improve confidence in treatment or follow-up care.

### ***Barriers to Seeking Treatment***

There were ten barriers to seeking follow-up care after an emergency department visit for African American/Black people in Oakland County.

- Lack or limited availability – may take weeks to get an appointment, and there are not enough clinics or therapists
- Non-compliance – people do not want to take medication as prescribed
- Lack of support from friends or family, and not having a caregiver
- Homelessness challenges like not having treatment options and no phone to communicate
- Lack of understanding their condition or denial of the problem
- Limited or no money
- Transportation – it is too long of a distance to travel, they cannot drive, or they do not have a vehicle
- Insurance – it is hard finding providers who take certain insurance, Medicaid is challenging, or they are not insured. The process for approval is time consuming and overwhelming for patients and physicians.

- Fragmented mental health and substance use disorder community resources – services are not organized or coordinated, it is hard to find or connect with someone, and difficult for physicians/staff and patients to navigate
- Stigma of being in treatment

### *Differing Follow-Up Rates by Race*

There were seven reasons participants felt there were different follow-up rates for hospital referrals among African American/Black people.

- Distrust of the medical system and medicine
- Limited access and availability of treatment options
- Other obligations like work and family, and not having the flexibility to make or meet appointments
- Transportation
- Medication compliance
- Not having a primary care physician, using the ED for baseline care and not following up afterwards
- Stigma about where they live, how they are insured (Medicaid or private), and institutionalized processes and practices

Stigma came up often during the interviews to describe how African American/Black people may feel about overall treatment for mental health and substance use disorder. The physicians believed that stigma crosses all races and genders. But dealing with opioid use disorder (OUD) and substance use disorder (SUD) or mental health as an African American/Black person is sometimes viewed as a fault and they are embarrassed. They do not have trust or confidence in medicine or the treatment “system”, so stigma experienced from the medical professionals and “systems of care” keep African American/Black people underserved and their overall healthcare siloed by access and having options for treatment. Someone pointed out that a person with fewer financial resources will have more barriers than someone with financial resources, it’s the difference of living in Pontiac and Bloomfield Hills.

There is stigma on the provider side who keeps seeing the same patients repeatedly they want to help but cannot. One person noted that people who are discriminated against because of mental health or OUD/SUD are discriminated against more because of their race. This was attributed to people who hold racist beliefs and will blame African American/Black people for their crisis. While training was offered as a way hospitals could decrease stigma and racial bias, some hospitals do offer this training regularly, but it is not well attended. It was clear from the interviews that it was believed that stigma is also projected in policy and practices, institutionalized barriers that limit access and quality of care for African American/Black people who may live in specific areas and may not be insured or only have Medicaid. This is further problematic when they are left waiting in ED’s for treatment approvals through standard CMH networks. When this occurs, it strains hospital staff and its limited resources, exposing African American/Black people to more bias and hospital care fatigue of physicians and staff.

Sometime hospitals will discharge patients with recommendations and a resource list to get follow-up treatment. The physicians felt if they have a challenging time navigating all the required paperwork for CMH and screening questions, a person in mental health crisis or dealing with an SUD is not going to manage this. It was noted that hospitals that received funding for OUD have created successful interventions for treatment regardless of insurance that offer a “warm hand off” referral. The OUD funded projects have a medical team with a designated social worker who will schedule appointments for the person and follow-up with them until appointment time. Having a response like this to treat mental health and SUD would benefit anyone needing treatment and reduce stigma.

## Appendix C

### African American/Black Treatment Recipient Interview Summary

Six interviews were conducted between June and July. This summary includes five of the six interviews. The five included all reported primary treatment experiences in Oakland County. The one excluded from this summary revealed the treatment took place out of state. That interview can be read separate from this review and considered a point of reference when evaluating overall the system of care African American/Black people experience for mental health or substance use.

#### **Interview Subjects**

The five participants were all African American/Black females who obtained treatment in Oakland County. One participant was aged between 25 and 34, and the rest were aged between 55 and 64.

#### **Type of Treatment Received** (n=5)



Two participants received follow-up care by meeting with either a social worker or case manager.

Participants had experience with numerous hospitals: St. Joseph Mercy, Havenwyck, Pontiac Osteopathic (now McLaren), and Beaumont. Two participants also identified the Fox Center in Ypsilanti, which was the follow-up treatment facility linked to St. Joseph Mercy.

Two participants noted their treatment was not voluntary; one was court ordered for a 30-day evaluation and the other required police to transport her to the hospital on two different occurrences.

### Treatment Experiences

There were multiple themes across participants talking about their treatment experiences.

- Did not feel like they could ask questions, felt the treatment staff and doctors were “robotic” in responding and not empathetic to needs. Did not feel practitioners expressed “genuine care” or were taken seriously.
- Did not feel heard or listened to, little to no communication happened about care or why medications were being prescribed. One subject described doctor interaction as “I know what’s best.” She felt shut down.
- Felt dismissed and judged by hospital staff and doctor. Impersonal treatment by doctors did not encourage treatment engagement/participation. One subject described how she observed a white woman patient being seen by the same doctor taking time to talk with her and ask her about her family. When it was her turn the doctor would limit her time.

#### **Follow-Up Treatment**

Two subjects contacted a case manager or social worker. Only one had follow-up treatment after the hospital, spoke with a case manager or social worker, and completed treatment. This subject spoke positively about follow-up care experience, she identified CNS staff and doctors as most helpful, she was treated fairly and she felt heard, she did not have insurance to pay, but she returned to CNS and pays herself because of her experience. The other subject pursued help on her own because her treatment experience was not encouraging.

### Barriers to Treatment

None of the subjects expressed any perceived stigma or barriers to care because of race. Two subjects described an economic disparity in treatment and follow-up-care for people with Medicare/Medicaid, private insurance, and without insurance. It was perceived having the right insurance will get better treatment. Insurance was a barrier for follow-up care because if the insurance did not cover the service they did not go to, it was an unaffordable personal expense. The subjects all believed that the lack of information in general about mental health and substance use and where to go to seek help was not easily accessible in the community.

There were additional barriers noted:

- Lack of in-patient programs to help people with substance use to recover and then relocate
- Treated differently according to their gender
- After ER hospital and treatment encounter does not want to return to a hospital again.

## Recommendations

The majority interviewed suggested that hospital staff and doctor's need to be accountable; survey patient care by staff and doctors, hospital staff and doctors need training to demonstrate sensitivity and empathy in patient care, it should be a core value for hospitals. Race and gender match (client to professional).



**Appendix D**  
**Original Community Health Survey – Final Report**



# RACIAL DISPARITIES IN FOLLOW-UP CARE PROJECT

**Oakland Family Services**  
August 1, 2022 – November 30, 2022



**WAYNE STATE**  
School of Social Work



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# Community Health Survey

There are a total of 411 surveys from adult residents of Oakland County who have sought treatment for mental health or substance use. These residents completed the Community Health Survey between August 1, 2022 and November 30, 2022.

## Participant Characteristics

### Gender

Half of the participants identified as male (51%, n=199) and slightly less than half identified as female (46%, n=180). One percent, or 4 participants identified as transgender. One participant identified as non-binary or third gender and one identified as genderfluid.

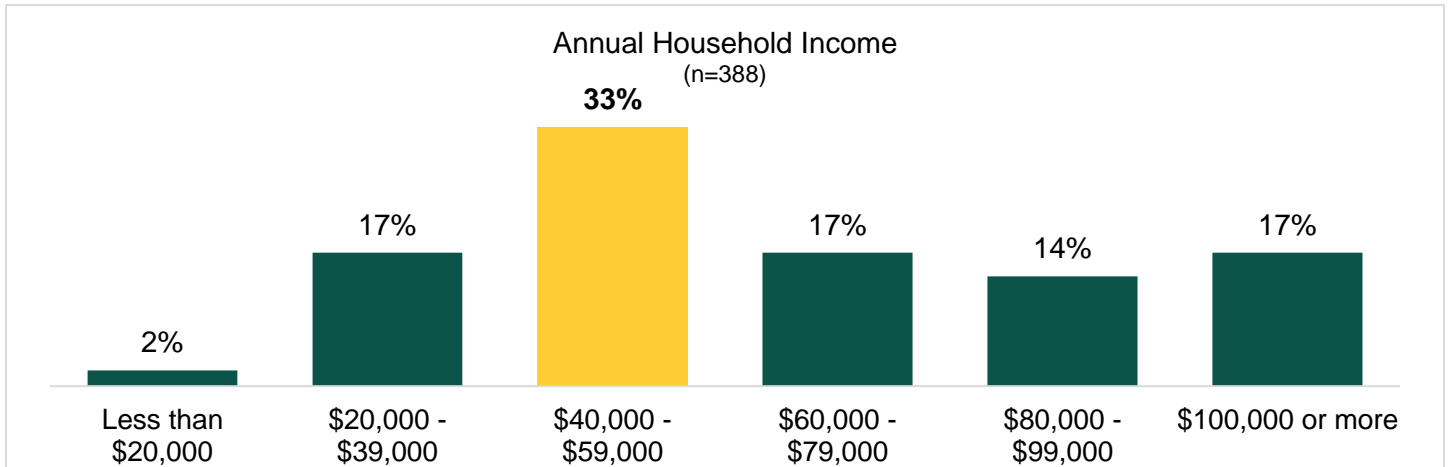
### Race

About two-thirds (65%, n=254) identify as White or European. The second largest racial group is African American/Black (13%, n=53), followed by 11% identifying as Native or Indigenous (n=45).

Race (n=396)	N	%
Asian/Hawaiian-Pacific Islander	19	5%
Black or African American	53	13%
Hispanic or Latino	25	6%
Native/Indigenous People	45	11%
White or European	254	65%

### Annual Household Income

One third of the participants had an annual household income between \$40,000 and \$59,000 (33%, n=131). Approximately one third had an annual household income between \$60,000 and \$79,000 (31%, n=119).

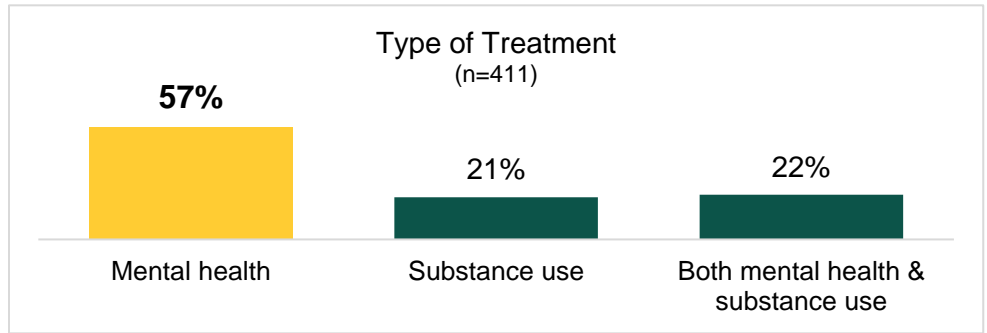


### Healthcare

Among 388 participants, slightly less than half had Medicaid (42%, n=162) and about one-third (31%, n=122) had private health insurance through their employer or spouse. One-fifth (20%, n=76) had Medicare. Seven percent, or 28 participants, were uninsured.

## Treatment Type

Slightly over half the participants engaged in mental health treatment (n=232), about one-fifth engaged in substance use treatment (n=87), and one-fifth engaged in both mental health and substance use treatment (n=92).



## Mental Health Treatment

### Time Frame Accessing Treatment

For mental health, most participants accessed treatment within the past year (80%), followed by between 1 and 5 years ago (16%), and more than 5 years ago (4%).

### Treatment Location

Over a third of respondents received mental health treatment (40%, n=130) from a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic. The following two most common treatment location responses were outpatient mental health clinics at (35%, n=113) and residential treatment centers (34%, n=109).

Where did you receive mental health treatment?	N	%
Hospital	68	21%
Residential treatment center	109	34%
Outpatient mental health clinic or center	113	35%
Private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic	130	40%
Doctor's office that was not part of a clinic	29	9%
Outpatient medical clinic	20	6%

*2 participants (0.6%) indicated 'Some other place' but did not provide a text response indicating what.*

### Types of Hospital Services

The most common types of services were being given a brochure or the phone number of an agency to call (44%, n=30), someone introduced the participant by phone or in person to a new treatment provider (44%, n=30), or meeting with a recovery coach (43%, n=29).

What happened during the mental health treatment at the hospital?	N	%
Given a brochure or the phone number of an agency to call	30	44%
Someone set up an appointment for me	23	34%
Someone introduced me by phone or in person to a new treatment provider	30	44%
Someone arranged transportation to a treatment agency	23	34%
Met with a peer recovery coach	29	43%

### Satisfaction by Treatment Source

Across all the different sources for mental health treatment, more than 70% of the participants were satisfied with treatment. While most of the participants were satisfied, there were slight variations by the type of treatment. Participants reported the highest level of satisfaction with a private provider that was not part of a clinic (87%) and a doctor's office that was not part of a clinic (87%). Comparably, most participants were satisfied with mental health treatment at the hospital (86%) and at an outpatient clinic or center (86%). Slightly fewer clients were satisfied with residential treatment centers (80%). Participants were least satisfied with an outpatient medical clinic (72%). However, it is important to note only 20 participants reported about this treatment source.

About 86% indicated they were satisfied with their treatment at a *hospital*. They equally felt they received services promptly (87%), engaged with courteous and respectful staff (87%), were understood by staff (84%), and would return to the same treatment program (85%).

Mental Health Treatment Satisfaction: <i>Hospital</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services (n=68)	3%	10%	<b>62%</b>	25%
Staff were courteous and respectful (n=68)	3%	10%	<b>62%</b>	25%
Staff understood my needs and situation (n=67)	4%	12%	<b>57%</b>	27%
If I were to seek help again, I would go back to the same program (n=68)	3%	12%	<b>60%</b>	25%

Four-fifths, 80% of the participants indicated they were satisfied with the treatment they received at a *residential treatment center*. Most received prompt service (84%) and would go back to the same treatment program (82%). Slightly less felt the staff understood their needs or situation (79%). However, one-quarter (25%) felt the staff were not courteous or respectful.

Mental Health Treatment Satisfaction: <i>Residential Treatment Center (n=108)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	2%	14%	<b>60%</b>	24%
Staff were courteous and respectful	6%	19%	<b>41%</b>	34%
Staff understood my needs and situation	6%	15%	<b>50%</b>	29%
If I were to seek help again, I would go back to the same program	1%	17%	38%	<b>44%</b>

Eighty-six percent of the participants reported they were satisfied with their treatment at an *outpatient clinic or center*. Almost all the participants (90%) felt the staff understood their needs and situation. Most participants also felt they received prompt service (85%), would return to the same treatment program (85%), and felt staff were courteous and respectful (84%).

Mental Health Treatment Satisfaction: <i>Outpatient Clinic or Center</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services (n=113)	3%	12%	<b>65%</b>	20%
Staff were courteous and respectful (n=112)	1%	15%	<b>57%</b>	27%
Staff understood my needs and situation (n=113)	3%	9%	<b>56%</b>	34%
If I were to seek help again, I would go back to the same program (n=113)	5%	10%	<b>54%</b>	31%

About 87% indicated they were satisfied with their treatment through a *private treatment provider that was not part of a clinic*. Almost all the participants felt the staff understood their needs and situation (90%) and the staff were courteous and respectful (88%). Most participants indicated they received prompt service (86%) and that they would go back to the same treatment program (84%).

<b>Mental Health Treatment Satisfaction: Private Treatment Provider Not Part of a Clinic (n=130) (therapist, psychologist, psychiatrist, social worker, counselor)</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	1%	13%	<b>62%</b>	24%
Staff were courteous and respectful	3%	9%	<b>50%</b>	38%
Staff understood my needs and situation	2%	8%	<b>54%</b>	36%
If I were to seek help again, I would go back to the same program	3%	13%	<b>53%</b>	31%

About 87% reported they were satisfied with the treatment they received at a *doctor's office that was not part of a clinic*. Nearly all the participants reported they received services promptly (97%) and slightly over four-fifths would return to the same treatment source (86%). An equal number of participants felt staff were courteous and respectful (83%) and that the staff understood them and their experiences (83%).

<b>Mental Health Treatment Satisfaction: Doctor's Office Not Part of a Clinic (n=29)</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	3%	<b>48.5%</b>	<b>48.5%</b>
Staff were courteous and respectful	3%	14%	<b>52%</b>	31%
Staff understood my needs and situation	7%	10%	38%	<b>45%</b>
If I were to seek help again, I would go back to the same program	0%	14%	<b>52%</b>	34%

There were mixed responses of satisfaction with treatment at an *outpatient medical clinic* (72%). The highest level of satisfaction was with the staff being courteous and respectful (85%), however 30% reported the staff did not understand their needs or situation. Eighty percent indicated they would go back to the same treatment. Despite three-fourths of the clients reporting satisfaction, about half the participants (45%) felt staff did not respond to their request for services promptly.

<b>Mental Health Treatment Satisfaction: Outpatient Medical Clinic (n=20)</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	<b>45%</b>	40%	15%
Staff were courteous and respectful	0%	15%	<b>60%</b>	25%
Staff understood my needs and situation	0%	30%	<b>40%</b>	30%
If I were to seek help again, I would go back to the same program	10%	10%	<b>55%</b>	25%

Only two participants indicated they received mental health treatment at "*some other place*". Both participants agreed staff responded promptly to their request and they were courteous and respectful. However, they both disagreed that staff understood their needs and situation and that they would return to the same program again.

### Reasons for Not Receiving Mental Health Treatment in the Community

Eleven participants provided a text response for the reasons they did not access mental health treatment in the community. Most frequently, five participants indicated they did not need further treatment. Three participants worried other people would find out about their disorder or treatment. With only one response each, participants indicated they did not trust treatment, went to a private practice, or could not afford treatment.

## Substance Use Treatment

### Time Frame Accessing Treatment

For substance use, most participants accessed treatment within the past year (75%), followed by between 1 and 5 years ago (20%), and more than five years ago (5%).

### Treatment Location

Nearly a third of respondents received substance use treatment (27%, n=46) from an outpatient drug or alcohol rehabilitation facility. The following two most common treatment locations were at outpatient mental health care facilities at (24%, n=42) or the emergency room (20%, n=34).

Where did you receive substance use treatment?	N	%
Hospital overnight as an inpatient	9	5%
Residential drug or alcohol rehabilitation facility	24	14%
Outpatient drug or alcohol rehabilitation facility	46	<b>27%</b>
Outpatient mental health center or facility	42	24%
Emergency room	34	20%
Private doctor's office	15	9%

*1 participant (0.6%) indicated 'Some other place' but didn't provide a text response indicating what. 1 participant indicated prison or jail (0.6%).*

### Types of Services

The most common types of services were being introduced by phone or in person to a new treatment provider (24%, n=9), followed by either being given a brochure or the phone number of an agency to call (22%, n=8) or someone arranging transportation to a treatment agency (22%, n=8).

What happened during the substance use treatment at the hospital?	N	%
Given a brochure or the phone number of an agency to call	8	22%
Someone set up an appointment for me	6	16%
Someone introduced me by phone or in person to a new treatment provider	9	<b>24%</b>
Someone arranged transportation to a treatment agency	8	22%
Met with a peer recovery coach	6	16%

### Satisfaction by Treatment Source

Regardless of the source of substance use treatment, at least 80% of the participants were satisfied with their treatment experience. Overall participants reported slightly higher levels of satisfaction with substance use treatment (80%) compared to mental health treatment (70%). There were varying levels of satisfaction based on the substance use treatment source.

Participants were highly satisfied with their treatment in the emergency room (96%) and hospital (89%). However, for the hospital, one-third (33%) felt staff did not understand their needs or situation. This was not true for treatment in the emergency room. Almost all the participants who obtained treatment in a private doctor's office were satisfied (90%).



Most the participants who obtained treatment in an outpatient *mental health* facility were satisfied (87%). A similar proportion of participants were satisfied with their treatment at an outpatient *drug and alcohol rehabilitation facility* (84%). However, 28% felt staff did not respond to them quickly when they requested treatment services from the outpatient drug and alcohol facility (28%). Finally, 80% of the participants were satisfied with the treatment they received at a residential drug or alcohol rehabilitation facility. However, one-fourth reported staff were not courteous or respectful (25%) and another fourth indicated staff did not respond promptly (25%).

About 89% indicated they were satisfied with their treatment experience at the *hospital*. Every participant agreed they received treatment from staff promptly (100%) and they would go back again if they needed (100%). Most participants also felt staff were courteous and respectful (89%). However, one-third felt staff did not understand their needs or situation (33%).

<b>Substance Use Treatment Satisfaction: <i>Hospital (n=9)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	0%	44%	<b>56%</b>
Staff were courteous and respectful	0%	11%	<b>56%</b>	33%
Staff understood my needs and situation	11%	22%	<b>44%</b>	22%
If I were to seek help again, I would go back to the same program	0%	0%	<b>56%</b>	44%

About 80% were satisfied with their treatment at a *residential drug or alcohol rehabilitation facility*. Almost all (88%) the participants felt the staff understood their needs and situation. Slightly less, 83% said they would return to a residential facility for substance use treatment. However, 25% indicated staff were not courteous or respectful, and 25% indicated staff did not respond promptly.

<b>Substance Use Treatment Satisfaction: <i>Residential Drug or Alcohol Rehabilitation Facility (n=24)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	25%	<b>46%</b>	29%
Staff were courteous and respectful	4%	21%	<b>50%</b>	25%
Staff understood my needs and situation	0%	12%	<b>67%</b>	21%
If I were to seek help again, I would go back to the same program	0%	17%	<b>54%</b>	29%

About 84% indicated they were satisfied with their treatment at an *outpatient drug or alcohol rehabilitation facility*. Most said they would return to the same program (92%), felt staff were courteous and respectful (88%), and that they understood them (83%). More than one-fourth however felt staff did not respond to them quickly when they requested treatment services (28%).

<b>Substance Use Treatment Satisfaction: <i>Outpatient Drug or Alcohol Rehabilitation Facility (n=46)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	6%	22%	<b>55%</b>	17%
Staff were courteous and respectful	6%	9%	<b>63%</b>	22%
Staff understood my needs and situation	0%	17%	<b>70%</b>	13%
If I were to seek help again, I would go back to the same program	2%	6%	<b>66%</b>	26%

More than four-fifths, 87% of the participants, were satisfied with their treatment experience at an *outpatient mental health facility*. They received prompt services (88%), engaged with courteous and respectful staff (88%), felt they were understood (88%), and would return to the same treatment program (83%).

Substance Use Treatment Satisfaction: <i>Outpatient Mental Health Facility (n=42)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	5%	7%	<b>57%</b>	31%
Staff were courteous and respectful	0%	12%	<b>64%</b>	24%
Staff understood my needs and situation	5%	7%	<b>64%</b>	24%
If I were to seek help again, I would go back to the same program	0%	17%	<b>47%</b>	36%

Almost all the participants who received treatment at the *emergency room* were satisfied with the treatment (96%). They received prompt services (97%), felt staff were courteous and respectful (91%), felt staff understood their needs and situation (97%), and said they would return to the emergency room if needed (97%).

Substance Use Treatment Satisfaction: <i>Emergency Room (n=33)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	0%	3%	<b>58%</b>	39%
Staff were courteous and respectful	0%	9%	<b>73%</b>	18%
Staff understood my needs and situation	0%	3%	<b>79%</b>	18%
If I were to seek help again, I would go back to the same program	0%	3%	<b>70%</b>	27%

About 90% indicated they were satisfied with their treatment experience at a *private doctor's office*. All the participants would return to a private doctor's office for treatment (100%). Almost all participants' felt staff were courteous and respectful (93%). Eighty-seven percent felt staff responded promptly. Slightly fewer felt staff understood their needs and situation (80%).

Substance Use Treatment Satisfaction: <i>Private Doctor's Office (n=15)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	0%	13%	33%	<b>54%</b>
Staff were courteous and respectful	0%	7%	<b>53%</b>	40%
Staff understood my needs and situation	0%	20%	33%	<b>47%</b>
If I were to seek help again, I would go back to the same program	0%	0%	<b>60%</b>	40%

One participant received substance use treatment in *prison or jail* and one participant indicated they received substance use treatment at "*some other place*".

### **Reasons for Not Receiving Substance Use Treatment in the Community**

Twenty-two participants provided reasons for why they did not access substance use treatment in the community. Nineteen participants (86%) indicated they did not have medical insurance. The other three participants stated they did not access treatment because they did not feel they needed it, did not like treatment, or mental health was a barrier.

## Barriers to Treatment and Accessing Care

Most participants were split evenly between having “a little” and “quite a lot” of barriers to accessing treatment for mental health or substance use problems. Most notably, two-thirds reported a lot of concern about what people at work might think, say, or do if they knew (66%). Approximately 60% reported a lot of concern about: their children potentially being taken into care or that they may lose access or custody without their agreement (61%) taking time off of work (60%) and having problems with childcare while receiving treatment (58%). The most common items participants reported for not at all being barriers to treatment were having professionals from their own ethnic or cultural group not being available (28%) and being unsure where to go to get professional care (20%).

How much have these issues ever stopped, delayed or discouraged you from getting or continuing with, treatment for a mental health or substance use problem?	Not at all	A little	Quite a lot	A lot
Being unsure where to go to get professional care (n=388)	20%	<b>43%</b>	29%	8%
Wanting to solve the problem on my own (n=387)	9%	38%	<b>39%</b>	14%
Concern that I might be seen as weak for having a mental health or substance use problem (n=387)	12%	32%	<b>39%</b>	17%
Fear of being put in the hospital against my will (n=388)	11%	34%	<b>37%</b>	18%
Problems with transport or traveling to appointments (n=388)	13%	41%	<b>34%</b>	12%
Thinking the problem would get better by itself (n=387)	9%	34%	<b>40%</b>	17%
Concern about what my family might think, say, do or feel (n=388)	11%	31%	<b>41%</b>	17%
Feeling embarrassed or ashamed (n=388)	7%	34%	<b>42%</b>	17%
Preferring to get alternative forms of care (e.g., traditional/religious healing or alternative/complementary therapies (n=387)	14%	35%	<b>36%</b>	15%
Not being able to afford the financial costs involved (n=388)	9%	33%	<b>39%</b>	19%
Concern that I might be seen as ‘crazy’ (n=388)	9%	32%	<b>37%</b>	22%
Thinking that professional care probably would not help (n=388)	12%	<b>43%</b>	31%	14%
Professionals from my own ethnic or cultural group not being available (n=388)	28%	<b>45%</b>	20%	7%
Being too unwell to ask for help (n=388)	15%	<b>43%</b>	32%	10%
Concern that people I know might find out (n=388)	13%	33%	<b>38%</b>	16%
Dislike of talking about my feelings, emotions, or thoughts (n=388)	10%	34%	<b>39%</b>	17%
Concern that people might not take me seriously if they found out I was having professional care (n=388)	12%	<b>37%</b>	35%	16%
Concerns about the treatment available (e.g., medication side effects) (n=388)	10%	<b>39%</b>	32%	19%
Not wanting a mental health or substance use problem to be on my medical records (n=388)	13%	34%	<b>35%</b>	18%
Having had previous bad experiences with professional care for mental health or substance use (n=388)	13%	<b>37%</b>	<b>37%</b>	13%
Thinking I did not have a problem (n=388)	12%	<b>38%</b>	34%	16%
Concern about what my friends might think, say, or do (n=387)	12%	31%	<b>40%</b>	17%
Having no one who could help me get professional care (n=388)	15%	<b>41%</b>	29%	15%

How much have these issues ever stopped, delayed or discouraged you from getting or continuing with, treatment for a mental health or substance use problem?	Not at all	A little	Quite a lot	A lot
Concern that it might harm my chances when applying for jobs (n=371)	13%	<b>31%</b>	25%	31%
Concern that I might be seen as a bad parents (n=346)	8%	35%	<b>36%</b>	21%
Concern that my children may be taken into care or that I may lose access or custody without my agreement (n=349)	13%	26%	<b>34%</b>	27%
Difficulty taking time off work (n=366)	9%	31%	<b>38%</b>	22%
Concern about what people at work might think, say, or do (n=361)	8%	26%	<b>37%</b>	29%
Having problems with childcare while I receive professional care (n=329)	7%	<b>35%</b>	31%	27%

### *Reasons for Not Receiving Mental Health or Substance Use Treatment in the Community*

Seventy-seven participants provided an open-ended response about why they did not receive mental health or substance treatment in the community. The most common barriers were transportation (n=14) and finances (n=11). Treatment was either too far away or they did not have any form of transportation. Among the 11 participants who could not afford treatment, four participants specifically indicated health insurance was the financial barrier. Two could not find treatment providers that accepted their health insurance, and two could not afford office copays and other treatment costs even with health insurance.

Another ten participants did not access treatment because of their own fear and anxiety. Nine participants did not access treatment due to COVID-19. Broadly, five participants reported another illness was why they did not access treatment. Active substance use was a barrier for three participants who reported they were too intoxicated to go to treatment.

Participants struggled to find the time to see a treatment provider (n=8). Among them, two participants specifically noted that it was hard to take time off from work. Another five participants indicated it took too long to obtain treatment. Many were put on treatment waitlists.

Seven participants were concerned about the side effects of medications. Stigma may be a barrier to treatment; three participants were afraid people in their lives would find out. Two participants didn't access treatment because they did not want to change.

## Discrimination in Treatment

Participants were asked about discrimination they anticipate experiencing from multiple people in their lives, if they knew about their mental health or substance use problem. Participants were also asked about the frequency of discrimination they experienced when receiving mental health or substance use treatment. The tables below describe the extent of which participants anticipated discrimination from their peers and experienced discrimination in treatment.

### *Anticipated Discrimination*

Among groups of people who might treat others unfairly for mental health or substance use problems, participants were most concerned about their employers (61%) and work colleagues (59%). Alternatively, about 61% of participants believed their spouse/partner (63%), family (61%), or friends (59%) would not treat them unfairly. For physical health staff, half the participants believed they would be treated unfairly (49%), and half believed they would not be treated unfairly (51%), if staff were aware of their problem. Participants felt similarly about people in their neighborhood, 53% felt they would be treated unfairly.

The extent to which they agree or disagree that if the following person or people listed below knew about their mental health or substance use problem, they would be treated unfairly.	Strongly Disagree	Disagree	Agree	Strongly Agree
Spouse or partner (n=387)	23%	<b>40%</b>	27%	10%
Family (n=388)	21%	<b>40%</b>	29%	10%
Friends (n=388)	21%	<b>38%</b>	34%	7%
People in my neighborhood (n=388)	10%	37%	<b>40%</b>	13%
Work colleagues (n=388)	10%	31%	<b>40%</b>	19%
Employers (n=387)	10%	29%	<b>44%</b>	17%
Physical health staff (e.g., GP, nurse, dentist) (n=388)	17%	34%	<b>37%</b>	12%

### Experienced Discrimination

On average, 48% of participants reported they rarely or never experienced discrimination when receiving mental health or substance use treatment. Participants reported they rarely or never had been treated with less courtesy than other people (52%), treated with less respect than other people (52%), or received poorer service than others (50%). Participants felt like sometimes doctors or nurses were not listening to what they were saying (29%).

When getting mental health and substance use treatment, have you ever...	Never	Rarely	Some times	Most of the time	Always
...been treated with less courtesy than other people (n=387)	14%	<b>38%</b>	32%	13%	3%
...been treated with less respect than other people (n=387)	18%	<b>34%</b>	31%	13%	4%
...received poorer service than others (n=387)	17%	<b>33%</b>	31%	14%	5%
...had a doctor or nurse act as if they think you are not smart (n=386)	15%	<b>32%</b>	31%	17%	5%
...had a doctor or nurse act as if they are afraid of you (n=387)	19%	<b>30%</b>	28%	17%	6%
...had a doctor or nurse act as if he or she is better than you (n=387)	17%	<b>29%</b>	28%	18%	8%
...felt like a doctor or nurse was not listening to what you were saying (n=387)	16%	24%	<b>29%</b>	19%	12%

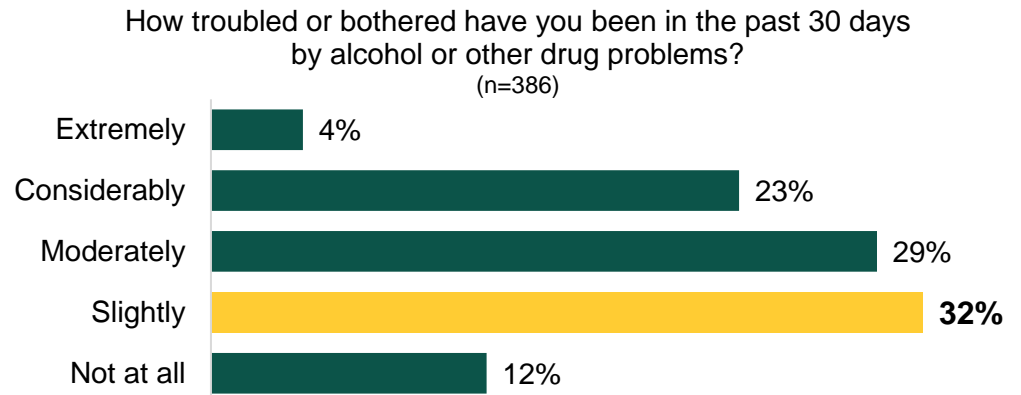
## Health

A brief assessment of mental health symptoms found most participants had these symptoms some or most of the time. Rates across the different types of symptoms were comparable. Only a very small proportion of clients did not experience these symptoms, ranging from 7% to 12%. order by the feelings most participants felt bothered by: being so sad they could not cheer up (81%), nervous (81%), that everything was an effort (80%), restless or fidgety (76%), and worthless (72%). The most frequently reported symptoms as experiencing them all the timer were being restless or fidgety (17%) or feeling worthless (16%).

During the past 30 days, I felt...	None of the time	Some of the time	Most of the time	All the time
...so sad that nothing could cheer me up (n=385)	8%	<b>49%</b>	32%	11%
...nervous (n=384)	7%	40%	<b>41%</b>	12%
...restless or fidgety (n=381)	7%	<b>40%</b>	36%	17%
...that everything was an effort (n=383)	7%	36%	<b>44%</b>	13%
...worthless (n=385)	12%	35%	<b>37%</b>	16%

## Addiction Severity

Half the participants were moderately or considerably troubled by alcohol or other drugs (60%). Few participants were not at all bother by their alcohol or drug problems (12%). Few participants were extremely concerned (4%).



**Appendix E**  
**Original Community Health Survey**  
**African American/Black Participants Final Report**



# RACIAL DISPARITIES IN FOLLOW-UP CARE PROJECT

## AFRICAN AMERICAN / BLACK PARTICIPANTS

**Oakland Family Services**  
August 1, 2022 – November 30, 2022



WAYNE STATE  
School of Social Work





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# Community Health Survey

There are a total of 53 surveys from African American/Black adult residents of Oakland County who have sought treatment for mental health or substance use. These residents completed the Community Health Survey between August 1, 2022 and November 30, 2022.

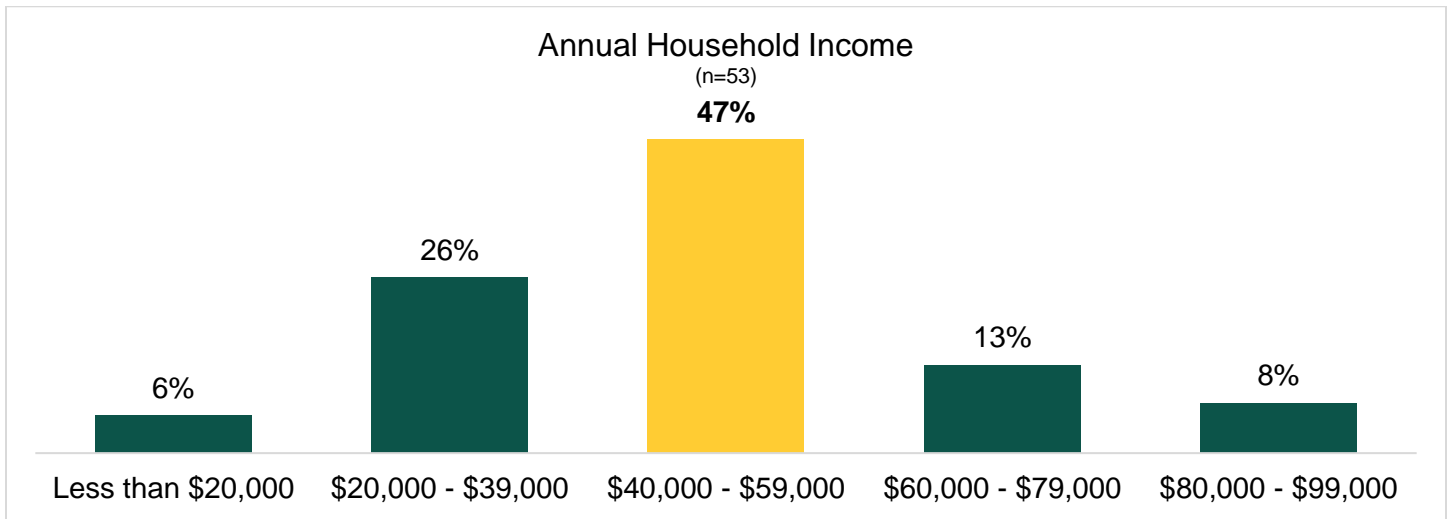
## Participant Characteristics

### *Gender*

Slightly over half the participants identified as male (53%, n=28) and slightly less than half identified as female (47%, n=25).

### *Annual Household Income*

About half of the participants had an annual household income between \$40,000 and \$59,000 (47%, n=25). Approximately one fourth had an annual household income between \$20,000 and \$39,000 (26%, n=14). Just under one fourth made \$60,000 or more (21%, n=11).

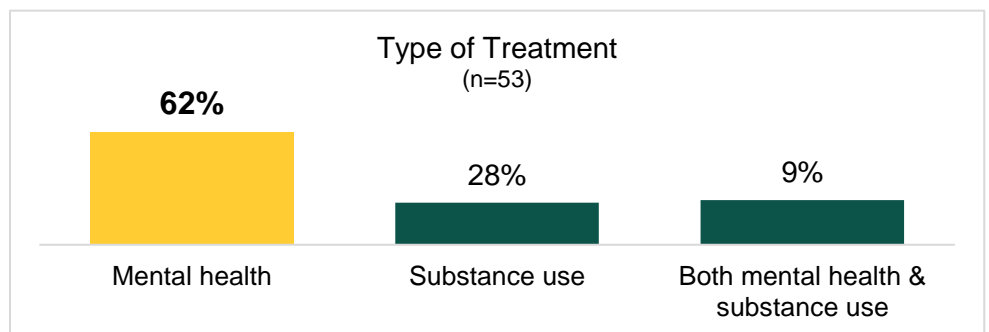


### *Healthcare*

Among 53 participants, about half had Medicaid (53%, n=28) and slightly over one fourth had private health insurance through their employer or spouse (28%, n=15). Six participants had Medicare (11%) and four participants were uninsured (7%).

## Treatment Type

Slightly less than two-thirds of the participants engaged in mental health treatment (62%, n=33), and less than one-third engaged in substance use treatment (28%, n=15), and 9% engaged in both mental health and substance use treatment (n=5).



## Mental Health Treatment

### *Time Frame Accessing Treatment*

For mental health, most participants accessed treatment within the past year (66%, n=25), followed by between 1 and 5 years ago (34%, n=13).

### *Treatment Location*

Forty percent of the participants received mental health treatment from a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic (n=15). The following two most common treatment location responses were outpatient mental health clinics (29%, n=11) and residential treatment centers (26%, n=10).

<b>Where did you receive mental health treatment? (n=54)</b>	<b>N</b>	<b>%</b>
Private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic	15	<b>40%</b>
Outpatient mental health clinic or center	11	29%
Residential treatment center	10	26%
Hospital (psychiatric unit or medical unit)	7	18%
Outpatient medical clinic	6	16%
Doctor's office that was not part of a clinic	5	13%

### *Types of Hospital Services*

The most common types of service were someone introducing the participant by phone or in person to a new treatment provider (57%, n=4). Three participants had transportation arranged for them (43%). Two participants were given a brochure or the phone number of an agency to call (29%) and two participants had someone set up an appointment for them (29%). No participants met with a recovery coach.

<b>What happened during the mental health treatment at the hospital? (n=11)</b>	<b>N</b>	<b>%</b>
Given a brochure or the phone number of an agency to call	2	29%
Someone set up an appointment for me	2	29%
Someone introduced me by phone or in person to a new treatment provider	4	<b>57%</b>
Someone arranged transportation to a treatment agency	3	43%

### *Satisfaction by Treatment Source*

Across all the different sources for mental health treatment, 80% of the participants were satisfied with treatment. While most of the participants were satisfied, there were slight variations by the type of treatment. Participants reported the highest level of satisfaction with a doctor's office that not part of a clinic (90%) followed by outpatient medical clinics (87%). Comparably, most participants were satisfied with mental health treatment at outpatient clinic or center (84%). Slightly fewer clients were satisfied with private treatment providers not part of a clinic (81%) and residential treatment centers (77%). Participants were least satisfied with mental health treatment at a hospital (60%).

It is important to note there were 10 or fewer responses for the following treatment sources: residential treatment center (n=10), hospital (n=7), outpatient medical clinic (n=6), and doctors offices that were not part of a clinic (n=5).

About 60% of the participants indicated they were satisfied with their treatment at a *hospital*. Seventy-two percent felt the staff understood their needs and situation. Slightly more than half felt they received prompt service (57%) and would go back to seek treatment their again (57%). However, slightly more than half felt they did not engage with courteous and respectful staff (57%).

<b>Mental Health Treatment Satisfaction: <i>Hospital (n=7)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	14%	29%	<b>57%</b>	0%
Staff were courteous and respectful	<b>28.6%</b>	<b>28.6%</b>	<b>28.6%</b>	14.2%
Staff understood my needs and situation	14%	14%	<b>43%</b>	29%
If I were to seek help again, I would go back to the same program	<b>28.6%</b>	14.2%	<b>28.6%</b>	<b>28.6%</b>

Nearly four-fifths, 77% of the participants indicated they were satisfied with the treatment they received at a *residential treatment center*. Most received prompt service (90%) and would go back to the same treatment program (90%). Slightly less felt the staff understood their needs or situation (70%). However, two-fifths (40%) felt the staff were not courteous or respectful.

<b>Mental Health Treatment Satisfaction: <i>Residential Treatment Center (n=10)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	10%	<b>70%</b>	20%
Staff were courteous and respectful	10%	<b>30%</b>	<b>30%</b>	<b>30%</b>
Staff understood my needs and situation	10%	20%	<b>50%</b>	20%
If I were to seek help again, I would go back to the same program	0%	10%	<b>80%</b>	10%

Eighty four percent of the participants reported they were satisfied with their treatment at an *outpatient clinic or center*. Almost all the participants would return to the same treatment program (91%) and fourth fifths felt the staff understood their needs and situation (82%). Most participants felt they received prompt service (82%) and felt staff were courteous and respectful (82%).

<b>Mental Health Treatment Satisfaction: <i>Outpatient Clinic or Center (n=11)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	18%	0%	<b>73%</b>	9%
Staff were courteous and respectful	0%	18%	<b>64%</b>	18%
Staff understood my needs and situation	0%	18%	<b>55%</b>	27%
If I were to seek help again, I would go back to the same program	9%	0%	<b>73%</b>	18%

About 81% indicated they were satisfied with their treatment through a *private treatment provider that was not part of a clinic*. Almost all the participants felt the staff were courteous and respectful (87%) and that the staff understood their needs and situation (86%). Most participants indicated they received prompt service (80%) and three fourths said they would go back to the same treatment program (73%).

<b>Mental Health Treatment Satisfaction: <i>Private Treatment Provider Not Part of a Clinic (n=15)</i> (therapist, psychologist, psychiatrist, social worker, counselor)</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	20%	<b>67%</b>	13%
Staff were courteous and respectful	0%	13%	<b>60%</b>	27%
Staff understood my needs and situation	7%	7%	<b>46%</b>	40%
If I were to seek help again, I would go back to the same program	7%	20%	<b>66%</b>	7%

Almost all the participants (90%) reported they were satisfied with the treatment they received at a *doctor's office that was not part of a clinic*. All the participants reported they received services promptly (100%) and would return to the same treatment source (100%). Eighty percent felt staff were courteous and respectful and 80% felt that staff understood them and their experiences.

<b>Mental Health Treatment Satisfaction: <i>Doctor's Office Not Part of a Clinic (n=5)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	0%	<b>80%</b>	<b>20%</b>
Staff were courteous and respectful	0%	20%	<b>80%</b>	0%
Staff understood my needs and situation	0%	20%	<b>40%</b>	<b>40%</b>
If I were to seek help again, I would go back to the same program	0%	0%	40%	<b>60%</b>

Eighty seven percent of the participants reported they were satisfied with the treatment they received at an *outpatient medical clinic*. All the participants reported the staff understood their needs and situation (100%) and that they would return to the same treatment source (100%). Participants reported staff were courteous and respectful (83%). Despite high levels of satisfaction, one third of the participants felt staff did not respond to their request for services promptly (33%).

<b>Mental Health Treatment Satisfaction: <i>Outpatient Medical Clinic (n=6)</i></b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	33%	<b>67%</b>	0%
Staff were courteous and respectful	0%	17%	<b>66%</b>	17%
Staff understood my needs and situation	0%	0%	<b>67%</b>	33%
If I were to seek help again, I would go back to the same program	0%	0%	<b>83%</b>	17%

## Substance Use Treatment

### *Time Frame Accessing Treatment*

For substance use, most participants accessed treatment within the past year (75%, n=15), followed by between 1 and 5 years ago (25%, n=5).

### Treatment Location

Over a third of respondents received substance use treatment (35%, n=7) from an outpatient mental health care facility. The following three most common treatment locations were at a drug or alcohol rehabilitation facility (30%, n=6) or the emergency room (15%, n=3), and residential drug or alcohol rehabilitation facility (15%, n=3).

Where did you receive substance use treatment? (n=20)	N	%
Residential drug or alcohol rehabilitation facility	3	15%
Outpatient drug or alcohol rehabilitation facility	6	30%
Outpatient mental health center or facility	7	<b>35%</b>
Emergency room	3	15%
Private doctor's office	1	5%

0 participants reported 'hospital overnight as an inpatient' or 'prison or jail'.

### Types of Services

None of the participants obtained substance use treatment as an inpatient overnight hospital stay. Therefore, data were not available about the types of services provided at a hospital.

### Satisfaction by Treatment Source

Regardless of the source of substance use treatment, at least 80% of the participants were satisfied with their treatment experience. Overall participants reported slightly higher levels of satisfaction with substance use treatment (84%) compared to mental health treatment (80%).

There were varying levels of satisfaction based on the substance use treatment source. The two participants who received treatment in the *emergency room* were highly satisfied (100%). The one participant who received treatment in a *private doctors' office* (100%) was highly satisfied. Most of the participants who obtained treatment in an *outpatient mental health* facility were satisfied (89%). A similar proportion of participants were satisfied with their treatment at an *outpatient drug and alcohol rehabilitation facility* (79%). However, 33% of the participants felt staff at the *outpatient drug and alcohol facilities* did not respond to them quickly when they requested treatment services. Finally, only 50% of the participants were satisfied with the treatment they received at a *residential drug or alcohol rehabilitation facility*. Two-thirds of the participants reported staff were not courteous or respectful (67%) and another two-thirds indicated staff did not respond promptly (67%).

Only half the participants (50%) were satisfied with their treatment at a *residential drug or alcohol rehabilitation facility*. All the participants felt the staff understood their needs and situation (100%). However, about two-thirds (67%) felt staff did not respond promptly to their requests for service, that staff were not courteous and respectful (67%), and that if they were to seek help again they would not go back to the same program (67%).

Substance Use Treatment Satisfaction: <i>Residential Drug or Alcohol Rehabilitation Facility</i> (n=3)	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	0%	<b>67%</b>	33%	0%
Staff were courteous and respectful	0%	<b>67%</b>	33%	0%
Staff understood my needs and situation	0%	0%	<b>100%</b>	0%
If I were to seek help again, I would go back to the same program	0%	<b>67%</b>	33%	0%

About four fifths of the participants (79%) were satisfied with their treatment at an *outpatient drug or alcohol rehabilitation facility*. All the participants felt the staff understood their needs and situation, and more than four fifths (84%) felt staff were courteous and respectful. Respondents equally reported staff responding promptly (67%) and that they would return to the same program (67%).

<b>Substance Use Treatment Satisfaction: Outpatient Drug or Alcohol Rehabilitation Facility (n=6)</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	0%	33%	<b>67%</b>	0%
Staff were courteous and respectful	0%	17%	<b>67%</b>	17%
Staff understood my needs and situation	0%	0%	<b>100%</b>	0%
If I were to seek help again, I would go back to the same program	0%	33%	<b>67%</b>	0%

Almost all the participants (89%) were satisfied with their treatment experience at an *outpatient mental health facility*. All the participants reported that staff were courteous and respectful (100%) and that they would go back to the same program for treatment (100%). Eighty-six percent felt that staff understood their needs and situation. Nearly a third strongly disagreed that staff reacted promptly to their requests for service (29%).

<b>Substance Use Treatment Satisfaction: Outpatient Mental Health Facility (n=7)</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
Staff responded promptly to my request for services	29%	0%	<b>71%</b>	0%
Staff were courteous and respectful	0%	0%	<b>57%</b>	43%
Staff understood my needs and situation	0%	14%	<b>57%</b>	29%
If I were to seek help again, I would go back to the same program	0%	0%	<b>71%</b>	29%

All the participants (n=2) who received treatment at the *emergency room* were satisfied with the treatment (100%). They received prompt services (100%), felt staff were courteous and respectful (100%), felt staff understood their needs and situation (100%), and said they would return to the emergency room if needed (100%).

The single participant (n=1) who received treatment at a private doctor's office was satisfied with the treatment (100%). They received prompt services (100%), felt staff were courteous and respectful (100%), felt staff understood their needs and situation (100%), and said they would return to the same program if needed (100%).

No participants received treatment in an overnight inpatient hospital stay or in jail or prison.

## **Barriers to Treatment and Accessing Care**

Several barriers to substance use and mental health treatment are described below. Most notably, participants reported concern about not wanting a mental health or substance use problem to be on their medical records (72%), thinking their problem would get better by itself (70%), and concern about what their friends might think, say, or do (70%), and concern that people they know might find out (70%). The most common items participants reported for "not at all" being barriers to treatment were having professionals from their own ethnic or cultural group not being available (19%) and wanting to solve the problem on their own (19%).

How much have these issues ever stopped, delayed or discouraged you from getting or continuing with, treatment for a mental health or substance use problem?	Not at all	A little	Quite a lot	A lot
Being unsure where to go to get professional care (n=53)	15%	<b>47%</b>	34%	4%
Wanting to solve the problem on my own (n=53)	19%	32%	<b>34%</b>	15%
Concern that I might be seen as weak for having a mental health or substance use problem (n=53)	9%	23%	<b>47%</b>	21%
Fear of being put in the hospital against my will (n=53)	6%	30%	<b>43%</b>	21%
Problems with transport or traveling to appointments (n=53)	13%	<b>53%</b>	25%	9%
Thinking the problem would get better by itself (n=53)	9%	21%	<b>51%</b>	19%
Concern about what my family might think, say, do or feel (n=53)	8%	26%	<b>45%</b>	21%
Feeling embarrassed or ashamed (n=53)	6%	34%	<b>36%</b>	25%
Preferring to get alternative forms of care (e.g., traditional/religious healing or alternative/complementary therapies (n=53)	15%	34%	<b>40%</b>	11%
Not being able to afford the financial costs involved (n=53)	8%	28%	<b>55%</b>	9%
Concern that I might be seen as 'crazy' (n=53)	4%	26%	<b>49%</b>	21%
Thinking that professional care probably would not help (n=53)	11%	<b>43%</b>	34%	11%
Professionals from my own ethnic or cultural group not being available (n=53)	19%	<b>57%</b>	21%	4%
Being too unwell to ask for help (n=53)	11%	<b>51%</b>	28%	9%
Concern that people I know might find out (n=53)	9%	21%	<b>49%</b>	21%
Dislike of talking about my feelings, emotions, or thoughts (n=53)	9%	26%	<b>38%</b>	26%
Concern that people might not take me seriously if they found out I was having professional care (n=53)	8%	<b>42%</b>	40%	11%
Concerns about the treatment available (e.g., medication side effects) (n=53)	13%	26%	<b>47%</b>	13%
Not wanting a mental health or substance use problem to be on my medical records (n=53)	6%	23%	<b>47%</b>	25%
Having had previous bad experiences with professional care for mental health or substance use (n=53)	17%	32%	<b>34%</b>	17%
Preferring to get help from my family and friends (n=53)	13%	26%	<b>40%</b>	21%
Thinking I did not have a problem (n=53)	6%	32%	<b>47%</b>	15%
Concern about what my friends might think, say, or do (n=53)	8%	23%	<b>59%</b>	11%
Having no one who could help me get professional care (n=53)	11%	<b>38%</b>	36%	15%
Concern that it might harm my chances when applying for jobs (n=51)	4%	22%	<b>29%</b>	45%
Concern that I might be seen as a bad parent (n=47)	11%	30%	<b>45%</b>	15%
Concern that my children may be taken into care or that I may lose access or custody without my agreement (n=49)	6%	29%	<b>39%</b>	27%
Difficulty taking time off work (n=51)	12%	33%	<b>37%</b>	18%
Concern about what people at work might think, say, or do (n=51)	10%	26%	<b>33%</b>	31%



How much have these issues ever stopped, delayed or discouraged you from getting or continuing with, treatment for a mental health or substance use problem?	Not at all	A little	Quite a lot	A lot
Having problems with childcare while I receive professional care (n=45)	7%	29%	<b>38%</b>	27%

### *Reasons for Not Receiving Mental Health or Substance Use Treatment in the Community*

Eleven participants provided an open-ended response about why they did not receive mental health or substance treatment in the community. The most common barrier was transportation (n=3). Treatment was either too far away or they did not have any form of transportation. Participants also struggled to find the time to see a treatment provider (n=2). One participant responded to each of the following topics for why they did not access treatment: COVID-19, concerns about confidentiality, not being able to afford treatment, medication side effects, their own fear of treatment, and racism.

## Discrimination in Treatment

Participants were asked about discrimination they anticipate experiencing from multiple people in their lives, if they knew about their mental health or substance use problem. Participants were also asked about the frequency of discrimination they experienced when receiving mental health or substance use treatment. The tables below describe the extent of which participants anticipated discrimination from their peers and experienced discrimination in treatment.

### *Anticipated Discrimination*

Among groups of people who might treat others unfairly for mental health or substance use problems, participants were most concerned about their employers (68%) and people in their neighborhood (59%). Alternatively, about 68% of participants believed their spouse/partner (70%) or family (65%) would not be treated unfairly. About half of participants believed they would not be treated unfairly (53%), and half believed they would be treated unfairly (48%) by their friends. Participants felt similarly about physical health staff, 53% felt they would be treated unfairly.

The extent to which they agree or disagree that if the following person or people listed below knew about their mental health or substance use problem, they would be treated unfairly. (n=53)	Strongly Disagree	Disagree	Agree	Strongly Agree
Spouse or partner	15%	<b>55%</b>	21%	9%
Family	15%	<b>50%</b>	28%	8%
Friends	11%	<b>42%</b>	<b>42%</b>	6%
Work colleagues	6%	34%	<b>40%</b>	21%
People in my neighborhood	9%	32%	<b>42%</b>	17%
Physical health staff (e.g., GP, nurse, dentist)	9%	38%	<b>42%</b>	11%
Employers	2%	30%	<b>53%</b>	15%

### *Experienced Discrimination*

Over half of participants reported they rarely or never experienced a doctor or nurse act as if they were afraid of them (57%), or act as if they thought the participant was not smart (55%). Participants reported they have sometimes been treated with less courtesy than other people (43%) and have received poorer services than others (43%). In all categories, it was rare that participants always experienced discrimination when getting mental health or substance use treatment.

When getting mental health and substance use treatment, have you ever... (n=53)	Never	Rarely	Some times	Most of the time	Always
...been treated with less courtesy than other people	13%	26%	<b>43%</b>	13%	4%
...been treated with less respect than other people	15%	30%	<b>34%</b>	17%	4%
...received poorer service than others	21%	19%	<b>43%</b>	11%	6%
...had a doctor or nurse act as if they think you are not smart	19%	<b>36%</b>	25%	17%	4%
...had a doctor or nurse act as if they are afraid of you	25%	<b>32%</b>	23%	15%	6%
...had a doctor or nurse act as if he or she is better than you	15%	26%	<b>30%</b>	17%	11%
...felt like a doctor or nurse was not listening to what you were saying	19%	19%	<b>34%</b>	17%	11%

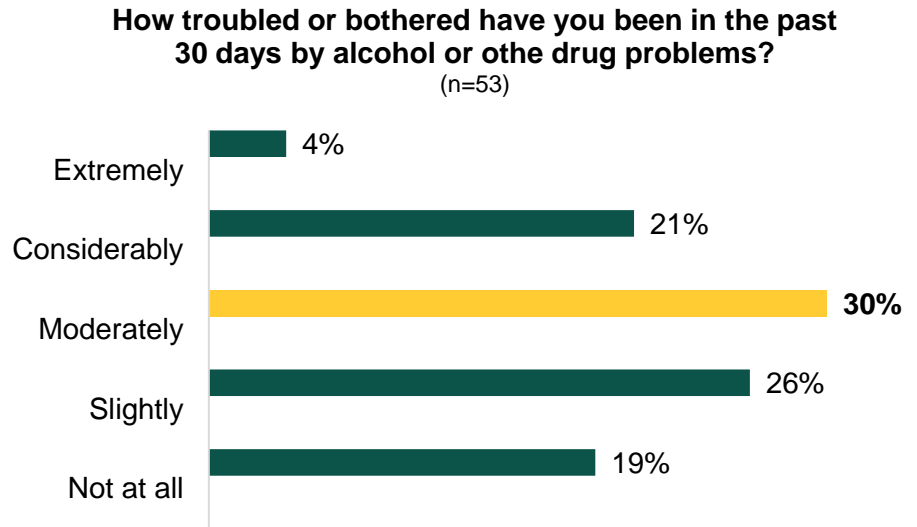
## Health

A brief assessment of mental health symptoms found most participants had these symptoms some or most of the time. Rates across the different types of symptoms were comparable. Only a small proportion of clients did not experience these symptoms, ranging from 4% to 17%. In order by the feelings most participants felt bothered by: that everything was an effort (85%), nervous (81%), being so sad they could not cheer up (78%), restless or fidgety (72%), and worthless (72%). The most frequently reported symptoms as experiencing them all the time were being restless or fidgety (17%) or being nervous (15%).

During the past 30 days, I felt...	None of the time	Some of the time	Most of the time	All the time
...so sad that nothing could cheer me up (n=53)	11%	<b>52%</b>	26%	11%
...nervous (n=52)	4%	<b>40.5%</b>	<b>40.5%</b>	15%
...restless or fidgety (n=53)	11%	34%	<b>38%</b>	17%
...that everything was an effort (n=53)	9%	<b>43%</b>	42%	6%
...worthless (n=53)	17%	28%	<b>44%</b>	11%

## Addiction Severity

Half of the participants were moderately or considerably troubled by alcohol or other drugs (51%, n=27). One-fifth of the participants were not at all bothered by their alcohol or drug problems (19%, n=10), but two participants were extremely concerned (4%).



**Appendix F**  
**Revised Community Health Survey – Final Report**



# RACIAL DISPARITIES IN FOLLOW-UP CARE PROJECT

**Oakland Family Services**  
January 14, 2023 - February 12, 2023



**WAYNE STATE**  
School of Social Work



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# Community Health Survey

There are a total of 113 surveys from adult residents of Oakland County who have sought treatment for mental health or substance use. These residents completed the Community Health Survey between January 14, 2023, and February 12, 2023.

## Participant Characteristics

### Gender

About three-quarters of the participants identified as female (72%, n=81) and a quarter identified as male (25%, n=28). Two percent, or 2 participants preferred not to say. One participant did not identify as male or female (1%), and one participant (1%) did not answer.

### Race

Most participants identified as African American/Black (93%, n=110). The second largest racial group is White or European (4%, n=5), followed by 1% identifying as Hispanic or Latino, 1% Asian/Hawaiian-Pacific Islander, and 1% Native/Indigenous People.

Race	N	%
Asian/Hawaiian-Pacific Islander	1	1%
Black or African American	110	93%
Hispanic or Latino	1	1%
Native/Indigenous People	1	1%
White or European	5	4%

### Annual Household Income

Compared to the U.S. Census average annual household income in Oakland County (\$82,000), 84% of the participants made less than \$80,000 annually. More than half had an annual household income below \$40,000 (54%, n=61) and about one third had an annual household income less than \$20,000 (30%, n=34).

Annual Household Income  
(n=112)



### Healthcare

Slightly less than half had Medicaid (43%, n=48) or private health insurance through their employer or spouse (42%, n=47). Eleven percent had Medicare (n=12) and 5% were uninsured (n=5).

## Treatment Type

Four-fifths of the participants indicated they had never engaged in mental health or substance use treatment (79%, n=87), 12% engaged in mental health treatment (n=13), 6% engaged in both mental health and substance use treatment (n=6), and 3% engaged in substance use treatment (n=3).

## Mental Health Treatment

### Time Frame Accessing Treatment

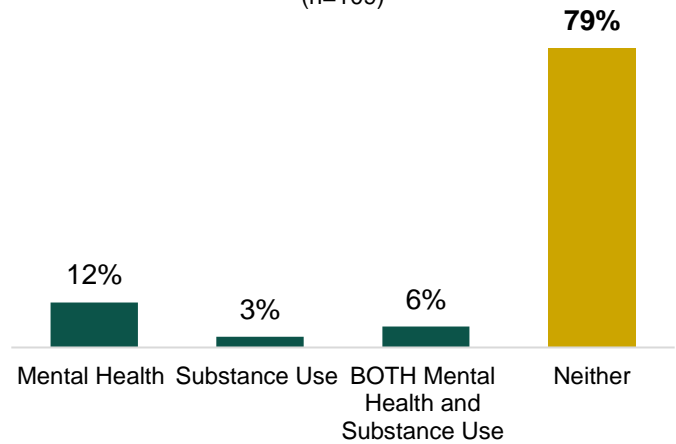
For mental health, slightly more than half accessed treatment within the past year (52%), followed by between 1 and 5 years ago (32%), and more than 5 years ago (16%).

### Treatment Location

Slightly less than half of the participants received mental health treatment (42%, n=8) from an outpatient mental health clinic or center. The following two most common treatment locations were hospital psychiatric or medical units (37%, n=7), and a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic (26%, n=5).

## Treatment Received

(n=109)



Where did you receive mental health treatment?	N	%
Hospital	7	37%
Outpatient mental health clinic or center	8	42%
Private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic	5	26%
Doctor's office that was not part of a clinic	3	16%
Outpatient medical clinic	3	16%

3 participants (16%) indicated 'Some other place' but did not provide a text response indicating what. 0 participants received treatment from a residential treatment center.

### Types of Hospital Services

The most common hospital services were having someone set up an appointment for them (21%, n=4), or having someone introduce them by phone or in person to a new treatment provider (16%, n=3). One participant was given a brochure or the phone number of an agency to call (5%) and 1 participant had someone arrange transportation for them to a treatment agency (5%).

What happened during the mental health treatment at the hospital?	N	%
Given a brochure or the phone number of an agency to call	1	5%
Someone set up an appointment for me	4	21%
Someone introduced me by phone or in person to a new treatment provider	3	16%
Someone arranged transportation to a treatment agency	1	5%

0 participants met with a peer recovery coach.



### Satisfaction by Treatment Source

Across all the different sources for mental health treatment, 61% of the participants were satisfied with the treatment they received. While most participants were satisfied, there were slight variations by the type of treatment. Participants reported the highest level of satisfaction at a hospital (76%) and “some other place” for treatment (67%, n=3). However, participants did not provide details on “some other place”. Comparably, two-thirds of participants were satisfied with mental health treatment at an outpatient clinic or center (65%) and a private treatment provider not part of a clinic (65%). Slightly fewer clients were satisfied with a doctor’s office setting (59%). Participants were least satisfied with an outpatient medical clinic (67%). However, it is important to note only three participants reported about this treatment source. Findings across all treatment sources should be interpreted with caution given the low response rates of eight or less participants per treatment source.

On average, about three-fourths indicated they were satisfied with their treatment at a *hospital*. They equally felt they received services promptly (60%, n=5), engaged with courteous and respectful staff (80%, n=6), were understood by staff (84%, n=4), and would return to the same treatment program (85%, n=4).

Mental Health Treatment Satisfaction: <i>Hospital</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services (n=6)	16%	0%	<b>67%</b>	17%
Staff were courteous and respectful (n=7)	14%	0%	<b>72%</b>	14%
Staff understood my needs and situation (n=6)	17%	17%	<b>49%</b>	17%
If I were to seek help again, I would go back to the same program (n=6)	17%	17%	<b>49%</b>	17%

On average, 67% of the participants reported they were satisfied with their treatment at an *outpatient clinic or center*. More than three-quarters (74%, n=6) felt the staff responded promptly to their request for services. Slightly less, two-thirds, felt staff were courteous and respectful (63%, n=5), felt staff understood their needs and situation (62% n=5), and would return to the same treatment program (62%, n=5).

Mental Health Treatment Satisfaction: <i>Outpatient Clinic or Center (n=8)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	13%	13%	<b>61%</b>	13%
Staff were courteous and respectful	24%	13%	24%	<b>39%</b>
Staff understood my needs and situation	25%	13%	<b>37%</b>	25%
If I were to seek help again, I would go back to the same program	25%	13%	<b>37%</b>	25%

About 65% indicated they were satisfied with their treatment through a *private treatment provider that was not part of a clinic*. Four-fifths of the participants felt that staff were courteous and respectful (80%, n=4). Three-fifths indicated staff responded promptly to their request for services (60%, n=3), staff understood their needs and situation (60%, n=3) and that they would go back to the same treatment program (60%, n=3).

Mental Health Treatment Satisfaction: <i>Private Treatment Provider Not Part of a Clinic</i> ( <i>therapist, psychologist, psychiatrist, social worker, counselor</i> ) (n=5)	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	20%	20%	20%	<b>40%</b>
Staff were courteous and respectful	0%	20%	<b>40%</b>	<b>40%</b>
Staff understood my needs and situation	20%	20%	<b>40%</b>	20%
If I were to seek help again, I would go back to the same program	20%	20%	<b>40%</b>	20%

Two-thirds of participants (66%) reported they were satisfied with the treatment they received at a *doctor's office that was not part of a clinic*. Three-fifths of the participants reported they received services promptly (67%, n=4) and staff were courteous and respectful (67%, n=2). The same proportion said staff understood their needs and situation (67%, n=2), and reported they would not go back to the same program to seek help again (67%, n=2).

Mental Health Treatment Satisfaction: <i>Doctor's Office Not Part of a Clinic (n=3)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	0%	33.3%	33.3%	33.3%
Staff were courteous and respectful	33.3%	0%	33.3%	33.3%
Staff understood my needs and situation	0%	33%	67%	0%
If I were to seek help again, I would go back to the same program	0%	67%	33%	0%

Two-thirds of the participants were not satisfied with treatment at an *outpatient medical facility* (67%). One-third (33%, n=1) reported satisfaction in all areas. However, over two-thirds of participants reported staff were not prompt to respond to their request for services (67%, n=2), staff were not courteous and respectful (67%, n=2), staff did not understand their needs and situation (67%, n=2), and they would not go back to the same program if they were to seek help again (67%, n=2).

Mental Health Treatment Satisfaction: <i>Outpatient Medical Clinic (n=3)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	0%	67%	0%	33%
Staff were courteous and respectful	0%	67%	0%	33%
Staff understood my needs and situation	0%	67%	0%	33%
If I were to seek help again, I would go back to the same program	0%	67%	0%	33%

Only three participants indicated they received mental health treatment at "*some other place*". All participants agreed staff were courteous and respectful (100%, n=3). About three-fifths of participants reported staff understood their needs and situation (67%, n=2) and staff responded promptly to their request for services (67%, n=2). Slightly over three-fifths of participants (66%, n=2) said they would not go back to the same program if they were to seek help again.

### **Reasons for Not Receiving Mental Health Treatment in the Community**

Eleven participants provided a text response on the reasons they did not access mental health treatment in the community. Most frequently, five participants indicated they did not need further treatment. Three participants worried other people would find out about their disorder or treatment. With only one response each, participants indicated they did not trust treatment, went to a private practice, or could not afford treatment.

## **Substance Use Treatment**

### **Time Frame Accessing Treatment**

For substance use, most participants accessed treatment more than 5 years ago (57%), followed by between 1 and 5 years ago (29%), and in the past year (14%).

### Treatment Location

Over a third of respondents received substance use treatment (36%, n=3) from a residential drug or alcohol rehabilitation facility. The following most common treatment location was “some other place” (25%, n=2).

Where did you receive substance use treatment?	N	%
Residential drug or alcohol rehabilitation facility	3	<b>36%</b>
Outpatient drug or alcohol rehabilitation facility	1	13%
Outpatient mental health center or facility	1	13%
Prison or Jail	1	13%

*0 participants received treatment at the hospital as an overnight stay, emergency room, or private doctor's office. 2 participants (25%) indicated 'Some other place' but did not provide a text response indicating what.*

### Satisfaction by Treatment Source

Regardless of the source of substance use treatment, approximately 57% of the participants were satisfied with their treatment experience. Overall participants reported comparable levels of satisfaction with substance use treatment (57%) and mental health treatment (61%). There were varying levels of satisfaction based on the substance use treatment source. Participants were satisfied with their treatment in an outpatient drug or alcohol rehabilitation facility (75%, n=1), outpatient mental health facility (75%, n=1), and “some other place” (75%, n=2). The participant (n=1) who received treatment at the prison or jail was completely dissatisfied (100%). Findings across all treatment sources should be interpreted with caution given the low response rates of three or less per treatment source.

About three-fifths (58%, n= 3) were satisfied with their treatment at a *residential drug or alcohol rehabilitation facility*. Two-thirds (67%, n=2) felt staff responded promptly to their request for services, that staff were courteous and respectful (67%, n=2), and that if they were to seek help again they would go back to the same program (67%, n=2). Around two-thirds (67%, n=2) disagreed with staff understanding their needs and situation.

Substance Use Treatment Satisfaction: <i>Residential Drug or Alcohol Rehabilitation Facility (n=3)</i>	Strongly Disagree	Disagree	Agree	Strongly Agree
Staff responded promptly to my request for services	33%	0%	<b>67%</b>	0%
Staff were courteous and respectful	33%	0%	<b>67%</b>	0%
Staff understood my needs and situation	<b>33.3%</b>	<b>33.3%</b>	<b>33.3%</b>	0%
If I were to seek help again, I would go back to the same program	33%	0%	<b>67%</b>	0%

Seventy five percent of the time the single participant (n=1) indicated they were satisfied with their treatment at an *outpatient drug or alcohol rehabilitation facility*. They received prompt services (100%), felt staff were courteous and respectful (100%), and felt staff understood their needs and situation (100%). However, they said they would not return to the same facility if needed (100%).

Seventy five percent of the time the single participant (n=1) indicated they were satisfied with their treatment at an *outpatient mental health facility*. They felt staff were courteous and respectful (100%), felt staff understood their needs and situation (100%), and said they would return to the facility if needed (100%). However, they did not receive prompt services (100%).

The single participant who received treatment at the *prison or Jail* was completely dissatisfied (100%, n=1). They did not receive prompt service (100%), staff were not courteous and respectful (100%), staff did not understand their needs and situation (100%), and that they would seek help there again (100%).

Overall participants were satisfied with their treatment at “*some other place*” 75% of the time (n=2). They agreed they received prompt service (100%) and that staff were courteous and respectful (100%). However, they were equally split on whether staff understood their needs and situation (50% agree, 50% disagree), and if they would seek help again at the same program (50% agree, 50% disagree).

## Barriers to Treatment and Accessing Care

On average three-fourths of the participants (75%) indicated they did not experience the 30 potential barriers to substance use and mental health treatment shown in the table below. Of the barriers, the most commonly identified was wanting to solve the problem on their own (52%; 23% a little, 23% quite a lot, 6% a lot). The next most common barriers were 41% thinking the problem would get better on its own and 41% not being able to afford the financial costs involved. The most common barriers participants reported as “not at all” being barriers to treatment were: concern that their children may be taken into care or that they lose access or custody without their agreement (88%), having had previous bad experiences with professional care for mental health or substance use (85%), and concern that it might harm their chances when applying for jobs (84%).

<b>How much have these issues ever stopped, delayed or discouraged you from getting or continuing with, treatment for a mental health or substance use problem?</b>	<b>Not at all</b>	<b>A little</b>	<b>Quite a lot</b>	<b>A lot</b>
Being unsure where to go to get professional care (n=113)	<b>81%</b>	15%	2%	2%
Wanting to solve the problem on my own (n=112)	<b>48%</b>	23%	23%	6%
Concern that I might be seen as weak for having a mental health or substance use problem (n=110)	<b>78%</b>	15%	1%	6%
Fear of being put in the hospital against my will (n=110)	<b>80%</b>	17%	1%	2%
Problems with transport or traveling to appointments (n=110)	<b>83%</b>	6%	6%	5%
Thinking the problem would get better by itself (n=110)	<b>59%</b>	32%	5%	4%
Concern about what my family might think, say, do or feel (n=109)	<b>76%</b>	14%	6%	4%
Feeling embarrassed or ashamed (n=108)	<b>69%</b>	20%	6%	5%
Preferring to get alternative forms of care (e.g., traditional/religious healing or alternative/complementary therapies (n=109)	<b>65%</b>	19%	6%	10%
Not being able to afford the financial costs involved (n=109)	<b>59%</b>	26%	7%	8%
Concern that I might be seen as ‘crazy’ (n=110)	<b>80%</b>	11%	2%	7%
Thinking that professional care probably would not help (n=109)	<b>77%</b>	19%	1%	3%
Professionals from my own ethnic or cultural group not being available (n=113)	<b>71%</b>	21%	5%	3%
Being too unwell to ask for help (n=112)	<b>79%</b>	17%	2%	2%
Concern that people I know might find out (n=110)	<b>77%</b>	12%	6%	5%
Dislike of talking about my feelings, emotions, or thoughts (n=109)	<b>64%</b>	20%	10%	6%
Concern that people might not take me seriously if they found out I was having professional care (n=110)	<b>77%</b>	14%	4%	5%
Concerns about the treatment available (e.g., medication side effects) (n=109)	<b>74%</b>	16%	7%	3%
Not wanting a mental health or substance use problem to be on my medical records (n=109)	<b>83%</b>	6%	6%	5%
Having had previous bad experiences with professional care for mental health or substance use (n=109)	<b>85%</b>	10%	5%	0%
Preferring to get help from family or friends (n=109)	<b>68%</b>	21%	8%	3%

How much have these issues ever stopped, delayed or discouraged you from getting or continuing with, treatment for a mental health or substance use problem?	Not at all	A little	Quite a lot	A lot
Thinking I did not have a problem (n=109)	75%	21%	2%	2%
Concern about what my friends might think, say, or do (n=108)	80%	12%	2%	6%
Having no one who could help me get professional care (n=108)	76%	16%	4%	4%
Concern that it might harm my chances when applying for jobs (n=107)	84%	11%	1%	4%
Concern that I might be seen as a bad parent (n=108)	80%	10%	5%	5%
Concern that my children may be taken into care or that I may lose access or custody without my agreement (n=103)	88%	7%	1%	4%
Difficulty taking time off work (n=99)	81%	10%	4%	5%
Concern about what people at work might think, say, or do (n=101)	81%	11%	2%	6%
Having problems with childcare while I receive professional care (n=95)	82%	6%	8%	4%

## Discrimination in Treatment

Participants were asked about discrimination they anticipate experiencing from multiple people in their lives, if they knew about their mental health or substance use problem. Participants were also asked about the frequency of discrimination they experienced when receiving mental health or substance use treatment. The tables below describe the extent to which participants anticipated discrimination from their peers and experienced discrimination in treatment.

### *Anticipated Discrimination*

Among groups of people who might treat others unfairly for mental health or substance use problems, participants were most concerned about their employers (22%), people in their neighborhood (21%), and work colleagues (20%). Alternatively, 87% believed their spouse/partner and 86% believed physical health staff would not treat them unfairly. About 82% believed they would not be treated unfairly across all categories.

The extent to which they agree or disagree that if the following person or people listed below knew about their mental health or substance use problem, they would be treated unfairly.	Strongly Disagree	Disagree	Agree	Strongly Agree
Spouse or partner (n=111)	62%	25%	7%	6%
Family (n=112)	60%	22%	12%	6%
Friends (n=113)	55%	28%	12%	5%
People in my neighborhood (n=113)	51%	28%	14%	7%
Work colleagues (n=111)	52%	28%	15%	5%
Employers (n=110)	52%	26%	16%	6%
Physical health staff (e.g., GP, nurse, dentist) (n=111)	53%	33%	11%	3%

### Experienced Discrimination

Approximately four-fifths of participants reported they rarely or never experienced any of these discriminatory outcomes (80%). However, 27% of participants felt that at least sometimes doctors or nurses were not listening to what they were saying, followed by 25% believing they received poorer service than others, 22% believing both that they had received less courtesy than others, and 22% believing doctors and nurses acted as if they thought the participant was not as smart as them at least sometimes.

When getting mental health and substance use treatment, have you ever...	Never	Rarely	Some times	Most of the time	Always
...been treated with less courtesy than other people (n=111)	61%	17%	19%	2%	1%
...been treated with less respect than other people (n=111)	61%	20%	16%	2%	1%
...received poorer service than others (n=109)	61%	14%	18%	5%	2%
...had a doctor or nurse act as if they think you are not smart (n=109)	63%	15%	16%	6%	0%
...had a doctor or nurse act as if they are afraid of you (n=109)	75%	18%	6%	1%	0%
...had a doctor or nurse act as if he or she is better than you (n=108)	63%	17%	14%	6%	0%
...felt like a doctor or nurse was not listening to what you were saying (n=108)	55%	18%	17%	9%	1%

### Health

A brief assessment of mental health symptoms found on average more than half the participants (53%) responded they had not experienced any of the symptoms. Of the mental health symptoms, the most frequently reported symptom by more than half the participants was feeling everything was an effort (57%). More than half the participants reported feeling nervous (55%) and feeling restless or fidgety (53%). However, more than half the participants indicated they were never so sad that nothing could cheer them up (59%) and three-fourths reported never feeling worthless (73%). Very few participants responded they felt any of these symptoms all the time.

During the past 30 days, I felt...	None of the time	Some of the time	Most of the time	All the time
...so sad that nothing could cheer me up (n=110)	59%	31%	7%	3%
...nervous (n=106)	45%	43%	8%	4%
...restless or fidgety (n=105)	47%	39%	8%	6%
...that everything was an effort (n=105)	43%	39%	13%	5%
...worthless (n=106)	73%	21%	3%	3%

### Addiction Severity

Almost all the participants (86%) were not at all bothered by alcohol or other drug problems, 12% said they were slightly bothered, and only 2% said they were considerably bothered. No participants indicated they were extremely concerned.

How troubled or bothered have you been in the past 30 days by alcohol or other drug problems?  
(n=113)

