Mental Health in the Coachella Valley

2007-2019

Trend Reporting Based on Five Cycles of HARC's Coachella Valley Community Health Survey

FUNDED BY:

DESERT HEALTHCARE DISTRICT & FOUNDATION

CREATED BY:

HARC
HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

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Executive Summary

Background

The Coachella Valley is a unique community located within Riverside County in Inland Southern California. In the past, local organizations found that County-level data did not adequately tell the story of the health needs of those living in the Coachella Valley. Service providers in the region struggled for years to monitor population trends including health disparities, inequities, and health behaviors. HARC, Inc., a nonprofit research organization, was founded in 2006 to fill this gap and provide objective, reliable data that are specific to the Coachella Valley.

In 2007, HARC conducted the first health survey in the region via a random-digit-dial telephone survey, now known as the Coachella Valley Community Health Survey. The results of this survey provided vital information about health and quality of life in the region across topics such as healthcare access, healthcare utilization, health behaviors, major diseases, mental health, and much more. It was determined that the survey would be revised and repeated every three years in order to measure progress over time and to provide data that is as current as possible. To date, the survey has been conducted five times: 2007, 2010, 2013, 2016, and 2019.

Trend Reports

This report is part of series of four trend reports commissioned by Desert Healthcare District/Foundation (DHCD/F), which has been the primary funder of the Coachella Valley Community Health Survey since its inception. DHCD/F requested four trend reports that examine data across all five surveys. These four reports include:

1. Socioeconomic needs
2. Healthcare access
3. Major disease
4. Mental health (this report)

A total of five cycles of surveys are included in this report. This report includes topics pertaining to behavioral health, including substance use, mental health concerns, mental health diagnoses, and mental health treatment. Each topic is analyzed in a variety of ways, including comparisons by age, geography, ethnicity, education, and household income. For geographic comparisons, the Coachella Valley was split into three regions to include the West Valley, Mid Valley, and East Valley.

Results

Adult Mental Health

Substance Use

From 2007 to 2019, drinking status has remained relatively unvaried. Few differences were found among various demographic and socioeconomic comparisons. However, higher income levels seem to report drinking more often than their lower-income counterparts. In regard to binge drinking, this behavior has slightly increased from 2007 to 2019, most notably among lower income levels.

Mental Health Concerns

Adults reporting mental health problems in the past 12 months that are concerning has increased from 2007 to 2019. These concerns increased among each group, Mid and East Valley,

every income level except the most impoverished, and every education level except for those with less than a high school education. These concerns also slightly increased from 2016 to 2019 among those who are Hispanic/Latino.

Mental Health Diagnoses

Overall, most mental health diagnoses (depression, panic disorder, phobia) have not substantially varied over the years. However, post-traumatic stress disorder (PTSD) rates have increased, most prominently among age groups of 18 to 39 and 40 to 64. Generalized anxiety disorder diagnoses have also increased from 2007 to 2019, mainly among those ages 18-39, living in West Valley, household income levels of $20,000-$49,999, and those with a college level education. Finally, although not overall, depression diagnoses have increased among those with a college education from 2007 to 2019.

Mental Health Treatment

Visiting a mental health professional has slightly increased from 2010 to 2019. However, over the majority of adults with concerns/diagnoses have not sought help in the past year, every survey cycle. Overall, the percentage of adults who have a concern/diagnosis and have needed and couldn't get care for their mental health has remained relatively unchanged over the years. Although, the percentage of adults who have a concern/diagnosis and have not needed and couldn't get care for their mental health increased for those living in households with $50,000-$99,999 of income from 2013 to 2019.

Child Mental Health

Mental/Behavioral Health Concerns

Overall, difficulties with emotions, concentration, or behavior has not substantially varied from 2007 to 2019 among children ages 3 and older. The severity of these difficulties has been increasing over the years, however. Additionally, the percentage of parents/guardians who are still concerned about these difficulties has been increasing from 2007 to 2019.

Mental Health Diagnoses

Overall, most diagnoses (attention-deficit hyperactivity disorder, developmental delay, eating disorders, autism, mood disorders, anxiety disorders) have not substantially varied over the years among children ages 3 and older. However, it is worth noting that anxiety disorders appear to be slightly more common than other mental/behavioral disorders among children, with the exception of ADHD. Additionally, it appears that anxiety disorders have slightly increased over the years.

Mental Health Treatment

The rate of children visiting a mental health professional nearly doubled from the time of the 2010 survey to the 2019 survey, particularly among those living in West Valley and East Valley.

When examining income, rates for visiting a mental health provider slightly increased among the household income level of $20,000-$49,999 from 2010 to 2019. Similarly, rates of seeing a mental health professional increased among the household income level of $50,000-$99,999 from 2016 to 2019. Conversely, among household income levels of $100,000 or more, rates of visiting a mental health professional decreased from 2010 to 2019. Finally, rates for visiting a mental health professional decreased from 2016 to 2019 among those who are not Hispanic or Latino.

Introduction

About HARC

HARC, Inc. is a 501(c)(3) nonprofit organization that specializes in research and evaluation services. HARC was founded to help tell the story of the Coachella Valley through a quantitative lens, as the only data available to our region was at the county-level. Having a local research firm enables health leaders and service providers to identify health disparities, inequities, unhealthy behaviors, and trends.

HARC has since expanded to not only continue the survey, but to provide other research and evaluation-based services. These services include, but are not limited to needs assessments, program evaluations, analyses of existing data, and much more. HARC provides customized analytical consulting services, tailored to the needs of its clients to help them answer important questions regarding those they serve. Doing so enables our clients to evaluate the great work that they do and to make the Inland Empire a healthier, and ultimately, happier place to live.

About the Coachella Valley Community Health Survey

The Coachella Valley is a unique community located within Riverside County in Inland Southern California. In the past, local organizations found that County-level data did not adequately tell the story of the health needs of those living in the Coachella Valley. Service providers in the region struggled for years to monitor population trends including health disparities, inequities, and health behaviors. HARC was founded in 2006 to fill this gap and provide objective, reliable data that are specific to the Coachella Valley.

In 2007, HARC conducted the first health survey in the region via a random-digit-dial telephone survey. The results of this survey provided vital information about health and quality of life in the region across topics such as healthcare access, healthcare utilization, health behaviors, major diseases, mental health, and much more. It was determined that the survey would be revised and repeated every three years in order to measure progress over time and to provide data that is as current as possible. To date, the survey has been conducted five times: 2007, 2010, 2013, 2016, and 2019.

HARC's Coachella Valley data are used by nonprofit health and human services agencies, hospitals, federally qualified health centers, institutions of higher education, K-12 education, governmental agencies, and media organizations, among others. These organizations use the data to better understand the people who live in our region, and also to apply for funding, prioritize health needs, develop programs to address those needs, create presentations/lectures, write articles, design and conduct trainings, and make/change policy.

Most notable among these uses is how the data have strengthened local nonprofits' requests for funding. Dozens of nonprofits have used this data over the last decade to make compelling requests for funding and have successfully generated millions of dollars each survey cycle. These funds have provided support for critically important programs and services, such as mental health counseling for children, pregnancy prevention education for teens, medical care for uninsured adults, meal delivery for homebound seniors, and HIV testing for all.

About Trend Reports

Desert Healthcare District/Foundation (DHCD/F) has been the primary funder of the Coachella Valley Community Health Survey since its inception, typically funding about half of the cost of this undertaking. When providing funding for the 2019 survey, DHCD/F asked for the creation not only of the typical Executive Report, but also for four trend reports to compare data points over survey cycles. The four reports include:

1. Socioeconomic needs
2. Healthcare access
3. Major disease
4. Mental health (this report)

This particular report covers the area of behavioral health, including topics such as substance use, mental health concerns, diagnoses, and access to mental healthcare, among others.

It is important to be aware of the population being assessed within each section. For example, in some cases, the entire adult population may receive a question, and in other circumstances, only a portion of the adult population receives a question. To illustrate, all adults are asked whether they have health insurance. Following this, only adults who report having insurance are asked questions about who pays for the insurance. Thus, the entire adult population may not be compared each time, and the reader should take caution in understanding which portion of the adult population is being analyzed.

It is worth noting that the survey methodology changes, and thus, comparisons across survey cycles should be interpreted with caution. HARC chooses to continue to model the survey based on emerging best practices, which means that methods change. See the methodology section of this report for more detail on these differences.

Additionally, not all questions are asked on all five survey cycles. The survey content is community-driven; that is, adapted each year to provide data that local organizations need and cannot find elsewhere. Due to funding restrictions, questions have to be cut in order to add new topics, and thus, some topics may not be included on all five surveys. For example, a question may be asked in 2010, 2013, and 2019, but not in 2007 or 2016. When that occurs, the years in which the question was not asked is simply not included in the figures/tables.

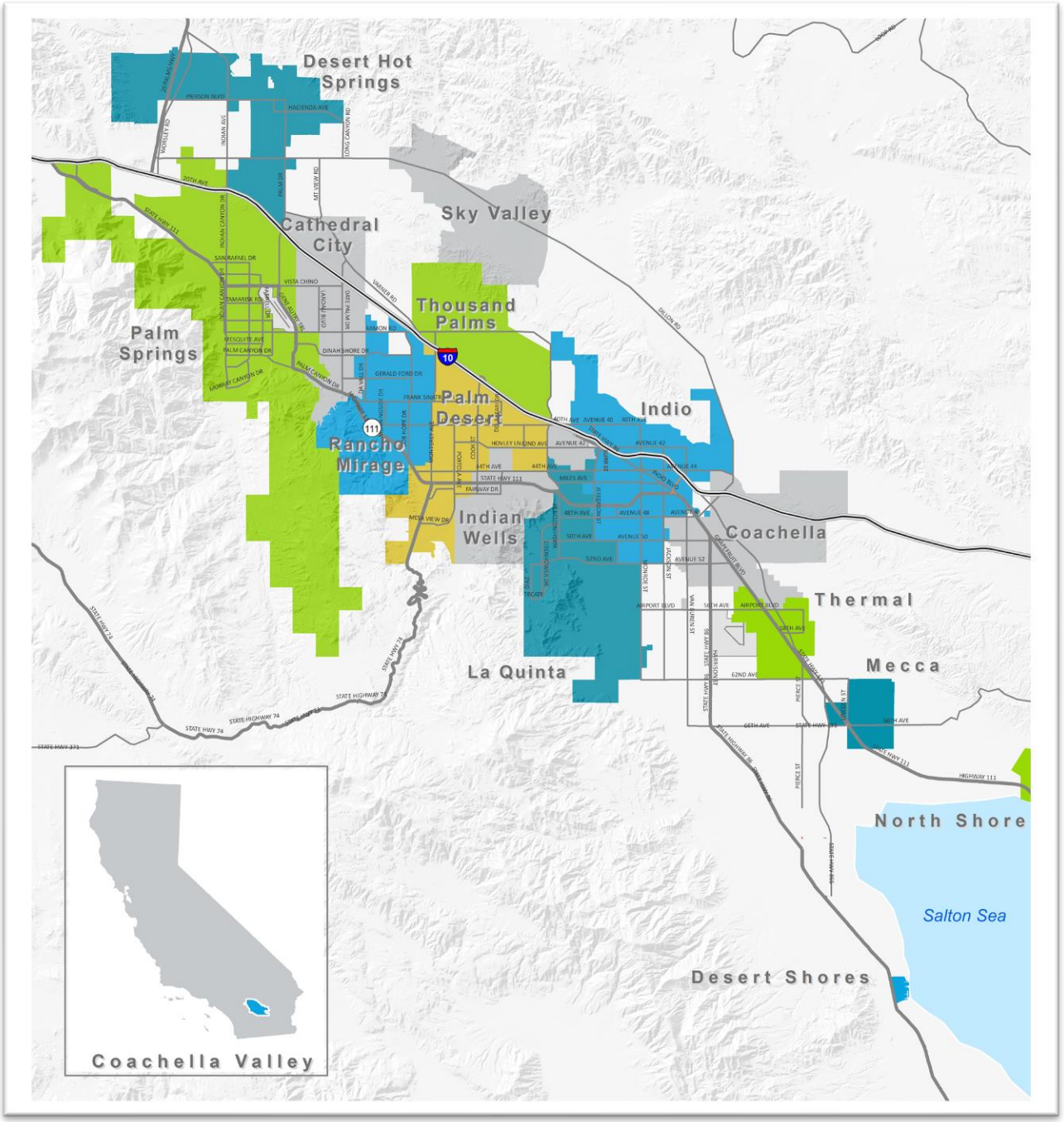
In addition to comparisons over the years, demographic comparisons are also included in this report, per the request of DHCD/F. For the adult data, comparisons of geography, age, ethnicity, education, and income are included. For the child data, comparisons of geography, age, ethnicity, and income are included.

On the note of comparing topics over the years, in the 2007, 2010, and 2013 surveys, race/ethnicity was assessed using a single question. In 2016, based on the advice of data users and potential funders, HARC shifted to the method utilized by the U.S. Census Bureau, which asks two separate questions on race and ethnicity. Because there was a change in how these topics were assessed, race/ethnicity can only be compared from 2016 to 2019.

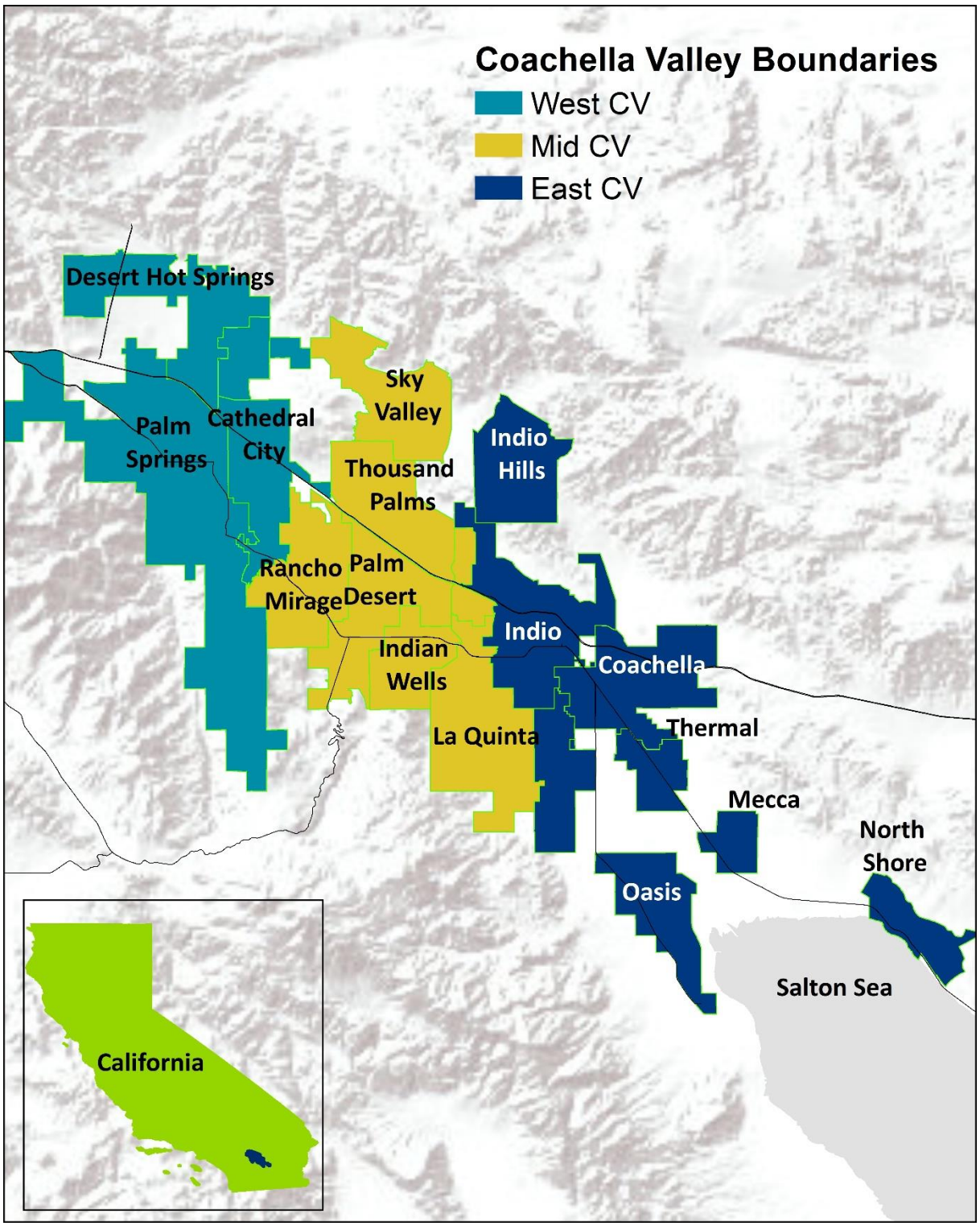
To provide context for these comparisons, each report has an identical section in the results section on adult demographics and child demographics. This presents a picture of the population changes (or lack thereof) over time.

Coachella Valley Geography

This report focuses on the health status of the Coachella Valley in Eastern Riverside County, California. Tribal areas within the Coachella Valley include the reservations of the Agua Caliente Band of Cahuilla Indians, the Augustine Band of Mission Indians, the Cahuilla Band of Mission Indians, and the Torres-Martinez Desert Cahuilla Indians. The Coachella Valley is made up of nine major cities (Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) as well as several unincorporated areas (such as Bermuda Dunes, Mecca, Thermal, and Thousand Palms, among others).



As mentioned earlier, the survey includes residents living in the Coachella Valley. However, one of the demographic comparisons made throughout the report includes geography. Specifically, the Coachella Valley was split into three regions to include the West Valley (Desert Hot Springs, Palm Springs, Cathedral City, Garnet CDP, Desert Edge CDP), Mid Valley (Rancho Mirage, Thousand Palms CDP, Sky Valley CDP, Palm Desert, Desert Palms CDP, Bermuda Dunes CDP, Indian Wells, La Quinta), and East Valley (Indio, Indio Hills CDP, Coachella, Mecca CDP, Oasis CDP, Thermal CDP, North Shore CDP, Vista Santa Rosa CDP. See the map below for a visual representation of the Coachella Valley geography split into three regions.



Methods

Data Collection

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

For each survey cycle, the data were collected by telephone with randomly selected adults, or randomly selected children (by proxy interview with an adult determined to be the most knowledgeable about the selected child). Surveys were conducted in English or Spanish, based on the preferences of the participant. Surveys were restricted to private residences (such as apartments, houses, or mobile homes) within the geographic area of the Coachella Valley with landlines and/or cell phones. This survey does not include people who live in group home settings (such as nursing homes, assisted living facilities, jails, or prisons, etc.), or those who do not have a landline or a cell phone (which is an estimated 3.1% of U.S. households, according to the National Health Interview Survey).[1] Also, the survey likely does not represent those who are homeless.

Phone calls were conducted by ICF Macro (2007 and 2010) and then by Kent State University (2013, 2016, 2019) using computer assisted telephone interviewing (CATI) labs.

One change that has occurred in the methods is the inclusion of cell phones in data collection. It is critically important to include cell phone respondents, as recent estimates from the National Health Interview Survey shows that more than half of American homes are now cell phone only (57.1%), and cannot be reached by a landline.[2] Another 15.0% of households are defined as "wireless *mostly*", that is, while they do *have* landlines, they receive all or almost all of their calls on cell phones. Thus, approximately 72.1% of U.S. households take most or all of their calls on cell phones. In fact, only 5.3% of American households are landline only (i.e., no cell phones).[3]

It is especially critical to include people who do not have landlines, as they tend to be younger, more likely to be living in poverty, more likely to rent their home than own it, and more likely to be Hispanic/Latino than people with landlines. Including cell phone only respondents helps us to better represent the true needs of the community.[4]

[1] Blumberg, S.J., Luke, J.V. (June 2019). Wireless substitution: Early release of estimates from the National Health Interview Survey, July—December 2018. National Center for Health Statistics. Available online at https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201906.pdf

[2] Blumberg, S.J., Luke, J.V. (June 2019). Wireless substitution: Early release of estimates from the National Health Interview Survey, July—December 2018. *National Center for Health Statistics*. Available online at https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201906.pdf

[3] Ibid.

[4] Ibid.

In HARC's first survey in 2007, the sample included no cell phones. By the most recent survey in 2019, the sample was almost entirely made up of cell phone respondents, as illustrated in the table below. This may limit comparability over survey cycles.

Year	% of Completed Surveys Done on a Cell Phone	% of Completed Surveys Done on a Landline
2019	78.1%	21.9%
2016	59.6%	40.4%
2013	24.8%	75.2%
2010	7.5%	92.5%
2007	0.0%	100.0%

Weighted Data

Each cycle, once data collection was complete, statisticians employed by the survey vendors (ICF Macro and Kent State University) weighted the sample data to most accurately represent the entire Coachella Valley population.

The post-stratification weighting used an iterative proportional fitting (or raking) algorithm. The data were weighted according the most recently available U.S. Census Bureau's American Community Survey's five-year estimates, for the nine incorporated cities in the Coachella Valley combined with the 12 census-designated areas (CDPs; Bermuda Dunes, Desert Edge, Desert Palms, Indio Hills, Garnet, Mecca, North Shore, Oasis, Sky Valley, Thermal, Thousand Palms, and Vista Santa Rosa) to capture the Coachella Valley population. The weights were raked to age, sex, race, ethnicity and telephone use. In 2016 and 2019, HARC provided these weights to the statisticians; in prior cycles, the statisticians were responsible for obtaining the numbers themselves.

As an example of this weighting method, the 2019 sample included 2,521 survey respondents, and their responses are weighted to represent the approximately 430,000 people living in the Coachella Valley. As such, the weighted percentages represent estimates that are weighted from the 2,500+ respondents to the 430,000+ residents of the region and is the proportion of people that the population estimate represents.

It is worth noting that there are two major shifts in weighting between the earliest surveys—2007, 2010, and 2013—and the two most recent surveys, 2016 and 2019. In the first three survey cycles, the weighting procedure included weighting to the seasonal residents. This likely included both migrant farmworkers and those retirees who have chosen to make the Coachella Valley their second home during the winter months; it included anyone who stayed in the Valley more than 30 days. In early survey cycles, HARC weighted the data to represent these seasonal residents based on the Wheeler's Report. However, in 2016 HARC made the decision to stop weighting the seasonal resident data because of the relative age of the reference data (the 2009 Wheeler's Report has not been updated since) and the lack of a clear explanation regarding the methods of the Wheeler's Report (HARC strives to weight the data to sources with extremely strong methods and high reliability).

HARC staff made this methodological decision in an effort to strengthen the reliability of the data and reduce reliance on outdated figures so that the 2016 and 2019 data could be as robust

and reliable as possible. Thus, population estimates in earlier cycles of 2007, 2010, and 2013 are different from those in 2016 and 2019 survey cycles.

Additionally, in the early survey cycles (2007, 2010, and 2013), race/ethnicity was asked as a combined question—and weighted as such. In the 2016 and 2019 cycles, the survey used the U.S. Census Bureau's protocol for asking race/ethnicity as two separate questions, with corresponding weights. As such, there may be some shifts in the population estimates in this aspect as well. While the lack of continuity is a disadvantage, HARC staff chose to make the switch to using the gold standard (U.S. Census Bureau) to increase the strength and reliability of HARC's data. Additionally, this now allows for easy comparisons between HARC's Coachella Valley data and Census Bureau data for other regions.

Thus, these changes may impact the comparability of estimates across survey cycles; the reader should keep these in mind when interpreting differences over time.

Adult Results

Adult Demographics

Gender

Since 2007, adult gender has remained roughly even, although to some degree this is an artifact of weighting. In 2019, the option to answer to gender as "neither" was added and revealed 0.7% of participants identifying as "neither".

Table 1. Adult Gender

Gender	2007	2010	2013	2016	2019
Male	47.1%	50.0%	51.1%	49.7%	50.0%
Female	52.9%	50.0%	48.9%	50.3%	49.3%
Neither	-	-	-	-	0.7%

Age

Age has also remained unvaried throughout the years. However, in 2010, there was a small rise for the age group of 65 and older, which has since dropped.

Table 2. Adult Age

Age Group	2007	2010	2013	2016	2019
18-39	31.5%	24.2%	29.4%	34.2%	30.9%
40-64	33.1%	35.2%	34.1%	39.4%	39.9%
65+	35.4%	40.5%	36.5%	26.4%	29.2%

Race/Ethnicity

From 2007 to 2013, race and ethnicity were assessed in a single question. However, in 2016, HARC separated these race and ethnicity questions to follow the same protocol as the U.S. Census.

Prior to 2016, race remained stable with majority of residents identifying as White/Caucasians and about a quarter identifying as Hispanic/Latino.

Table 3. Adult Race/Ethnicity – 2007 to 2013

Race	2007	2010	2013
White/Caucasian	63.9%	69.5%	67.4%
Black/African American	3.5%	2.1%	3.0%
Asian	1.3%	1.1%	1.5%
Native Hawaiian or Other Pacific Islander	0.7%	0.4%	0.6%
American Indian/Alaska Native	0.5%	0.5%	1.0%
Hispanic/Latino	28.8%	22.5%	24.5%
Other	1.2%	2.4%	2.1%

Using the new format dictated by the U.S. Census Bureau, the percent of local adults who identify as Hispanic/Latino increased, as illustrated below.

Table 4. Adult Ethnicity – 2016 to 2019

Ethnicity	2016	2019
Hispanic/Latino	55.3%	48.2%
Not Hispanic/Latino	44.7%	51.8%

There have not been many changes in race between 2016 and 2019. Two notable changes are in Asian and American Indian/Alaska Native populations: the Asian population in decreased while American Indian/Alaska Native population increased.

Table 5. Adult Race – 2016 to 2019

Race	2016	2019
White/Caucasian	68.6%	66.2%
Black/African American	2.9%	2.8%
Asian	3.4%	0.6%
American Indian/Alaska Native	0.7%	3.3%
Other	24.4%	27.2%

Income

Since 2007, the percent of participants in the lowest income bracket ($0 to $19,999) has increased overall.

Table 6. Adult Income

Income Level	2007	2010	2013	2016	2019
$0 to $19,999	13.1%	15.5%	14.9%	27.7%	21.1%
$20,000 to $49,999	37.2%	38.9%	27.0%	31.6%	29.9%
$50,000 to $99,999	33.1%	24.5%	46.2%	21.8%	24.4%
$100,000 or more	16.6%	21.0%	12.2%	18.9%	24.5%

Education

As illustrated in the table below, educational attainment has remained relatively stable from 2007 to 2019.

Table 7. Adult Education Level

Education Level	2007	2010	2013	2016	2019
Less than HS	16.8%	9.5%	12.2%	19.7%	14.9%
High school or GED	22.8%	21.2%	17.9%	19.2%	18.1%
Some college	27.3%	25.6%	29.9%	25.6%	28.1%
College	21.6%	29.8%	24.8%	20.5%	23.6%
Postgraduate	11.5%	14.0%	15.3%	15.1%	15.3%

Geography

City and CDP (census designated place) boundaries of the Coachella Valley were chosen by HARC in consultation with DHCD/F to represent western, middle, and eastern portions of the Valley.

The Coachella Valley was split into three regions to include the West Valley (Desert Hot Springs, Palm Springs, Cathedral City, Garnet CDP, Desert Edge CDP), Mid Valley (Rancho Mirage, Thousand Palms CDP, Sky Valley CDP, Palm Desert, Desert Palms CDP, Bermuda Dunes CDP, Indian Wells, La Quinta), and East Valley (Indio, Indio Hills CDP, Coachella, Mecca CDP, Oasis CDP, Thermal CDP, North Shore CDP, Vista Santa Rosa CDP).

As illustrated in the table below, between 2007 to 2019, there have been some changes in the geographic distribution of participants, going from predominantly West Valley in 2007 to an even distribution across the three regions in 2019.

Note that these differences may be a legitimate representation of population shifts over time (that is, the East Valley has become more populated in recent years) or it may simply be an artifact of data collection (that is, recent surveys have done a better job of recruiting participants from the East Valley than early surveys).

Table 8. Adult Geography

Gender	2007	2010	2013	2016	2019
West Valley	49.3%	34.8%	31.9%	36.0%	33.2%
Mid Valley	29.9%	41.4%	39.9%	30.1%	32.3%
East Valley	20.8%	23.8%	28.1%	33.9%	34.5%

Adult Substance Use

To assess drinking behaviors, participants were asked, "**During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage** such as beer, wine, a malt beverage or liquor?"

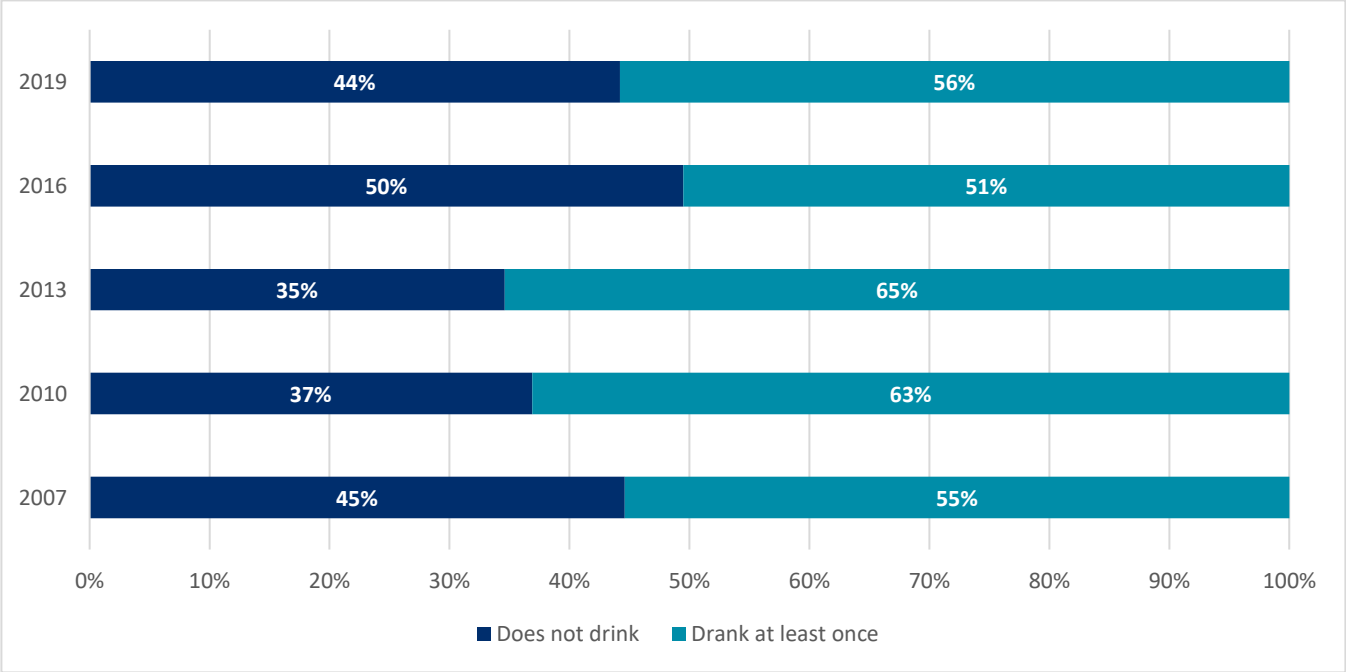
Overall

From 2007 to 2019, drinking status has remained relatively unvaried, although there were some slight increases in 2010 (63.1%) and 2013 (65.4%) in the percentage of people who drank at least once. Nonetheless, more than half of adults (55.8%) report drinking at least once.

Table 9. Adult – Drinking Status

Drinking Status	2007	2010	2013	2016	2019
Does not drink	44.6%	36.9%	34.6%	49.5%	44.2%
Drank at least once	55.4%	63.1%	65.4%	50.5%	55.8%

Figure 1. Adult – Drinking Status



In 2013, Coachella Valley adults were substantially more likely than adults in California and the U.S. to consume alcohol. However, in 2016 and 2019, rates are relatively similar across regions, as illustrated in the table below.

Table 10. Adult Drinkers Across Regions

Region	2013	2016	2019
Coachella Valley	65.4%	50.5%	55.8%
California	55.5%	53.7%	54.2%
United States	54.5%	55.0%	54.1%

Note: California and United States Data are from the Behavioral Risk Factor Surveillance Survey, conducted by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

Comparisons

Age Comparisons

In early surveys, older adults were more likely to be drinkers than younger adults. However, in recent years, the age differences are mostly gone—adults of any age are equally likely to consume alcohol, as illustrated in the table below.

Table 11. Adult Drinkers by Age

Age Group	2007	2010	2013	2016	2019
18-39	42.7%	54.8%	64.0%	50.0%	56.0%
40-64	57.5%	61.7%	58.9%	46.0%	54.1%
65+	65.3%	69.1%	72.3%	58.1%	58.0%

Geographic Comparisons

Drinking status by geography appears relatively unvaried over the years, as illustrated in the table below. However, about two-thirds (64.9%) of adults in Mid Valley report drinking, while smaller percentages report drinking in West Valley (57.7%) and East Valley (45.6%).

Table 12. Adult Drinkers by Geography

Geography	2007	2010	2013	2016	2019
West Valley	50.8%	61.8%	62.2%	48.7%	57.7%
Mid Valley	67.8%	69.5%	78.0%	64.7%	64.9%
East Valley	51.0%	54.2%	51.1%	39.9%	45.6%

Hispanic/Latino Comparisons

Drinking status very slightly went up from 2016 to 2019 for those who are and aren't Hispanic/Latino.

Table 13. Adult Drinkers by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	58.4%	64.4%
Hispanic or Latino	40.5%	47.8%

Income Comparisons

Overall, higher income levels seem to report drinking more often. Drinking status appears to be unvaried over the years when examining income level. However, among the $100,000 or more category, from 2007 to 2019, there has been some slight decrease in the percentage of adults reporting that they drink.

Table 14. Adult Drinkers by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	35.7%	36.7%	45.2%	36.6%	41.4%
$20,000 - $49,999	54.2%	58.2%	55.4%	45.6%	49.3%
$50,000 - $99,999	61.1%	71.3%	70.5%	67.7%	68.5%
$100,000 or more	73.3%	81.2%	77.8%	72.6%	67.1%

Education Comparisons

Drinking status over the years based on educational attainment does not appear to change much. However, drinking status increases proportionally to educational attainment.

Table 15. Adult Drinkers by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	36.6%	36.5%	40.3%	26.3%	31.6%
High school or GED	51.1%	51.4%	49.2%	43.7%	49.0%
Some college	60.8%	67.0%	71.5%	55.7%	57.5%
College	60.2%	72.0%	74.4%	61.7%	66.4%
Post-graduate	68.9%	74.0%	76.3%	66.6%	68.9%

To assess the number of drinks consumed, adults are asked, "One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. **During the past 30 days, on the days when you drank, about how many drinks did you drink on average?**" Only adults who reported having at least one drink in the past 30 days were asked this question.

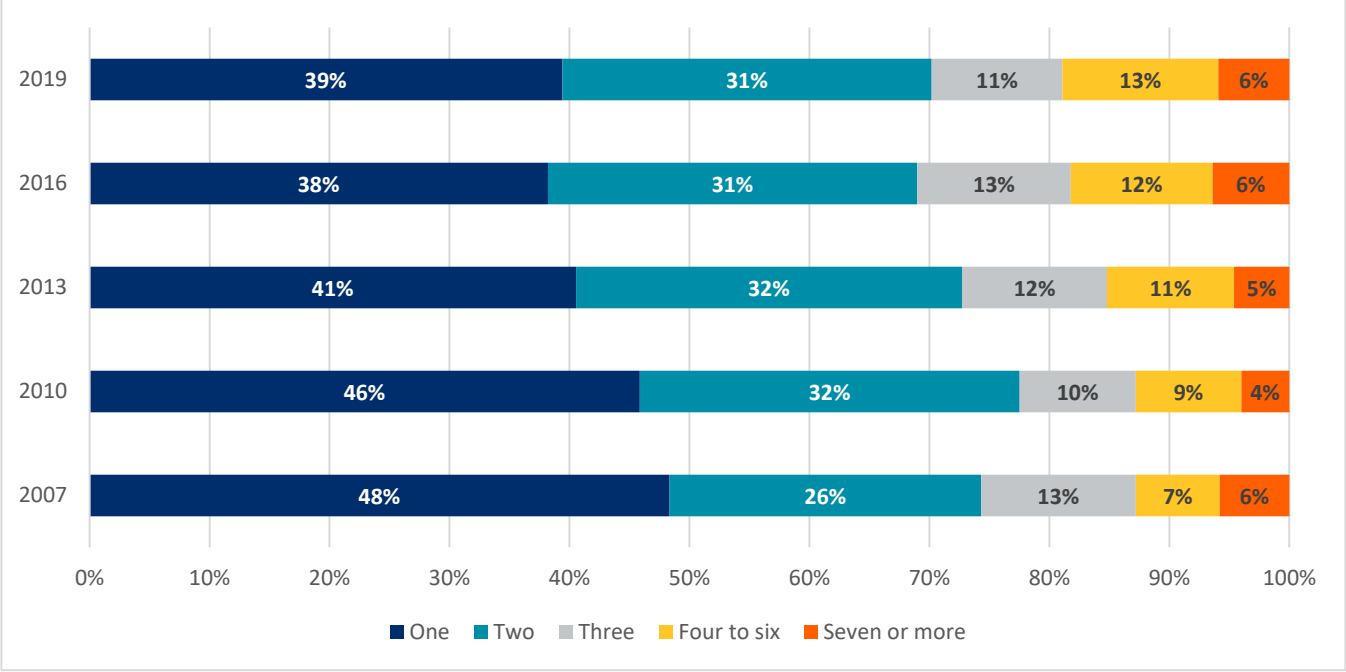
Overall

As illustrated in the table below, more adults consume one (39.4%) or two (30.8%) drinks. From 2007 to 2019, the percentage of people having just one drink has slightly decreased.

Table 16. Adult Drinkers – Number of Drinks Consumed per Drinking Day

Number of Drinks	2007	2010	2013	2016	2019
One	48.4%	45.9%	40.6%	38.2%	39.4%
Two	26.0%	31.7%	32.2%	30.8%	30.8%
Three	12.9%	9.7%	12.1%	12.8%	10.9%
Four to six	7.0%	8.8%	10.6%	11.8%	13.0%
Seven or more	5.8%	4.0%	4.6%	6.4%	5.9%

Figure 2. Adult Drinkers – Number of Drinks Consumed per Drinking Day



Comparisons

Age Comparisons

Number of drinks consumed, by age group, over the years is typically unvaried, although there was a slight decrease among those aged 18-39 from 2007 (28.0%) to 2019 (15.4%).

Table 17. Adult Drinkers – Number of Drinks per Drinking Day by Age

Number of Drinks	Age Group	2007	2010	2013	2016	2019
One	18-39	28.0%	27.9%	16.2%	24.2%	15.4%
	40-64	47.5%	44.1%	47.8%	38.8%	45.6%
	65+	61.0%	55.3%	51.9%	53.0%	56.0%
Two	18-39	24.6%	30.0%	35.3%	27.0%	33.5%
	40-64	31.4%	34.0%	25.2%	34.3%	28.1%
	65+	22.2%	31.0%	35.6%	31.0%	31.6%
Three	18-39	24.2%	13.1%	15.8%	19.4%	13.2%
	40-64	10.2%	11.8%	14.6%	10.7%	12.7%
	65+	8.7%	6.5%	7.6%	7.9%	6.2%
Four to six	18-39	24.2%	21.2%	22.5%	20.0%	26.5%
	40-64	7.2%	6.0%	8.4%	10.8%	9.0%
	65+	3.5%	4.9%	3.7%	4.0%	4.1%
Seven or more	18-39	10.9%	7.8%	10.1%	9.4%	11.4%
	40-64	3.7%	4.0%	4.0%	5.4%	4.5%
	65+	4.6%	2.3%	1.1%	4.1%	2.2%

Geographic Comparisons

There was a decrease in the percentage of adults having just one drink for the West Valley, going from 2007 (48.3%) to 2019 (38.0%). For the East Valley, there was a decrease in the percentage of adults having three drinks in 2007 (31.9%) to those in 2019 (9.4%). Additionally, there was an increase in the percentage of adults in East Valley having two drinks in 2007 (16.3%) to 2019 (28.1%).

Table 18. Adult Drinkers – Number of Drinks per Drinking Day by Geography

Number of Drinks	Geography	2007	2010	2013	2016	2019
One	West Valley	48.3%	48.1%	41.8%	34.7%	38.0%
	Mid Valley	54.5%	50.8%	48.4%	44.6%	47.2%
	East Valley	38.9%	31.7%	21.8%	33.5%	30.6%
Two	West Valley	26.9%	31.9%	29.6%	33.1%	33.5%
	Mid Valley	28.9%	30.7%	33.2%	28.5%	30.5%
	East Valley	16.3%	33.1%	34.4%	31.3%	28.1%
Three	West Valley	10.2%	7.7%	12.6%	13.7%	14.2%
	Mid Valley	5.5%	9.6%	12.5%	11.6%	9.0%
	East Valley	31.9%	13.3%	10.7%	13.3%	9.4%
Four to six	West Valley	8.6%	10.7%	9.8%	13.3%	10.6%
	Mid Valley	5.3%	5.6%	3.3%	9.0%	8.3%
	East Valley	6.9%	12.9%	26.5%	14.1%	22.1%
Seven or more	West Valley	6.0%	1.7%	6.2%	5.3%	3.8%
	Mid Valley	5.7%	3.4%	2.6%	6.4%	5.0%
	East Valley	5.9%	9.1%	6.7%	7.8%	9.8%

Hispanic/Latino Comparisons

The percentage for the number of drinkers consumed by ethnicity has remained relatively stable from 2016 to 2019, as illustrated below.

Table 19. Adult Drinkers – Number of Drinks per Drinking Day by Ethnicity

Number of Drinks	Ethnicity	2016	2019
One	Not Hispanic or Latino	44.5%	49.1%
	Hispanic or Latino	27.1%	27.7%
Two	Not Hispanic or Latino	31.0%	31.5%
	Hispanic or Latino	30.4%	30.4%
Three	Not Hispanic or Latino	11.4%	8.0%
	Hispanic or Latino	15.2%	14.7%
Four to six	Not Hispanic or Latino	8.0%	8.2%
	Hispanic or Latino	18.4%	17.7%
Seven or more	Not Hispanic or Latino	5.0%	3.2%
	Hispanic or Latino	8.9%	9.5%

Income Comparisons

As illustrated in the table below, the number of drinks consumed by income has somewhat varied over the years. A few points to note are that there was a drop in the percentage of people consuming just one drink, living in a household, with an income level of $0 - $19,999 from 2007 (44.5%) to 2019 (34.0%). Likewise, there was a drop in the percentage of people consuming three drinks at the income level of $0 - $19,999 from 2007 (34.5%) to 2019 (12.7%).

Table 20. Adult Drinkers – Number of Drinks per Drinking Day by Income

Number of Drinks	Income Level	2007	2010	2013	2016	2019
One	$0 - $19,999	44.5%	36.5%	56.8%	38.7%	34.0%
	$20,000 - $49,999	41.0%	43.7%	35.4%	36.1%	32.1%
	$50,000 - $99,999	50.5%	49.3%	42.3%	33.0%	41.1%
	$100,000 or more	45.9%	47.7%	42.6%	41.1%	46.6%
Two	$0 - $19,999	15.1%	29.7%	19.4%	29.9%	19.5%
	$20,000 - $49,999	25.7%	24.2%	21.4%	29.0%	21.7%
	$50,000 - $99,999	27.2%	34.8%	37.5%	35.1%	35.7%
	$100,000 or more	35.2%	35.9%	42.5%	33.9%	35.7%
Three	$0 - $19,999	34.5%	9.8%	13.8%	9.1%	12.7%
	$20,000 - $49,999	16.2%	11.3%	15.7%	12.7%	17.9%
	$50,000 - $99,999	10.3%	5.7%	10.3%	13.0%	9.8%
	$100,000 or more	7.8%	11.6%	10.1%	10.8%	7.5%
Four to six	$0 - $19,999	*	16.5%	*	10.9%	26.3%
	$20,000 - $49,999	9.0%	12.0%	16.6%	13.6%	16.0%
	$50,000 - $99,999	6.1%	9.5%	5.8%	14.8%	6.9%
	$100,000 or more	6.2%	3.7%	*	8.5%	8.7%
Seven or more	$0 - $19,999	*	7.4%	*	11.4%	7.4%
	$20,000 - $49,999	8.1%	8.9%	10.8%	8.6%	12.3%
	$50,000 - $99,999	5.9%	*	4.1%	4.1%	6.5%
	$100,000 or more	4.8%	*	*	5.7%	*

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Among those with an education level of high school or GED, some college, or college, having just one drink went down from 2007 to 2009. Conversely, having four to six drinks has increased among those with less than a high school education and high school or GED education from 2007 to 2009.

Table 21. Adult Drinkers – Number of Drinks per Drinking Day by Education

Number of Drinks	Education Level	2007	2010	2013	2016	2019
One	Less than high school	31.1%	35.7%	16.8%	23.7%	28.5%
	High school or GED	47.3%	47.2%	34.9%	34.7%	36.5%
	Some college	49.4%	40.8%	40.8%	37.3%	33.1%
	College	53.8%	49.1%	39.6%	38.2%	41.6%
	Post-graduate	52.3%	50.6%	55.2%	48.7%	51.9%
Two	Less than high school	25.6%	21.9%	21.4%	24.6%	20.4%
	High school or GED	24.5%	27.2%	30.0%	24.9%	21.2%
	Some college	25.5%	31.7%	29.2%	32.9%	32.6%
	College	26.5%	33.6%	37.0%	33.4%	35.6%
	Post-graduate	28.2%	36.9%	35.9%	33.7%	33.9%
Three	Less than high school	28.4%	14.8%	7.5%	20.0%	*
	High school or GED	16.7%	5.0%	11.6%	16.2%	12.3%
	Some college	12.7%	12.5%	14.7%	11.1%	15.3%
	College	5.3%	9.3%	15.0%	11.0%	7.6%
	Post-graduate	8.3%	9.3%	5.0%	11.2%	9.8%
Four to six	Less than high school	9.0%	*	33.2%	17.6%	32.3%
	High school or GED	7.7%	13.6%	11.9%	18.6%	17.7%
	Some college	5.5%	12.9%	12.8%	9.1%	12.6%
	College	7.6%	6.4%	7.9%	14.0%	12.3%
	Post-graduate	6.4%	1.9%	*	4.0%	2.5%
Seven or more	Less than high school	5.9%	17.5%	21.1%	14.1%	12.2%
	High school or GED	3.9%	7.0%	11.6%	5.6%	12.2%
	Some college	6.8%	2.1%	2.5%	9.6%	6.5%
	College	6.7%	1.5%	*	3.4%	2.8%
	Post-graduate	4.8%	*	*	2.5%	*

Note: Red asterisks represent a statistically unstable estimate.

To assess **binge drinking**, participants were asked, "Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 or more drinks (for men)] [4 or more drinks (for women)] on an occasion?"

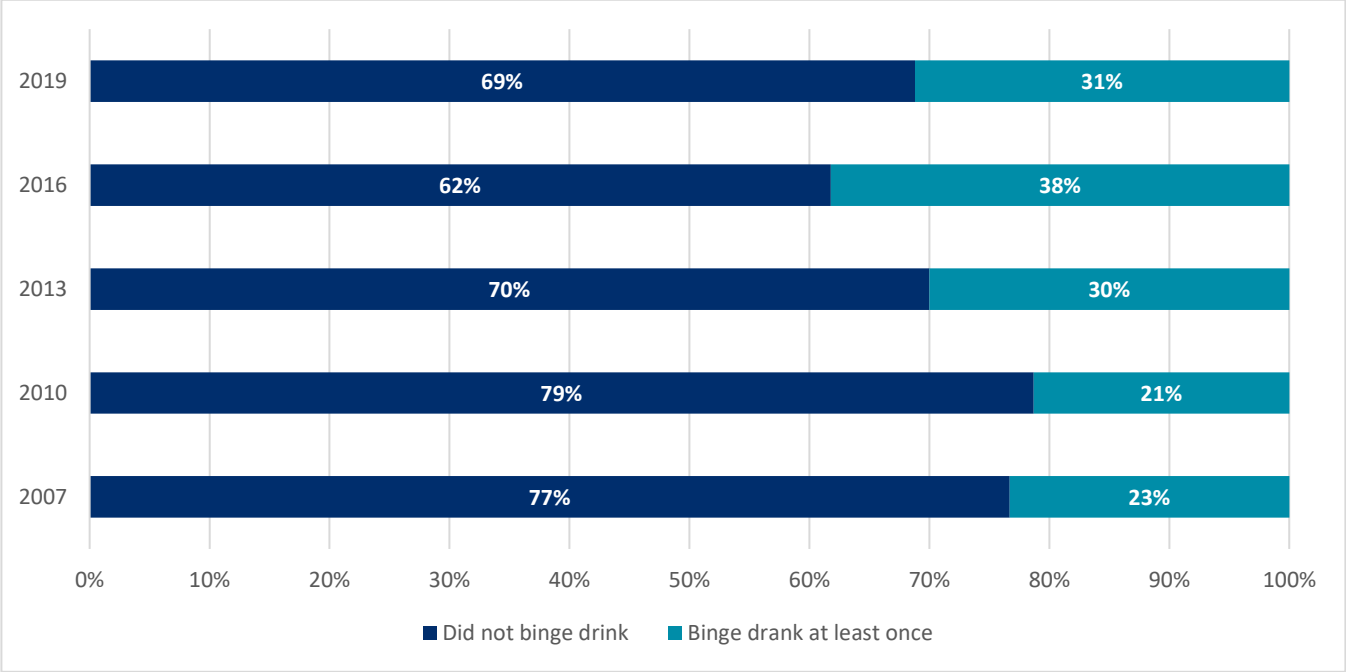
Overall

Binge drinking slightly increased from 2007 (23.3%) to 2019 (31.2%).

Table 22. Adult Drinkers – Binge Drinking Status

Binge Drinking Status	2007	2010	2013	2016	2019
Did not binge drink	76.7%	78.7%	70.0%	61.8%	68.8%
Binge drank at least once	23.3%	21.3%	30.0%	38.2%	31.2%

Figure 3. Adult Drinkers – Binge Drinking Status



Comparisons

Age Comparisons

The age group of 18-39 seems to have increased in the percentage of binge drinking status from 2007 (39.6%) to 2019 (51.3%), while the other age groups have remained relatively stable in binge drinking status.

Table 23. Adult Drinkers – Binge Drinking by Age

Age Group	2007	2010	2013	2016	2019
18-39	39.6%	37.5%	46.7%	52.5%	51.3%
40-64	22.6%	24.5%	34.0%	40.9%	29.3%
65+	14.1%	11.7%	15.1%	19.1%	13.0%

Geographic Comparisons

When looking at geography East Valley and Mid Valley have remained relatively unvaried. However, West Valley has increased in the percentage of binge drinking status from 2007 (23.2%) to 2019 (34.4%).

Table 24. Adult – Binge Drinking by Geography

Geography	2007	2010	2013	2016	2019
West Valley	23.2%	20.0%	27.9%	40.4%	34.4%
Mid Valley	18.7%	16.0%	26.4%	32.2%	23.8%
East Valley	30.9%	35.3%	38.9%	44.1%	37.3%

Hispanic/Latino Comparisons

Binge drinking slightly decreased among both ethnicities from 2016 to 2019 as illustrated below.

Table 25. Adult – Binge Drinking by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	33.3%	23.1%
Hispanic or Latino	47.0%	40.3%

Income Comparisons

Among the income level of $0-$19,999, binge drinking percentages increased from 2007 (15.9%) to 2019 (42.2%). Similarly, binge drinking percentages slightly increased among the income level of $50,000 - $99,999 from 2007 (19.1%) to 2019 (30.8%).

Table 26. Adult – Binge Drinking by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	15.9%	22.4%	22.2%	42.3%	42.2%
$20,000 - $49,999	29.3%	24.4%	38.7%	46.5%	32.9%
$50,000 - $99,999	19.1%	22.3%	29.9%	40.9%	30.8%
$100,000 or more	20.8%	15.8%	24.5%	30.8%	25.1%

Education Comparisons

From 2007 to 2019, the percentage of binge drinking among those less than high school education, some college, and college levels of education have increased in the percentage of binge drinking status. See the table below for details.

Table 27. Adult – Binge Drinking by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	34.2%	41.6%	36.1%	65.5%	48.6%
High school or GED	34.3%	25.8%	29.8%	42.4%	38.0%
Some college	18.5%	26.5%	32.9%	37.1%	31.1%
College	15.6%	14.5%	32.4%	34.7%	30.4%
Post-graduate	21.0%	16.0%	18.7%	26.9%	18.8%

Adult Mental Health Concerns

Mental health of participants is assessed in a variety of ways, including general concerns about mental health, magnitude of these problems, and specific diagnoses.

Firstly, participants were asked, "**Have you had any emotional, mental, and behavioral problems such as stress, anxiety, or depression that concerned you during the past 12 months?**"

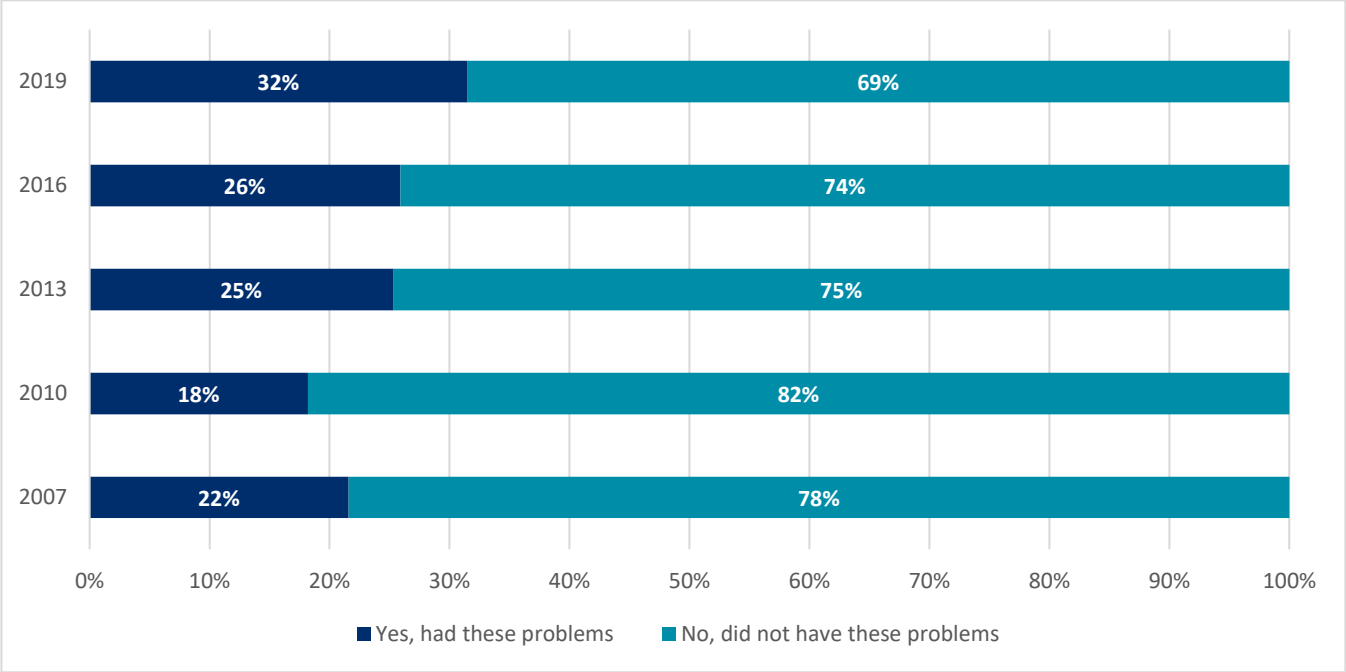
Overall

The percentage of people reporting mental health problems that were concerning has increased from 2007 (21.6%) to 2019 (31.5%).

Table 28. Adult – Mental Problems in Past Year

Response	2007	2010	2013	2016	2019
Yes, had these problems	21.6%	18.2%	25.3%	25.9%	31.5%
No, did not have these problems	78.4%	81.8%	74.7%	74.1%	68.5%

Figure 4. Adult – Mental Problems in Past Year



Comparisons

Age Comparisons

These mental health problems that are concerning has increased among each age group from 2007 to 2019, namely among those ages 65 and older from 2017 (10.2%) to 2019 (20.7%).

Table 29. Adult – Mental Problems in Past Year by Age

Age Group	2007	2010	2013	2016	2019
18-39	34.4%	26.0%	31.1%	29.4%	43.3%
40-64	22.0%	23.2%	34.6%	27.8%	30.3%
65+	10.2%	9.7%	11.7%	18.4%	20.7%

Geographic Comparisons

Mid Valley and East Valley have also had an increase in the percentage of mental health problems that were concerning from 2007 (12.5%, 20.6%, respectively) to 2019 (26.8% to 32.2% respectively).

Table 30. Adult – Mental Problems in Past Year by Geography

Geography	2007	2010	2013	2016	2019
West Valley	27.0%	23.5%	27.4%	31.8%	35.4%
Mid Valley	12.5%	13.4%	24.2%	21.3%	26.8%
East Valley	20.6%	19.0%	24.6%	23.6%	32.2%

Hispanic/Latino Comparisons

The percentage of having mental health problems that were concerning in the past 12 months has slightly increased among those who are Hispanic/Latino from 2016 (24.8%) to 2019 (33.0%).

Table 31. Adult – Mental Problems in Past Year by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	26.8%	29.9%
Hispanic or Latino	24.8%	33.0%

Income Comparisons

The percentage of people with mental health problems that are concerning increased from 2007 to 2019 among those with household incomes of $20,000-$49,999, $50,000-$99,999, and $100,000 or more. See the table below for additional information.

Table 32. Adult – Mental Problems in Past Year by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	35.8%	42.0%	37.5%	35.9%	39.0%
$20,000 - $49,999	26.4%	23.3%	36.0%	26.7%	39.7%
$50,000 - $99,999	13.1%	12.0%	18.3%	24.1%	25.5%
$100,000 or more	15.0%	7.3%	13.5%	19.1%	25.2%

Education Comparisons

With the exception of an education level less than high school, mental health problems that were concerning increased from 2007 to 2019 for each education level. See the table below for additional details.

Table 33. Adult – Mental Problems in Past Year by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	34.3%	34.9%	39.7%	29.0%	27.7%
High school or GED	23.4%	22.9%	28.4%	22.9%	36.4%
Some college	21.8%	19.2%	25.4%	30.4%	32.3%
College	14.3%	11.1%	19.5%	20.7%	33.4%
Post-graduate	12.2%	12.5%	19.3%	25.8%	26.1%

Participants who reported having mental health concerns in the past 12 months were further asked, "**Did you consider any of these problems severe enough that you felt you needed professional help?**"

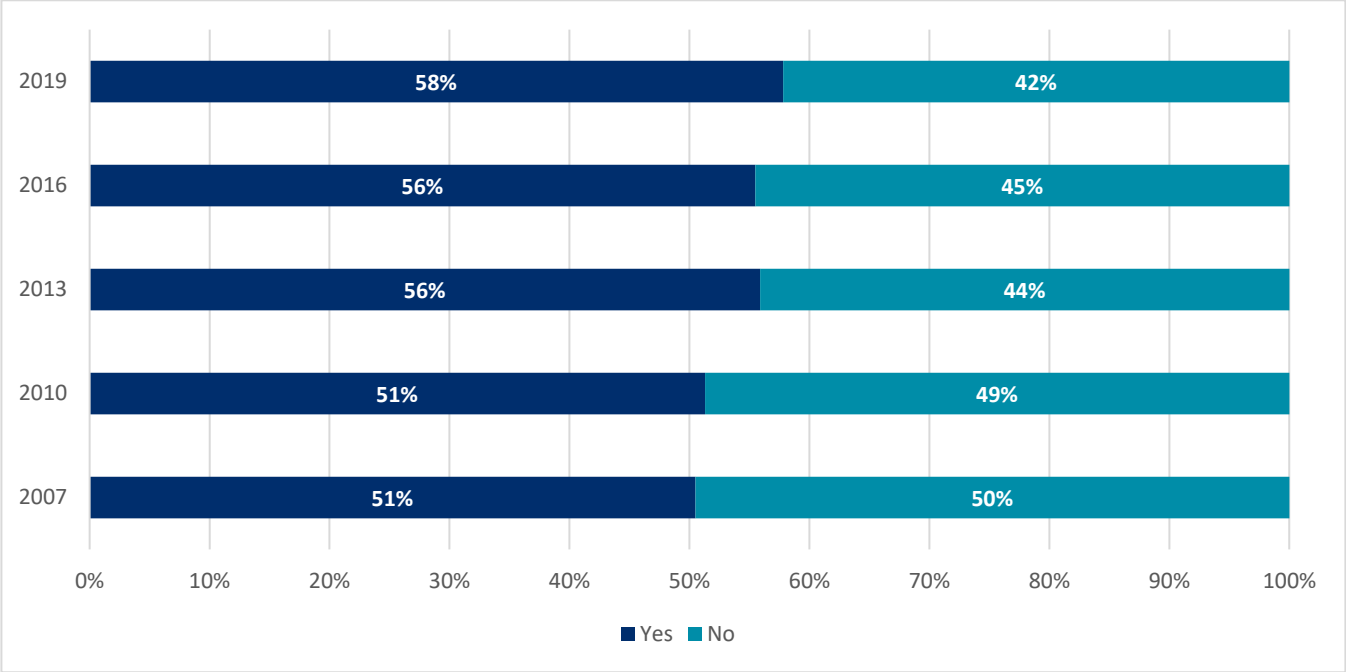
Overall

Needing help for mental health problems has remained relatively unvaried over the years, as illustrated below. However, each survey cycle, more than half of these adults with mental health concerns have problems severe enough for professional help.

Table 34. Adults with Mental Problems – Problems Severe Enough for Help

Response	2007	2010	2013	2016	2019
Yes	50.5%	51.3%	55.9%	55.5%	57.8%
No	49.5%	48.7%	44.1%	44.5%	42.2%

Figure 5. Adults with Mental Problems – Problems Severe Enough for Help



Comparisons

Age Comparisons

The percentage of those needing help for mental health problems has increased among ages 18-39 from 2007 (47.2%) to 2019 (61.1%).

Table 35. Adults with Mental Problems Severe Enough for Help by Age

Age Group	2007	2010	2013	2016	2019
18-39	47.2%	50.3%	50.5%	53.5%	61.1%
40-64	59.5%	56.5%	62.9%	60.3%	57.0%
65+	44.0%	42.9%	51.0%	49.3%	51.9%

Geographic Comparisons

Needing help for mental health problems has also increased in West Valley from 2007 (45.0%) to 2019 (56.8%).

Table 36. Adults with Mental Problems Severe Enough for Help by Geography

Geography	2007	2010	2013	2016	2019
West Valley	45.0%	62.3%	58.1%	59.3%	56.8%
Mid Valley	57.8%	52.5%	59.8%	57.9%	56.2%
East Valley	54.5%	29.8%	47.4%	48.1%	60.1%

Hispanic/Latino Comparisons

Needing help for mental health problems has remained relatively unvaried from 2016 (61.2%) to 2019 (58.2%). Conversely, needing help for mental health problems has slightly increased for those who are Hispanic/Latino from 2016 (48.4%) to 2019 (57.0%).

Table 37. Adults with Mental Problems Severe Enough for Help by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	61.2%	58.2%
Hispanic or Latino	48.4%	57.0%

Income Comparisons

Needing help for mental health problems has increased from 2007 to 2019 among those with household incomes of $20,000-$49,999 and $50,000-$99,999. Conversely, needing help among those with household incomes of $100,000 or more went down from 2007 (71.2%) to 2019 (58.4%).

Table 38. Adults with Mental Problems Severe Enough to Need Help by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	51.9%	63.9%	45.1%	61.9%	57.6%
$20,000 - $49,999	44.5%	41.5%	52.6%	50.3%	62.0%
$50,000 - $99,999	50.5%	60.4%	62.9%	60.1%	63.1%
$100,000 or more	71.2%	61.6%	78.1%	56.1%	58.4%

Education Comparisons

The percentage of those with some college education needing help for mental health problems has increased from 2007 (44.1%) to 2019 (65.5%), as it has to a lesser extent for post-graduates from 2007 (56.0%) to 2019 (43.9%).

Table 39. Adults with Mental Problems Severe Enough to Need Help by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	36.8%	37.6%	45.0%	59.0%	43.1%
High school or GED	59.0%	50.6%	43.3%	36.3%	58.7%
Some college	44.1%	49.4%	54.7%	58.6%	65.5%
College	71.3%	65.9%	77.3%	54.3%	62.1%
Post-graduate	56.0%	63.1%	63.6%	67.8%	43.9%

Participants who need help for mental health problems were further asked, "**Do you know who to contact for help with these problems?**" Note that this question was not asked in the 2007 and 2010 surveys, and thus, it is not present here.

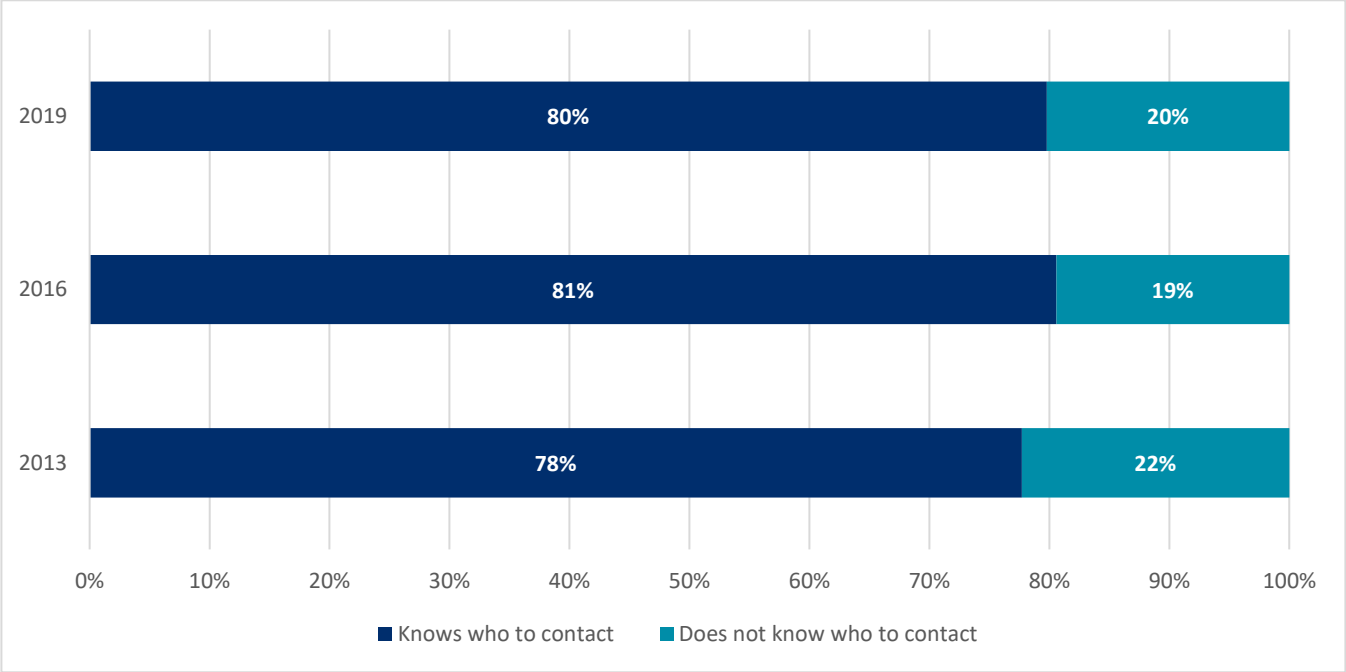
Overall

Knowing who to contact for help has remained relatively stable over the years. However, each survey cycle, there remains about a quarter of adults with mental health problems who do not know who to contact.

Table 40. Adults with Severe Mental Health Problems – Know Who to Contact

Response	2013	2016	2019
Knows who to contact	77.7%	80.6%	79.8%
Does not know who to contact	22.3%	19.4%	20.2%

Figure 6. Adults with Severe Mental Health Problems – Know Who to Contact



Comparisons

Age Comparisons

Likewise, with age, knowing who to contact has remained relatively unvaried over the years by each age group.

Table 41. Adults with Mental Problems – Know Who to Contact by Age

Response	Age Group	2013	2016	2019
Knows who to contact	18-39	78.1%	78.0%	76.2%
	40-64	72.1%	79.3%	80.7%
	65+	90.9%	89.1%	86.3%
Does not know who to contact	18-39	21.9%	22.0%	23.8%
	40-64	27.9%	20.7%	19.3%
	65+	9.1%	10.9%	13.7%

Geographic Comparisons

The percentage of adults in East Valley knowing who to contact for help has increased from 2013 (68.7%) to 2019 (80.9%).

About a quarter (24.3%) of those in West Valley with mental health problems do not know who to contact for help.

Table 42. Adults with Mental Problems – Know Who to Contact by Geography

Response	Geography	2013	2016	2019
Knows who to contact	West Valley	73.0%	81.6%	75.7%
	Mid Valley	88.5%	88.0%	84.2%
	East Valley	68.7%	73.5%	80.9%
Does not know who to contact	West Valley	27.0%	18.4%	24.3%
	Mid Valley	11.5%	12.0%	15.8%
	East Valley	31.3%	26.5%	19.1%

Hispanic/Latino Comparisons

Knowing who to contact for help has not substantially changed from 2016 to 2019 based on ethnicity. However, a quarter (25.3%) of Hispanic/Latinos with mental health problems do not know who to contact for help.

Table 43. Adults with Mental Problems – Know Who to Contact by Ethnicity

Response	Ethnicity	2016	2019
Knows who to contact	Not Hispanic or Latino	89.1%	85.7%
	Hispanic or Latino	70.1%	74.7%
Does not know who to contact	Not Hispanic or Latino	10.9%	14.3%
	Hispanic or Latino	29.9%	25.3%

Income Comparisons

The percentage of adults with household incomes of $20,000-$49,999 who know who to contact for help slightly increased from 2013 (76.2%) to 2019 (85.6%).

Table 44. Adults with Mental Problems – Know Who to Contact by Income

Response	Income Level	2013	2016	2019
Knows who to contact	$0 - $19,999	61.8%	79.9%	64.5%
	$20,000 - $49,999	76.2%	72.1%	85.6%
	$50,000 - $99,999	84.1%	87.4%	78.1%
	$100,000 or more	92.6%	97.6%	84.5%
Does not know who to contact	$0 - $19,999	38.2%	20.1%	35.5%
	$20,000 - $49,999	23.8%	27.9%	14.4%
	$50,000 - $99,999	15.9%	12.6%	21.9%
	$100,000 or more	*	*	15.5%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Knowing who to contact for help with mental health problems has remained relatively unvaried over the years based on educational level. See the table below for additional details.

Table 45. Adults with Mental Problems – Know Who to Contact by Education

Response	Education Level	2013	2016	2019
Knows who to contact	Less than high school	59.6%	67.8%	65.0%
	High school or GED	74.9%	78.7%	70.8%
	Some college	80.9%	80.5%	84.9%
	College	91.1%	88.1%	85.8%
	Post-graduate	82.1%	94.2%	87.1%
Does not know who to contact	Less than high school	40.4%	32.2%	35.0%
	High school or GED	25.1%	21.3%	29.2%
	Some college	19.1%	19.5%	15.1%
	College	8.9%	11.9%	14.2%
	Post-graduate	17.9%	5.8%	12.9%

Adults who stated that they have had mental health problems that were concerning in the past year were further asked, "**Are you still bothered or concerned about your emotional, mental and behavioral problem?**"

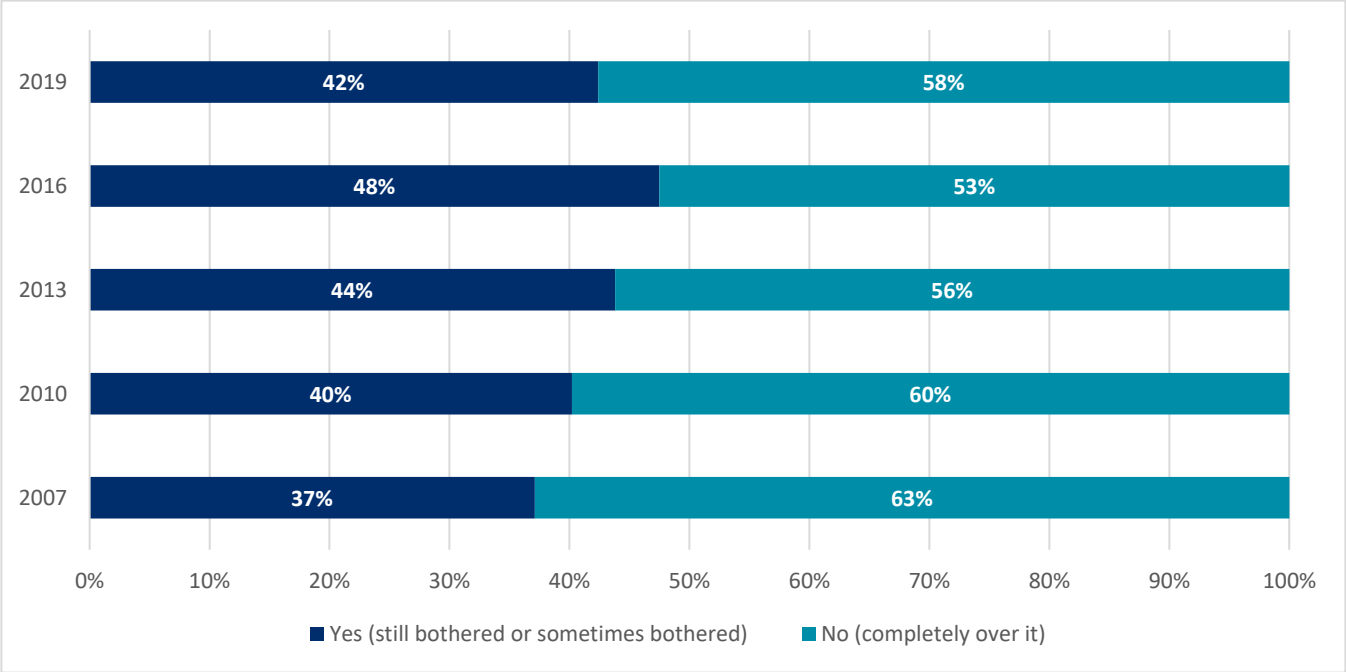
Overall

Still having concern for a mental health problem has remained approximately similar over the years; however, each survey cycle, about every 4 in 10 of these adults with mental health problems are still bothered.

Table 46. Adults with Mental Problems – Still Bothered/Concerned vs. Over It

Variable	2007	2010	2013	2016	2019
Yes (still bothered or sometimes bothered)	37.1%	40.2%	43.8%	47.5%	42.4%
No (completely over it)	62.9%	59.8%	56.2%	52.5%	57.6%

Figure 7. Adults with Mental Problems – Still Bothered/Concerned vs. Over It



Comparisons

Age Comparisons

Being concerned with mental health problems increased among those ages 65 and older from 2007 (34.5%) to 2019 (49.2%). Other ages seem relatively unvaried.

Table 47. Adults with Mental Problems – Still Bothered/Concerned by Age

Age Group	2007	2010	2013	2016	2019
18-39	32.3%	32.2%	37.3%	40.1%	40.1%
40-64	42.9%	45.5%	51.8%	51.4%	41.7%
65+	34.5%	41.2%	38.7%	54.5%	49.2%

Geographic Comparisons

When looking at geography, being concerned with mental health problems increased among Mid Valley from 2007 (31.2%) to 2019 (43.1%). East Valley also had a slight decrease from 2007 (50.1%) to 2019 (41.1%).

Table 48. Adults with Mental Problems – Still Bothered/Concerned by Geography

Geography	2007	2010	2013	2016	2019
West Valley	39.0%	39.9%	40.9%	49.0%	43.1%
Mid Valley	31.2%	47.3%	46.8%	46.1%	43.1%
East Valley	50.1%	32.0%	43.6%	46.5%	41.1%

Hispanic/Latino Comparisons

Being bothered by mental health problems has not substantially changed from 2016 to 2019 based on ethnicity.

Table 49. Adults with Mental Problems – Still Bothered/Concerned by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	49.0%	48.3%
Hispanic or Latino	45.7%	37.2%

Income Comparisons

The percentage of those with household incomes of 0$-$19,999 and still being bothered by a mental health problem has decreased from 2007 (71.7%) to 2019 (58.9%). Conversely, these concerns have slightly increased among those with household incomes of $100,000 or more from 2007 (29.6%) to 2019 (39.1%).

Table 50. Adults with Mental Problems – Still Bothered/Concerned by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	71.7%	51.4%	43.0%	48.0%	58.9%
$20,000 - $49,999	40.4%	41.7%	42.7%	54.9%	38.7%
$50,000 - $99,999	25.0%	29.8%	42.0%	36.9%	32.4%
$100,000 or more	29.6%	24.3%	44.9%	35.2%	39.1%

Education Comparisons

The percentage of those with some college and post-graduate education who are still bothered by mental health concerns has increased from 2007 to 2019. Some college increased from 38.6% in 2007 to 54.6% in 2019, while post-graduate increased from 28.1% in 2007 to 42.0% in 2019.

Table 51. Adults with Mental Problems – Still Bothered/Concerned by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	42.0%	33.5%	36.2%	58.3%	34.8%
High school or GED	33.4%	52.3%	33.4%	33.7%	37.2%
Some college	38.6%	29.7%	46.4%	52.3%	54.6%
College	41.9%	47.6%	59.5%	47.4%	37.3%
Post-graduate	28.1%	39.5%	41.2%	37.8%	42.0%

Adult Mental Health Diagnoses

Participants were asked "Have you ever been told by a doctor, or other health care professional that you have any of the following mental health conditions:" and then provided with a list of diagnoses. Thus, this section on diagnoses refers to various lifetime diagnoses of mental health disorders.

First, participants were asked whether they had been **diagnosed with depressive disorder (major, chronic, mild depression)**.

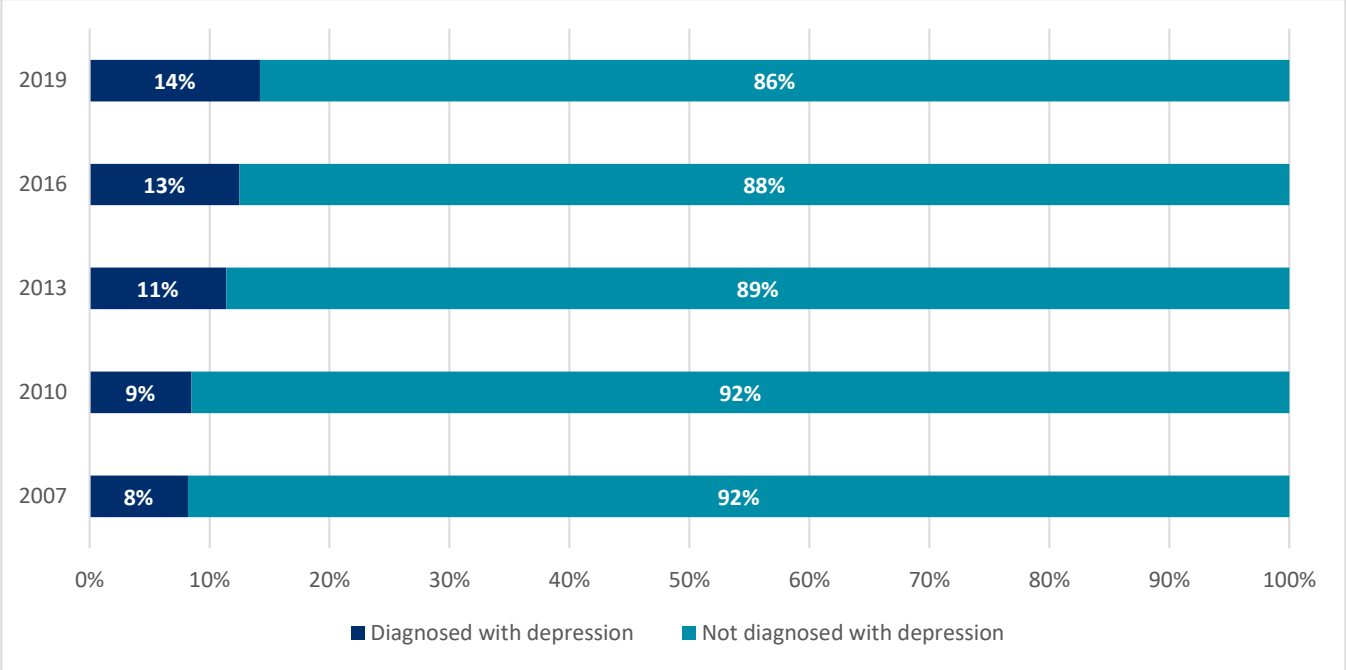
Overall

Depression diagnoses have slightly increased over the years, as illustrated in the table and chart below.

Table 52. Adult – Diagnosed with Depression

Diagnosis	2007	2010	2013	2016	2019
Diagnosed with depression	8.2%	8.5%	11.4%	12.5%	14.2%
Not diagnosed with depression	91.8%	91.5%	88.6%	87.5%	85.8%

Figure 8. Adult – Diagnosed with Depression



Coachella Valleys are diagnosed with depression at similar rates to adults across California, as illustrated in the table below. Both are lower than U.S. rates as a whole, however.

Table 53. Adults Diagnosed with Depression Across Regions

Region	2013	2016	2019
Coachella Valley	11.4%	12.5%	14.2%
California	13.1%	13.5%	14.7%
United States	18.7%	17.4%	19.9%

Note: California and United States Data are from the Behavioral Risk Factor Surveillance Survey, conducted by the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.

Comparisons

Age Comparisons

Depression diagnoses in seniors appear to be on the rise over time, as illustrated in the table below.

Table 54. Adult – Diagnosed with Depression by Age

Age Group	2007	2010	2013	2016	2019
18-39	8.9%	6.0%	8.0%	10.6%	14.3%
40-64	11.7%	13.1%	17.8%	15.7%	15.5%
65+	4.9%	6.1%	7.5%	10.2%	12.4%

Geographic Comparisons

Although not substantially changing, depression diagnoses have very slightly increased from 2007 to 2009 in West Valley and Mid Valley. For instance, East Valley went from 5.5% (2007) to 13.7% (2019) having depression diagnoses.

Table 55. Adult – Diagnosed with Depression by Geography

Geography	2007	2010	2013	2016	2019
West Valley	10.6%	12.7%	10.9%	15.7%	18.0%
Mid Valley	5.5%	7.7%	13.4%	11.1%	13.7%
East Valley	4.2%	3.9%	8.8%	10.4%	11.1%

Hispanic/Latino Comparisons

Depression diagnoses have not substantially changed from 2016 to 2019 based on ethnicity.

Table 56. Adult – Diagnosed with Depression by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	15.9%	17.0%
Hispanic or Latino	8.4%	11.5%

Income Comparisons

Although not substantially changing, depression diagnoses have very slightly increased among those living in households $50,000-$99,999 of income from 2007 (5.3%) to 2009 (13.9%).

Table 57. Adult – Diagnosed with Depression by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	14.3%	16.0%	16.0%	20.8%	18.8%
$20,000 - $49,999	8.4%	8.6%	12.3%	10.5%	16.8%
$50,000 - $99,999	5.3%	9.4%	9.2%	11.8%	13.9%
$100,000 or more	7.9%	6.7%	11.1%	9.6%	11.9%

Education Comparisons

Depression diagnoses have increased among those with a college level education from 2007 (6.0%) to 2019 (16.7%).

Table 58. Adult – Diagnosed with Depression by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	6.6%	11.3%	11.1%	13.0%	7.4%
High school or GED	11.1%	7.7%	6.1%	10.0%	14.8%
Some college	9.0%	7.4%	14.5%	14.0%	16.2%
College	6.0%	8.8%	8.3%	11.1%	16.7%
Post-graduate	7.4%	9.9%	16.7%	14.9%	13.0%

Another mental health disorder assessed was **panic disorder**.

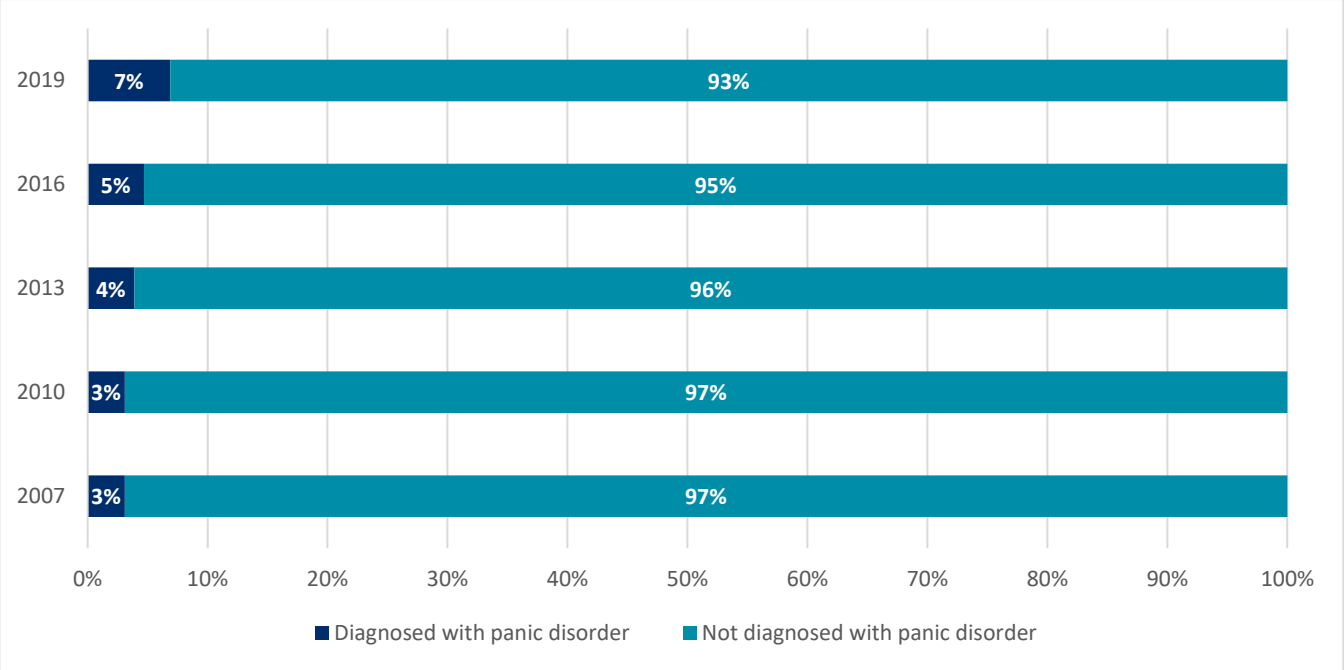
Overall

As illustrated in the table below, panic disorder diagnoses have slightly increased over the years.

Table 59. Adult – Diagnosed with Panic Disorder

Diagnosis	2007	2010	2013	2016	2019
Diagnosed with panic disorder	3.1%	3.1%	3.9%	4.7%	6.9%
Not diagnosed with panic disorder	96.9%	96.9%	96.1%	95.3%	93.1%

Figure 9. Adult – Diagnosed with Panic Disorder



Comparisons

Age Comparisons

Based on the age group, disorder diagnoses have remained relatively unvaried over the years. See the table below for additional information.

Table 60. Adult – Diagnosed with Panic Disorder by Age

Age Group	2007	2010	2013	2016	2019
18-39	3.6%	3.8%	4.7%	3.9%	5.9%
40-64	5.3%	4.2%	5.4%	6.5%	9.5%
65+	0.8%	1.9%	1.8%	3.0%	4.4%

Geographic Comparisons

Likewise, panic disorder diagnoses have not substantially changed over the years, based geography.

Table 61. Adult – Diagnosed with Panic Disorder by Geography

Geography	2007	2010	2013	2016	2019
West Valley	3.5%	5.0%	3.7%	5.2%	7.9%
Mid Valley	1.3%	2.6%	3.1%	6.5%	5.0%
East Valley	1.9%	1.5%	5.2%	2.6%	7.7%

Hispanic/Latino Comparisons

As illustrated in the table below, panic disorder diagnoses have not substantially changed from 2016 to 2019 based on ethnicity.

Table 62. Adult – Diagnosed with Panic Disorder by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	6.1%	6.7%
Hispanic or Latino	3.0%	7.0%

Income Comparisons

Panic disorder diagnoses have also not changed substantially based on household income level over the years. See the table below for additional details.

Table 63. Adult – Diagnosed with Panic Disorder by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	9.0%	6.2%	2.8%	6.2%	9.5%
$20,000 - $49,999	2.8%	3.9%	4.6%	3.0%	8.6%
$50,000 - $99,999	*	2.2%	2.5%	5.4%	4.5%
$100,000 or more	1.3%	*	4.4%	3.8%	3.9%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Panic disorder diagnoses have not changed substantially based on educational level over the years. However, it appears that those with less than high school education have had very slight increases of lifetime panic disorder diagnoses over time.

Table 64. Adult – Diagnosed with Panic Disorder by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	1.5%	3.6%	5.3%	4.8%	8.0%
High school or GED	7.4%	3.9%	2.8%	4.1%	8.2%
Some college	2.5%	5.0%	5.5%	6.4%	7.7%
College	1.5%	1.5%	2.9%	3.4%	6.8%
Post-graduate	1.3%	1.8%	2.7%	4.4%	2.7%

Post-traumatic stress disorder (PTSD) was another mental health disorder assessed.

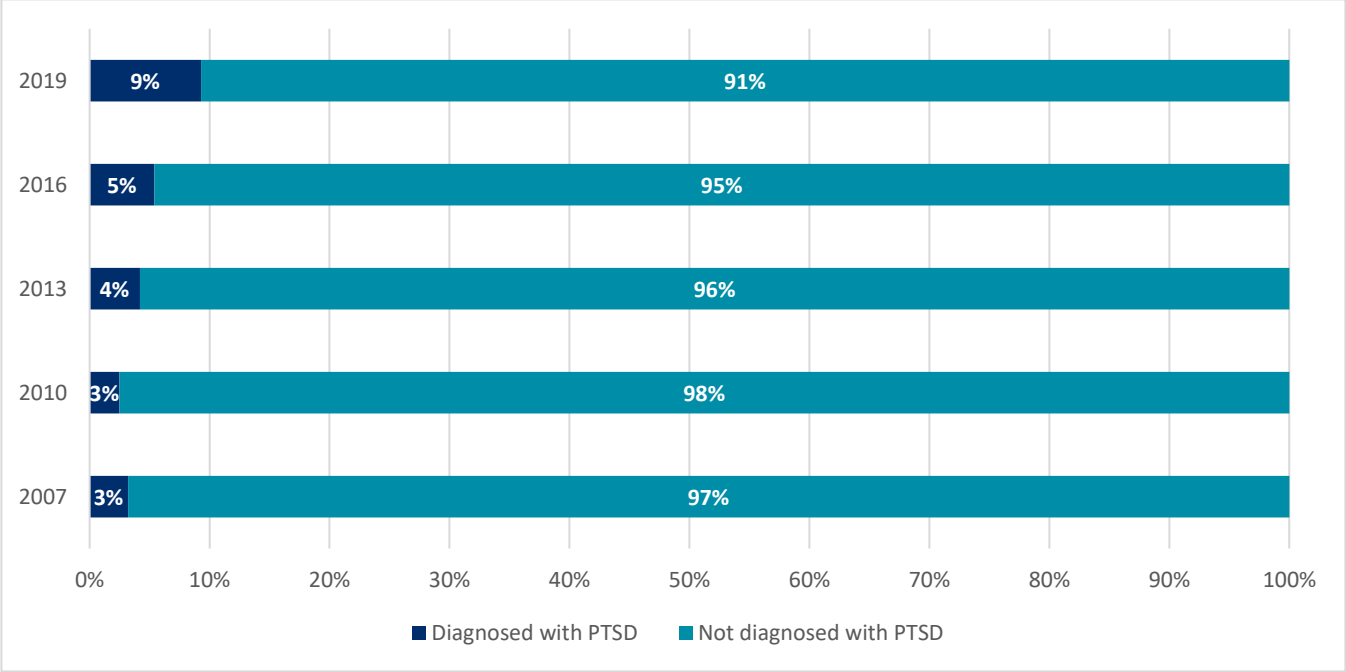
Overall

PTSD rates have increased over the years as illustrated in the table below, going from 3.2% in 2007 to 9.3% in 2019.

Table 65. Adult – Diagnosed with PTSD

Diagnosis	2007	2010	2013	2016	2019
Diagnosed with PTSD	3.2%	2.5%	4.2%	5.4%	9.3%
Not diagnosed with PTSD	96.8%	97.5%	95.8%	94.6%	90.7%

Figure 10. Adult – Diagnosed with PTSD



Comparisons

Age Comparisons

These increases seem to be most prominent among the age groups of 18-39 and 40-64, as illustrated in the table below.

Table 66. Adult – Diagnosed with PTSD by Age

Age Group	2007	2010	2013	2016	2019
18-39	3.5%	*	*	4.9%	10.1%
40-64	4.4%	4.3%	8.1%	7.4%	11.7%
65+	1.9%	1.3%	2.3%	3.3%	5.0%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

West Valley has seen some increased in PTSD diagnoses from 2007 (4.2%) to 2019 (10.7%) as has Mid Valley from 2007 (1.4%) to 2019 (8.5%).

Table 67. Adult – Diagnosed with PTSD by Geography

Geography	2007	2010	2013	2016	2019
West Valley	4.2%	3.4%	5.2%	6.6%	10.7%
Mid Valley	1.4%	2.6%	4.1%	6.1%	8.5%
East Valley	3.9%	1.1%	2.8%	3.6%	8.6%

Hispanic/Latino Comparisons

PTSD diagnoses have very slightly increased among Hispanic/Latinos from 2016 (3.4%) to 2019 (9.1%), as illustrated in the table below.

Table 68. Adult – Diagnosed with PTSD by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	7.1%	9.2%
Hispanic or Latino	3.4%	9.1%

Income Comparisons

PTSD diagnoses have increased a bit among those making $20,000-$49,999 and $50,000-$99,999 from 2007 to 2019.

Table 69. Adult – Diagnosed with PTSD by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	10.8%	6.9%	1.7%	9.2%	10.1%
$20,000 - $49,999	4.5%	2.2%	4.2%	4.5%	12.5%
$50,000 - $99,999	1.2%	1.8%	4.4%	3.7%	9.6%
$100,000 or more	*	1.7%	3.9%	3.4%	6.7%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

PTSD diagnoses have increased a bit among those with some college and a college level education from 2007 to 2019.

Table 70. Adult – Diagnosed with PTSD by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	4.5%	2.1%	2.8%	4.5%	7.2%
High school or GED	3.9%	2.4%	1.7%	3.9%	10.4%
Some college	3.1%	1.8%	7.1%	9.5%	10.9%
College	1.8%	3.3%	3.8%	2.9%	9.4%
Post-graduate	3.2%	2.9%	3.1%	5.3%	5.8%

Generalized anxiety disorder was also assessed among adults.

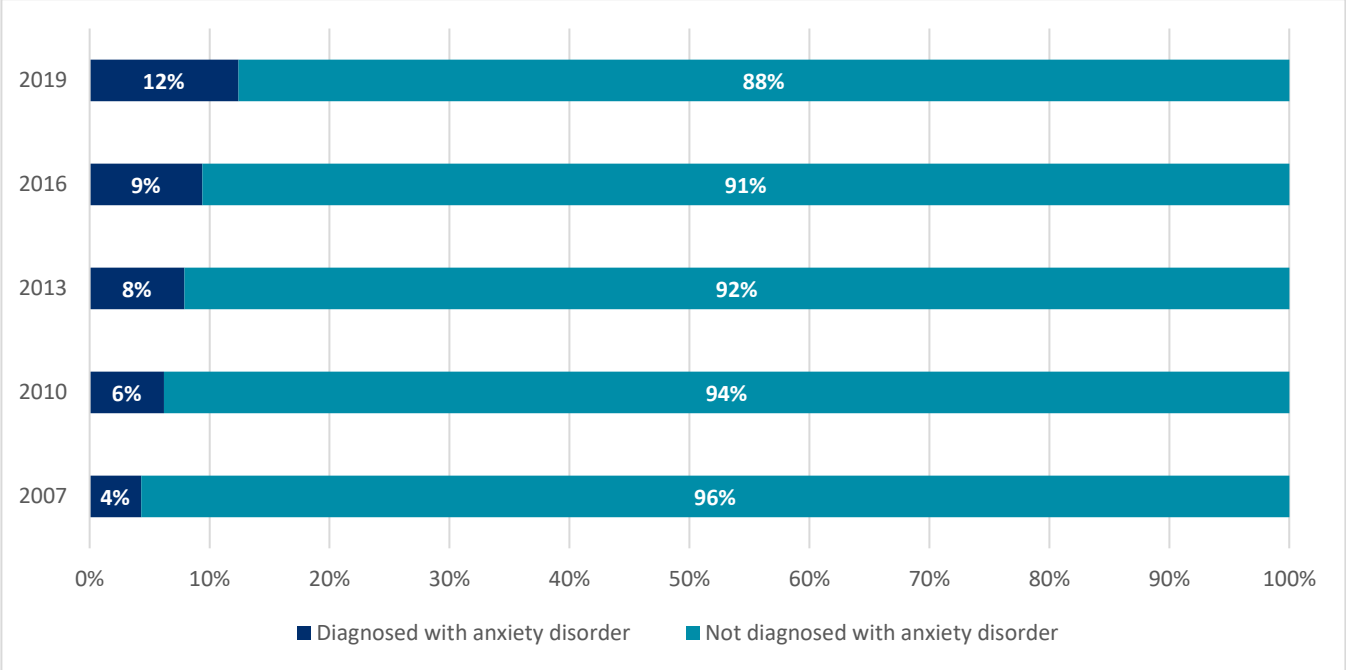
Overall

As illustrated in the table below, anxiety disorder has slightly increased from 2007 (4.3%) to 2019 (12.4%).

Table 71. Adult – Diagnosed with Anxiety Disorder

Diagnosis	2007	2010	2013	2016	2019
Diagnosed with anxiety disorder	4.3%	6.2%	7.9%	9.4%	12.4%
Not diagnosed with anxiety disorder	95.7%	93.8%	92.1%	90.6%	87.6%

Figure 11. Adult – Diagnosed with Anxiety Disorder



Comparisons

Age Comparisons

Anxiety disorder increases are most prominent among those ages 18-39. For instance, among this age group, 4.2% had anxiety disorder in 2007 and 16.7% had anxiety disorder in 2019.

Table 72. Adult – Diagnosed with Anxiety Disorder by Age

Age Group	2007	2010	2013	2016	2019
18-39	4.2%	6.2%	8.8%	9.0%	16.7%
40-64	7.9%	9.5%	12.0%	11.6%	12.3%
65+	1.1%	3.4%	3.6%	6.9%	8.0%

Geographic Comparisons

West Valley has also seen some increases in the percentage of adults with anxiety disorder, going from 4.7% in 2007 to 15.0% in 2019.

Table 73. Adult – Diagnosed with Anxiety Disorder by Geography

Geography	2007	2010	2013	2016	2019
West Valley	4.7%	9.8%	6.2%	11.1%	15.0%
Mid Valley	3.4%	3.9%	10.7%	9.9%	11.1%
East Valley	1.8%	4.8%	5.9%	7.2%	11.3%

Hispanic/Latino Comparisons

Anxiety disorder rates have not substantially varied from 2016 to 2019 based on ethnicity, as illustrated in the table below.

Table 74. Adult – Diagnosed with Anxiety Disorder by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	10.8%	13.9%
Hispanic or Latino	7.8%	10.9%

Income Comparisons

Anxiety disorder rates have increased among those making $20,000-$49,999 from 2007 (3.1%) to 2019 (16.9%). Anxiety disorder rates also appear to be slightly increasing among income levels of $50,000-$99,999 from 2007 (3.2%) to 2019 (12.1%).

Table 75. Adult – Diagnosed with Anxiety Disorder by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	9.3%	16.1%	6.9%	14.8%	16.9%
$20,000 - $49,999	3.1%	7.7%	10.8%	9.5%	14.0%
$50,000 - $99,999	3.2%	3.9%	6.1%	9.5%	12.1%
$100,000 or more	3.4%	3.0%	7.6%	5.9%	9.0%

Education Comparisons

Among those with a college level of education, anxiety disorder rates have increased from 2007 (4.2%) to 2019 (16.1%). Anxiety disorder has also increased among those with some college from 2007 (5.0%) to 2019 (14.4%).

Table 76. Adult – Diagnosed with Anxiety Disorder by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	2.4%	9.9%	6.0%	9.2%	8.2%
High school or GED	6.0%	8.2%	4.6%	7.3%	10.7%
Some college	5.0%	6.1%	8.7%	11.9%	14.4%
College	4.2%	4.6%	8.1%	7.0%	16.1%
Post-graduate	2.0%	4.2%	11.6%	11.9%	9.7%

The last of the series asked about **diagnosis of phobia**.

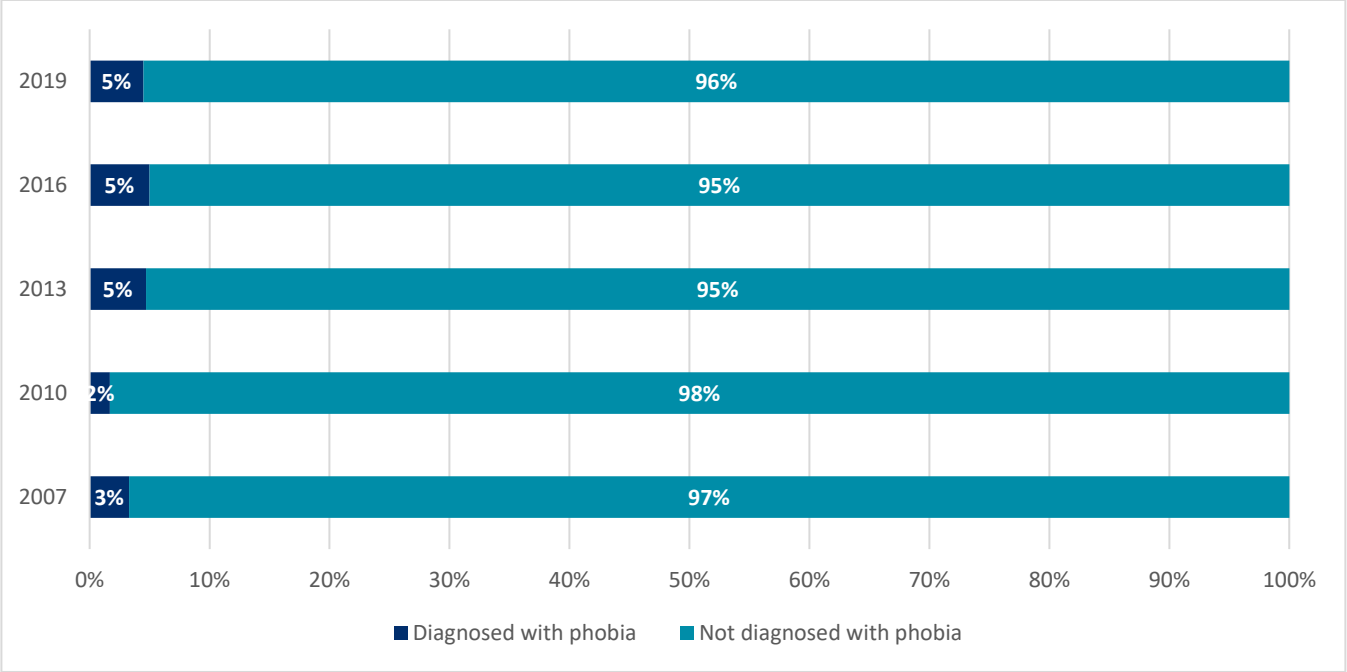
Overall

As illustrated in the table below, phobia rates have not substantially changed over the years.

Table 77. Adult – Diagnosed with Phobia

Diagnosis	2007	2010	2013	2016	2019
Diagnosed with phobia	3.3%	1.7%	4.7%	5.0%	4.5%
Not diagnosed with phobia	96.7%	98.3%	95.3%	95.0%	95.5%

Figure 12. Adult – Diagnosed with Phobia



Comparisons

Age Comparisons

Likewise, phobia rates have not substantially varied over the years, as illustrated in the table below.

Table 78. Adult – Diagnosed with Phobia by Age

Age Group	2007	2010	2013	2016	2019
18-39	6.1%	*	6.7%	6.3%	4.4%
40-64	3.7%	2.2%	4.6%	5.2%	5.0%
65+	0.6%	1.3%	2.7%	3.0%	4.0%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Similarly, phobia rates by geography have not substantially varied over the years, although there appears to be a slight increase in East Valley from 2007 (0.9%) to 2019 (6.7%).

Table 79. Adult – Diagnosed with Phobia by Geography

Geography	2007	2010	2013	2016	2019
West Valley	4.3%	2.6%	5.2%	5.6%	2.9%
Mid Valley	1.3%	1.5%	3.9%	3.3%	3.8%
East Valley	0.9%	*	5.2%	5.8%	6.7%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Phobia rates have not substantially varied based on ethnicity, from 2016 to 2019.

Table 80. Adult – Diagnosed with Phobia by Hispanic/Latino

Ethnicity	2016	2019
Not Hispanic or Latino	5.3%	3.4%
Hispanic or Latino	4.5%	5.4%

Income Comparisons

Phobia rates have also not substantially varied over the years based on income level. See the table below for more information.

Table 81. Adult – Diagnosed with Phobia by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	5.7%	4.3%	4.1%	5.8%	9.6%
$20,000 - $49,999	2.3%	2.9%	5.8%	5.7%	4.3%
$50,000 - $99,999	1.6%	*	2.7%	2.3%	3.7%
$100,000 or more	*	*	*	1.5%	2.1%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Likewise, phobia rates have remained approximately similar from 2007 to 2019 based on education, as illustrated in the table below.

Table 82. Adult – Diagnosed with Phobia by Education

Education Level	2007	2010	2013	2016	2019
Less than high school	4.7%	3.7%	6.5%	8.8%	5.9%
High school or GED	7.3%	1.8%	3.9%	3.0%	5.1%
Some college	1.1%	1.1%	8.3%	6.9%	4.5%
College	0.8%	1.9%	1.7%	2.3%	4.4%
Post-graduate	2.9%	*	1.6%	2.4%	2.6%

Note: Red asterisks represent a statistically unstable estimate.

Adult Suicidal Ideation

To assess suicidal ideation, participants were asked, "Sometimes people feel so depressed about the future, or are tired of living, that they may consider attempting suicide, that is, taking some action to end their own life. **During the past 12 months, did you ever seriously consider attempting suicide?**" Participants that reported "yes" were provided with a connection to a suicide hotline. Note that this question was not asked in 2007.

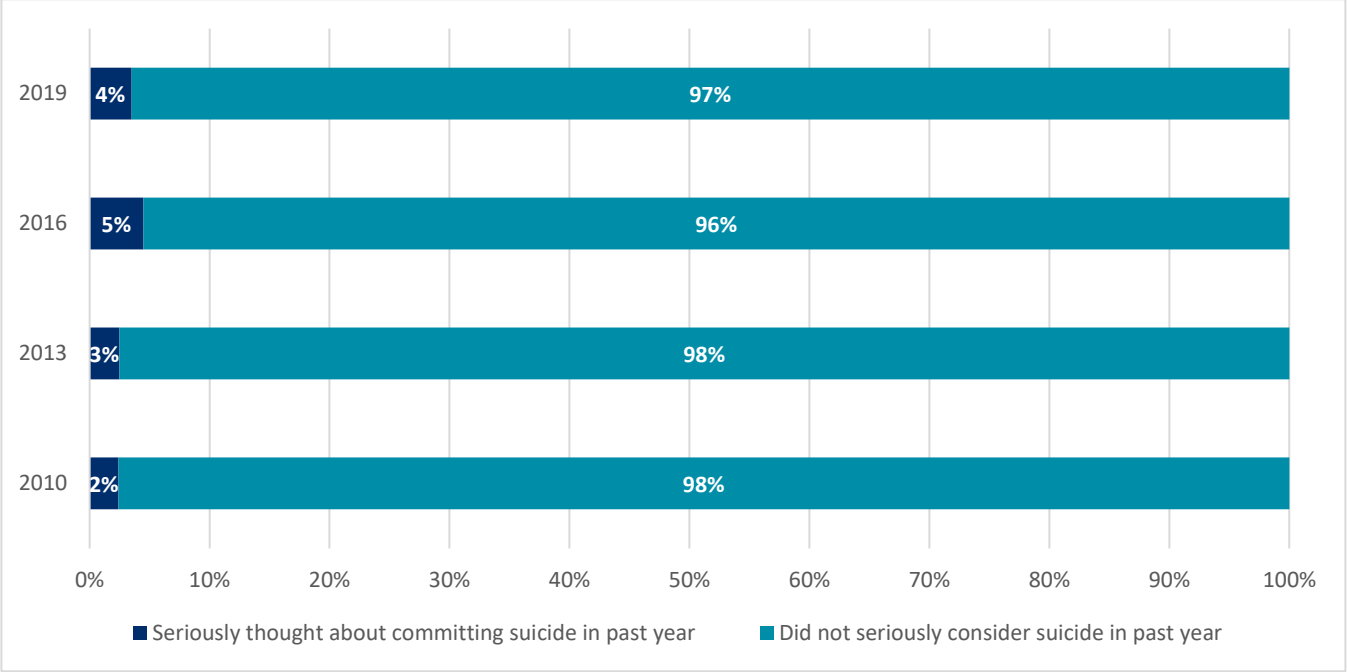
Overall

The percentage of adults who thought about suicide in the past year has remained relatively unvaried each survey cycle, as illustrated below.

Table 83. Adult – Seriously Considered Suicide in Past Year

Suicidal Ideation	2010	2013	2016	2019
Seriously thought about committing suicide	2.4%	2.5%	4.5%	3.5%
Did not seriously consider suicide	97.6%	97.5%	95.5%	96.5%

Figure 13. Adult – Seriously Considered Suicide in Past Year



Comparisons

Age Comparisons

Suicidal ideation rates have not varied over the years based on age group, as illustrated below. However, it does appear that the younger age group of 18-39 has slightly higher suicidal ideation rates than the older age group of 65 and older.

Table 84. Adult – Seriously Considered Suicide in Past Year by Age

Age Group	2010	2013	2016	2019
18-39	*	3.5%	6.9%	5.6%
40-64	3.9%	2.6%	4.2%	3.6%
65+	1.1%	0.9%	1.8%	1.3%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Likewise, suicidal ideation rates have not varied based on geography over the years.

Table 85. Adult – Seriously Considered Suicide in Past Year by Geography

Geography	2010	2013	2016	2019
West Valley	3.0%	3.1%	5.2%	4.9%
Mid Valley	2.0%	2.4%	2.7%	1.9%
East Valley	2.3%	2.0%	5.3%	3.7%

Hispanic/Latino Comparisons

Similarly, suicidal rates have not varied based on ethnicity from 2016 to 2019. See the table below for additional details.

Table 86. Adult – Seriously Considered Suicide in Past Year by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	3.9%	2.9%
Hispanic or Latino	5.1%	4.2%

Income Comparisons

Suicidal ideation rates have not varied over the years based on household income level, as illustrated below. However, it does appear that those with lower incomes have slightly higher suicidal ideation rates.

Table 87. Adult – Seriously Considered Suicide in Past Year by Income

Income Level	2010	2013	2016	2019
$0 - $19,999	5.1%	3.7%	6.7%	6.8%
$20,000 - $49,999	4.6%	5.1%	4.7%	6.6%
$50,000 - $99,999	1.2%	1.4%	2.9%	1.7%
$100,000 or more	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

Suicidal ideation rates have not varied over the years based on educational level. See the table below for additional details.

Table 88. Adult – Seriously Considered Suicide in Past Year by Education

Education Level	2010	2013	2016	2019
Less than high school	4.3%	3.4%	5.7%	2.7%
High school or GED	1.5%	1.7%	2.4%	5.3%
Some college	1.9%	3.4%	7.4%	4.5%
College	3.0%	.8%	2.9%	2.1%
Post-graduate	2.2%	3.4%	2.8%	2.5%

Adult Mental Health Treatment

Adults who have an emotional, mental, or behavioral concern and/or are diagnosed with a mental health disorder were asked, "During the past 12 months, **did you visit a mental health professional such as a therapist, psychologist, psychiatrist, family counselor or clinical social worker for your mental health concern or condition?**" Note that this question was not asked in 2007.

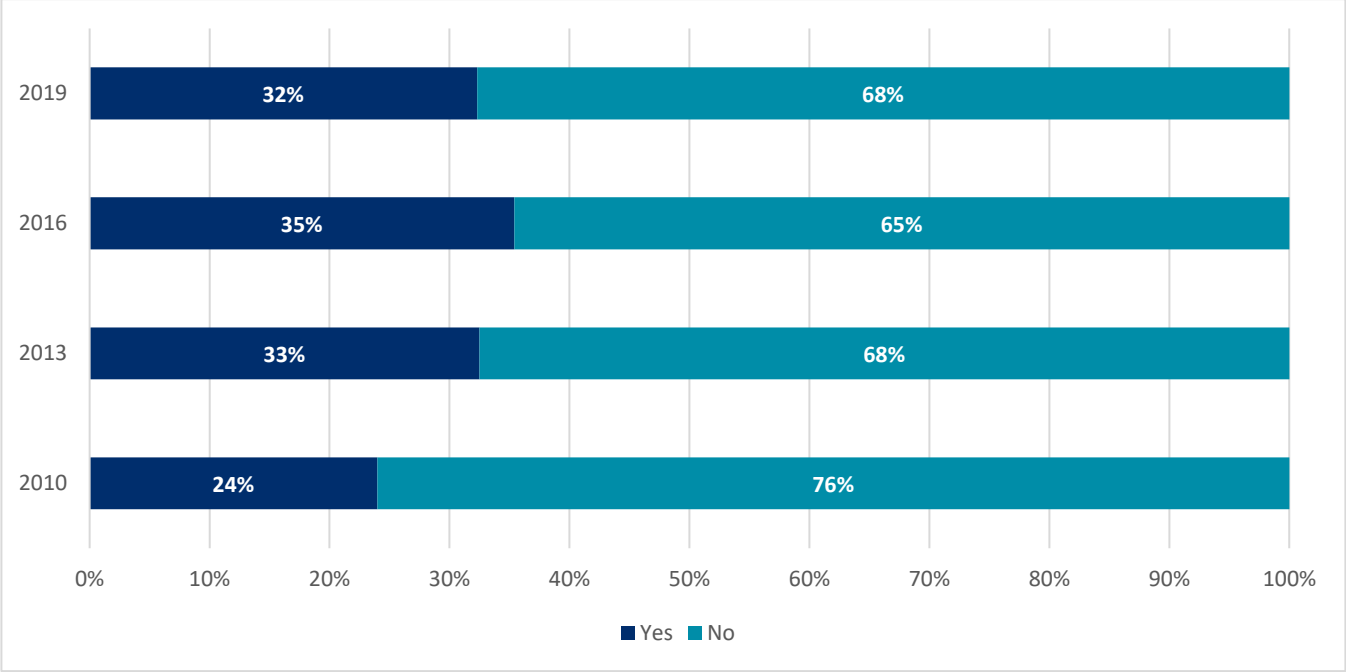
Overall

Visiting a mental health professional has slightly increased from 2010 (24.0%) to 2019 (32.3%). However, over two-thirds (67.7%) of adults with concerns/diagnoses have not sought help in the past year.

Table 89. Adult – Visited a Mental Health Professional in the Past Year

Visited or Did Not Visit	2010	2013	2016	2019
Yes	24.0%	32.5%	35.4%	32.3%
No	76.0%	67.5%	64.6%	67.7%

Figure 14. Adult – Visited a Mental Health Professional in the Past Year



Comparisons

Age Comparisons

There have been increases in the percentages of adults ages 18-39 and 65 and older who have visited a mental health professional from 2010 to 2019. See the table below for details.

Table 90. Adult – Visited a Mental Health Professional by Age

Visited or Did Not Visit	Age Group	2010	2013	2016	2019
Yes	18-39	20.1%	36.1%	41.9%	33.0%
	40-64	31.1%	33.3%	35.6%	34.4%
	65+	15.9%	26.9%	23.8%	27.2%
No	18-39	79.9%	63.9%	58.1%	67.0%
	40-64	68.9%	66.7%	64.4%	65.6%
	65+	84.1%	73.1%	76.2%	72.8%

Geographic Comparisons

Likewise, there have been increases in the percentages of adults living in East Valley who have visited a mental health professional, and to a lesser extent, so has Mid Valley. For instance, in 2010, 12.7% of East Valley adults with a concern/diagnosis sought treatment compared to 29.9% in 2019.

Table 91. Adult – Visited a Mental Health Professional by Geography

Visited or Did Not Visit	Geography	2010	2013	2016	2019
Yes	West Valley	27.7%	28.3%	36.4%	31.1%
	Mid Valley	26.7%	39.1%	42.0%	36.6%
	East Valley	12.7%	29.3%	28.2%	29.9%
No	West Valley	72.3%	71.7%	63.6%	68.9%
	Mid Valley	73.3%	60.9%	58.0%	63.4%
	East Valley	87.3%	70.7%	71.8%	70.1%

Hispanic/Latino Comparisons

Visiting a mental health professional has remained relatively unvaried from 2016 to 2019, based on ethnicity. However, about three-quarters (73.4%) of Hispanic/Latino adults and 62.3% of non-Hispanic/Latino adults have not visited a mental health professional, despite concerns/diagnoses.

Table 92. Adult – Visited a Mental Health Professional by Ethnicity

Visited or Did Not Visit	Ethnicity	2016	2019
Yes	Not Hispanic or Latino	40.6%	37.7%
	Hispanic or Latino	27.7%	26.6%
No	Not Hispanic or Latino	59.4%	62.3%
	Hispanic or Latino	72.3%	73.4%

Income Comparisons

The percentage of adults with concerns/diagnoses living in households of $0-$19,999 and $50,000-$99,999 who visited a mental health professional increased from 2010 (20.8%, 26.5%, respectively) to 2019 (32.5%, 42.1%, respectively). See the table below.

Table 93. Adult – Visited a Mental Health Professional by Income

Visited or Did Not Visit	Income Level	2010	2013	2016	2019
Yes	$0 - $19,999	20.8%	26.2%	40.1%	32.5%
	$20,000 - $49,999	26.7%	30.6%	32.8%	30.8%
	$50,000 - $99,999	26.5%	34.1%	45.2%	42.1%
	$100,000 or more	24.4%	27.6%	33.9%	29.3%
No	$0 - $19,999	79.2%	73.8%	59.9%	67.5%
	$20,000 - $49,999	73.3%	69.4%	67.2%	69.2%
	$50,000 - $99,999	73.5%	65.9%	54.8%	57.9%
	$100,000 or more	75.6%	72.4%	66.1%	70.7%

Education Comparisons

Similarly, the percentage of those with some college and post-graduate level of education who visited a mental health professional increased from 2010 (22.2%, 25.7%, respectively) to 2019 (37.9%, 36.0%, respectively).

Table 94. Adult – Visited a Mental Health Professional by Education

Visited or Did Not Visit	Education Level	2010	2013	2016	2019
Yes	Less than high school	18.7%	24.7%	22.3%	17.5%
	High school or GED	23.7%	19.0%	24.9%	25.1%
	Some college	22.2%	32.2%	44.6%	37.9%
	College	30.0%	45.8%	38.6%	37.6%
	Post-graduate	25.7%	41.8%	44.9%	36.0%
No	Less than high school	81.3%	75.3%	77.7%	82.5%
	High school or GED	76.3%	81.0%	75.1%	74.9%
	Some college	77.8%	67.8%	55.4%	62.1%
	College	70.0%	54.2%	61.4%	62.4%
	Post-graduate	74.3%	58.2%	55.1%	64.0%

Adults who have an emotional, mental, or behavioral concern and/or are diagnosed with a mental health disorder were asked, "**During the past 12 months, did you visit a primary healthcare provider for your mental health concern or condition?**" Note that this question was not asked in 2007.

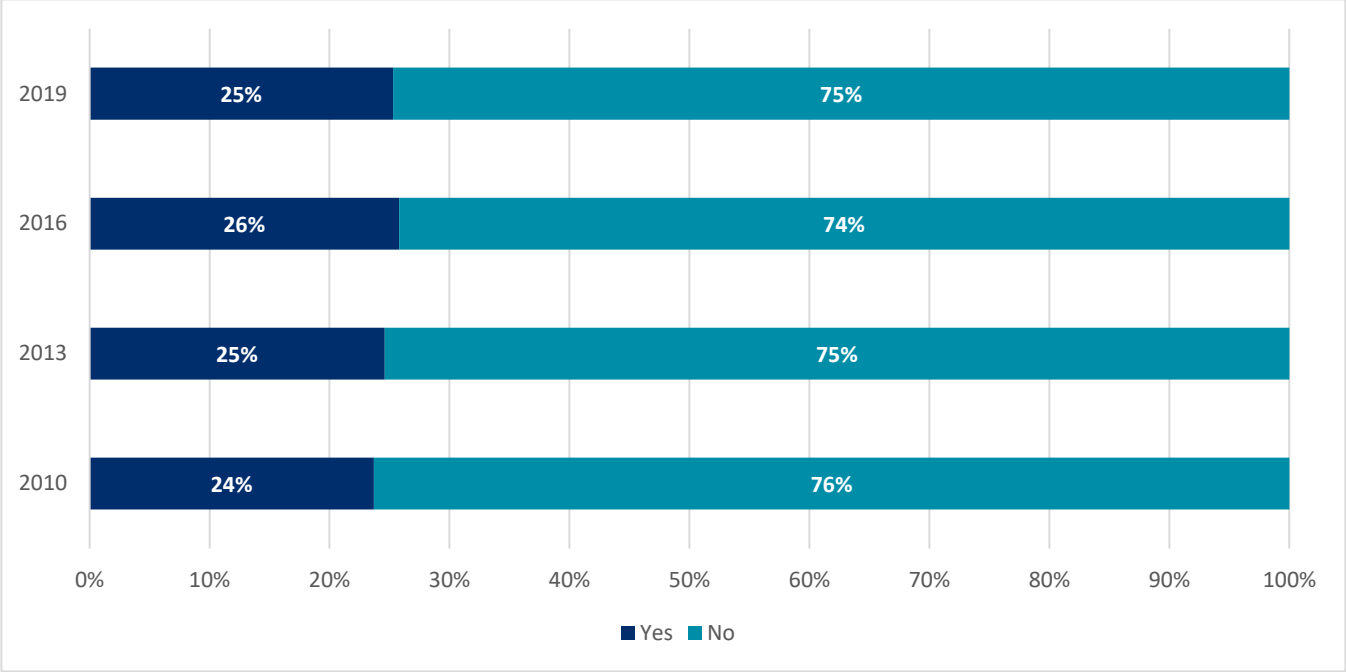
Overall

The percentage of adults with concerns/diagnoses visiting primary care providers (PCPs) has remained relatively stable over the years.

Table 95. Adult – Visited PCP for Mental Health in Past Year

Visited or Did Not Visit	2010	2013	2016	2019
Yes	23.7%	24.6%	25.8%	25.3%
No	76.3%	75.4%	74.2%	74.7%

Figure 15. Adult – Visited PCP for Mental Health in Past Year



Comparisons

Age Comparisons

Among those 18-39, there was a slight increase in the percentage of visiting a PCP from 2010 (15.9%) to 2019 (25.6%).

Table 96. Adult – Visited PCP for Mental Health by Age

Visited or Did Not Visit	Age Group	2010	2013	2016	2019
Yes	18-39	15.9%	30.5%	25.9%	25.6%
	40-64	30.3%	22.9%	26.4%	25.2%
	65+	20.9%	19.9%	24.4%	25.0%
No	18-39	84.1%	69.5%	74.1%	74.4%
	40-64	69.7%	77.1%	73.6%	74.8%
	65+	79.1%	80.1%	75.6%	75.0%

Geographic Comparisons

Likewise, a greater percentage of the East Valley has visited a PCP for mental health, going from 10.8% in 2010 to 29.0% in 2019.

Table 97. Adult – Visited PCP for Mental Health by Geography

Visited or Did Not Visit	Geography	2010	2013	2016	2019
Yes	West Valley	28.8%	23.9%	26.7%	26.9%
	Mid Valley	25.6%	25.5%	28.5%	19.4%
	East Valley	10.8%	24.4%	22.1%	29.0%
No	West Valley	71.2%	76.1%	73.3%	73.1%
	Mid Valley	74.4%	74.5%	71.5%	80.6%
	East Valley	89.2%	75.6%	77.9%	71.0%

Hispanic/Latino Comparisons

Visiting a PCP for mental health has not varied from 2016 to 2019 based on ethnicity, as illustrated in the table below.

Table 98. Adult – Visited PCP for Mental Health in Past Year by Ethnicity

Visited or Did Not Visit	Ethnicity	2016	2019
Yes	Not Hispanic or Latino	29.3%	29.5%
	Hispanic or Latino	20.8%	20.9%
No	Not Hispanic or Latino	70.7%	70.5%
	Hispanic or Latino	79.2%	79.1%

Income Comparisons

The percentage of those with a household income of $50,000 - $99,999, having a mental health concern/diagnosis and visiting a PCP decreased from 2010 (35.6%) to 2019 (20.8%).

Table 99. Adult – Visited PCP for Mental Health by Income

Visited or Did Not Visit	Income Level	2010	2013	2016	2019
Yes	$0 - $19,999	22.6%	12.8%	27.6%	22.6%
	$20,000 - $49,999	20.6%	25.1%	27.2%	27.8%
	$50,000 - $99,999	35.6%	28.0%	25.5%	20.8%
	$100,000 or more	31.0%	28.8%	19.2%	32.0%
No	$0 - $19,999	77.4%	87.2%	72.4%	77.4%
	$20,000 - $49,999	79.4%	74.9%	72.8%	72.2%
	$50,000 - $99,999	64.4%	72.0%	74.5%	79.2%
	$100,000 or more	69.0%	71.2%	80.8%	68.0%

Education Comparisons

The percentage of those with a post-graduate education, having a mental health concern/diagnosis and visiting a PCP decreased from 2010 (33.2%) to 2019 (19.9%).

Table 100. Adult – Visited PCP for Mental Health by Education

Visited or Did Not Visit	Education Level	2010	2013	2016	2019
Yes	Less than high school	19.2%	22.9%	25.1%	21.1%
	High school or GED	24.9%	20.2%	20.2%	22.7%
	Some college	16.9%	15.4%	34.2%	25.8%
	College	30.2%	37.2%	23.4%	32.1%
	Post-graduate	33.2%	37.7%	21.1%	19.9%
No	Less than high school	80.8%	77.1%	74.9%	78.9%
	High school or GED	75.1%	79.8%	79.8%	77.3%
	Some college	83.1%	84.6%	65.8%	74.2%
	College	69.8%	62.8%	76.6%	67.9%
	Post-graduate	66.8%	62.3%	78.9%	80.1%

Adults who have an emotional, mental, or behavioral concern and/or are diagnosed with a mental health disorder were asked, "**During the past 12 months, have you taken any medication for your mental health concern or condition?**" Note that this question was not asked in 2007.

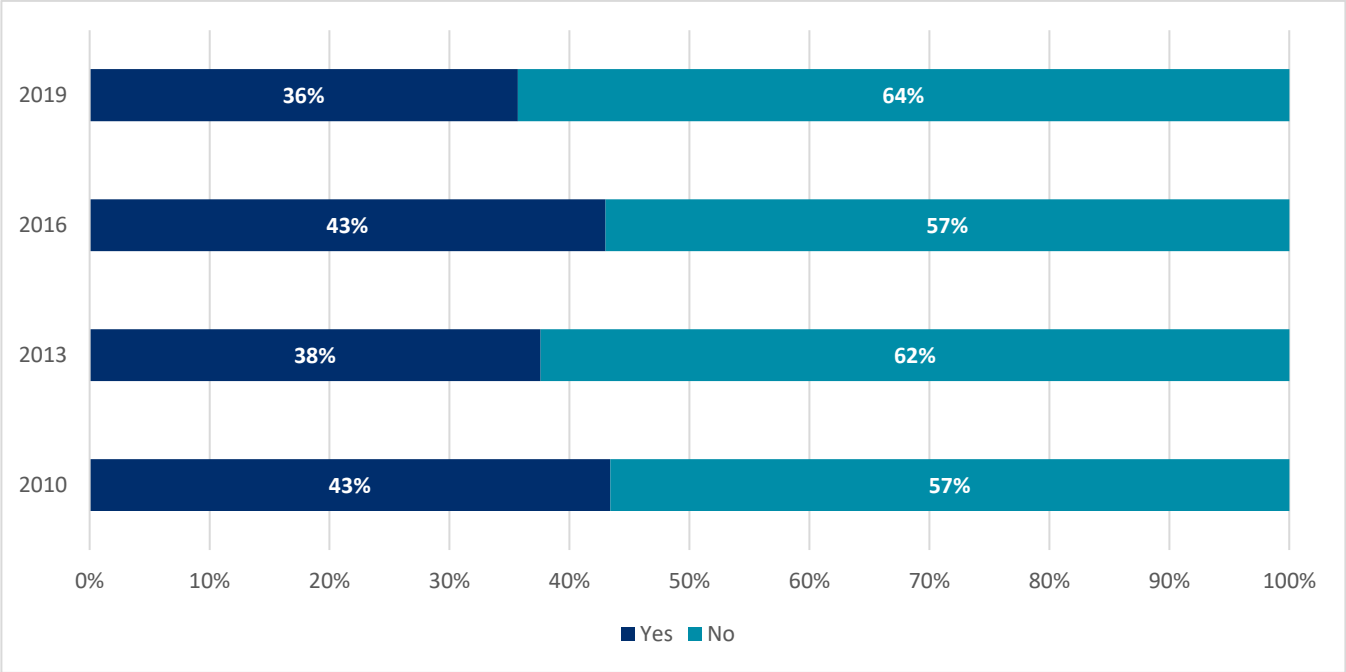
Overall

The percentage of adults who have a concern/diagnosis and have/have not taken medication for their mental health has remained relatively unchanged over the years.

Table 101. Adult – Taken Medication for Mental Health in Past Year

Taken Medication	2010	2013	2016	2019
Yes	43.4%	37.6%	43.0%	35.7%
No	56.6%	62.4%	57.0%	64.3%

Figure 16. Adult – Taken Medication for Mental Health in Past Year



Comparisons

Age Comparisons

Similarly, with age group, percentage of adults who have a concern/diagnosis and have/have not taken medication for their mental health has remained relatively unchanged.

Table 102. Adult – Taken Medication for Mental Health by Age

Taken Medication	Age Group	2010	2013	2016	2019
Yes	18-39	30.6%	33.7%	35.3%	25.8%
	40-64	50.9%	41.4%	49.0%	43.4%
	65+	45.8%	38.1%	45.0%	38.5%
No	18-39	69.4%	66.3%	64.7%	74.2%
	40-64	49.1%	58.6%	51.0%	56.6%
	65+	54.2%	61.9%	55.0%	61.5%

Geographic Comparisons

The percentage of adults in West Valley and Mid Valley who have a concern/diagnosis and have taken medication for their mental health has decreased from 2010 to 2019. Conversely, those in East Valley that did take medication has increased from 2010 to 2019.

Table 103. Adult – Taken Medication for Mental Health by Geography

Taken Medication	Geography	2010	2013	2016	2019
Yes	West Valley	50.3%	36.5%	46.5%	39.1%
	Mid Valley	47.7%	46.4%	52.3%	34.1%
	East Valley	23.7%	26.5%	29.7%	33.4%
No	West Valley	49.7%	63.5%	53.5%	60.9%
	Mid Valley	52.3%	53.6%	47.7%	65.9%
	East Valley	76.3%	73.5%	70.3%	66.6%

Hispanic/Latino Comparisons

The percentage of adults who have a concern/diagnosis and have/have not taken medication for their mental health has remained relatively unchanged over the years based on ethnicity.

Table 104. Adult – Taken Medication for Mental Health by Ethnicity

Taken Medication	Ethnicity	2016	2019
Yes	Not Hispanic or Latino	50.9%	44.8%
	Hispanic or Latino	31.4%	26.5%
No	Not Hispanic or Latino	49.1%	55.2%
	Hispanic or Latino	68.6%	73.5%

Income Comparisons

The percentage of adults living in households making $20,000-$49,999, $50,000-$99,999, and $100,000 or more who have a concern/diagnosis and have taken medication for their mental health has decreased from 2010 to 2019.

Table 105. Adult – Taken Medication for Mental Health by Income

Taken Medication	Income Level	2010	2013	2016	2019
Yes	$0 - $19,999	37.5%	26.4%	49.7%	33.0%
	$20,000 - $49,999	45.1%	33.9%	37.7%	32.9%
	$50,000 - $99,999	59.9%	39.5%	44.9%	44.5%
	$100,000 or more	50.7%	58.9%	51.0%	34.8%
No	$0 - $19,999	62.5%	73.6%	50.3%	67.0%
	$20,000 - $49,999	54.9%	66.1%	62.3%	67.1%
	$50,000 - $99,999	40.1%	60.5%	55.1%	55.5%
	$100,000 or more	49.3%	41.1%	49.0%	65.2%

Education Comparisons

Likewise, the percentage of those who have a high school or GED level of education or post-graduate level of education and are taking medication has decreased from 2010 to 2019.

Table 106. Adult – Taken Medication for Mental Health by Education

Taken Medication	Education Level	2010	2013	2016	2019
Yes	Less than high school	25.2%	23.5%	33.2%	25.2%
	High school or GED	46.0%	25.5%	30.6%	35.0%
	Some college	43.9%	34.0%	45.2%	35.2%
	College	48.7%	56.2%	50.8%	39.6%
	Post-graduate	55.8%	53.4%	57.9%	40.1%
No	Less than high school	74.8%	76.5%	66.8%	74.8%
	High school or GED	54.0%	74.5%	69.4%	65.0%
	Some college	56.1%	66.0%	54.8%	64.8%
	College	51.3%	43.8%	49.2%	60.4%
	Post-graduate	44.2%	46.6%	42.1%	59.9%

Adults who have an emotional, mental, or behavioral concern and/or are diagnosed with a mental health disorder were asked, "**Was there ever a time in the past 12 months when you needed mental health care and could not get it?**"

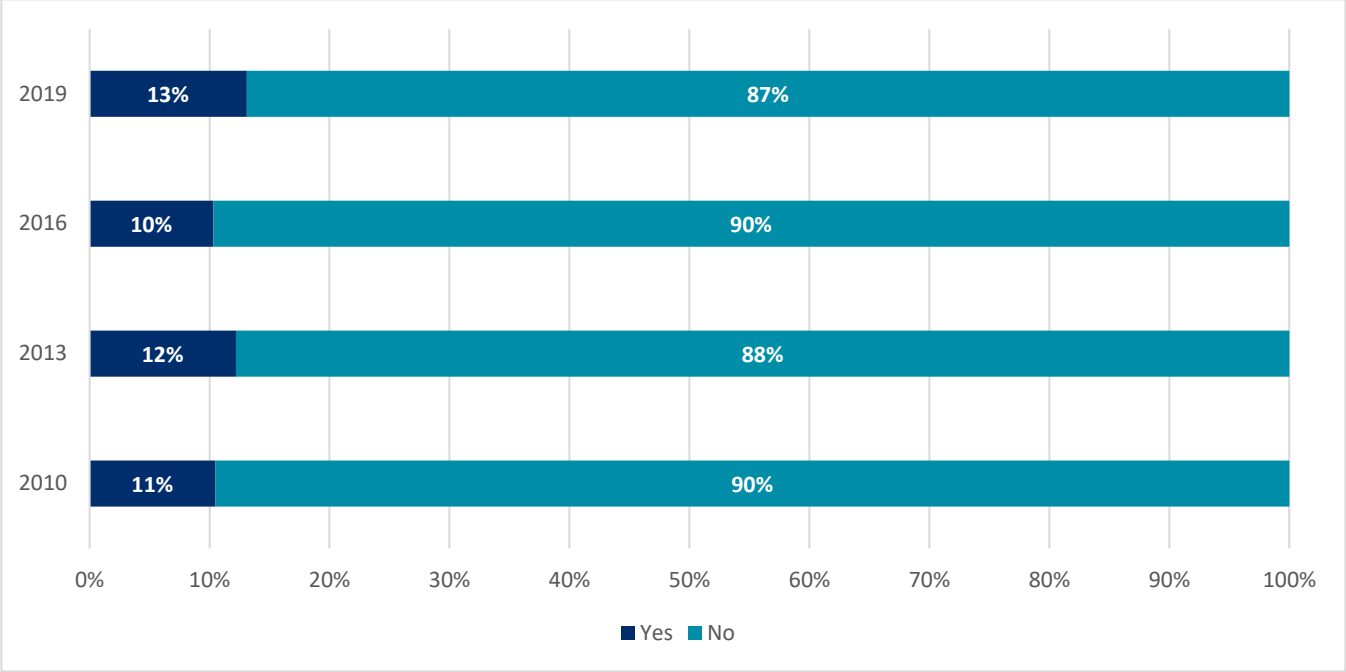
Overall

The percentage of adults who have a concern/diagnosis and have needed and couldn't get care for their mental health has remained relatively unchanged over the years, as illustrated below.

Table 107. Adult – Needed Mental Healthcare and Could Not Get It

Needed and Couldn't Get it	2010	2013	2016	2019
Yes	10.5%	12.2%	10.3%	13.1%
No	89.5%	87.8%	89.7%	86.9%

Figure 17. Adult – Needed Mental Healthcare and Could Not Get It



Comparisons

Age Comparisons

Similarly, with age, percentage of adults who have a concern/diagnosis and have needed and couldn't get care for their mental health has remained relatively unchanged over the years.

Table 108. Adult – Could Not Get Needed Mental Healthcare by Age

Age Group	2010	2013	2016	2019
18-39	14.4%	21.9%	13.2%	20.4%
40-64	12.9%	9.6%	11.0%	10.9%
65+	*	*	4.2%	4.6%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

The same pattern exists for geography in that percentage of adults who have a concern/diagnosis and have needed and couldn't get care for their mental health has remained relatively unchanged over the years.

Table 109. Adult – Could Not Get Needed Mental Healthcare by Geography

Geography	2010	2013	2016	2019
West Valley	10.2%	7.1%	10.8%	13.7%
Mid Valley	14.3%	16.1%	12.0%	14.3%
East Valley	5.5%	13.9%	8.2%	11.2%

Hispanic/Latino Comparisons

The percentage of adults who have a concern/diagnosis and have needed and couldn't get care for their mental health has remained relatively unchanged from 2016 to 2019 based on ethnicity.

Table 110. Adult – Could Not Get Needed Mental Healthcare by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	11.8%	9.7%
Hispanic or Latino	7.9%	16.2%

Income Comparisons

The percentage of adults who have a concern/diagnosis and have not needed and couldn't get care for their mental health increased for those living in households with $50,000-$99,999 of income from 2013 to 2019.

Table 111. Adult – Could Not Get Needed Mental Healthcare by Income

Income Level	2010	2013	2016	2019
$0 - $19,999	20.3%	18.3%	14.5%	16.1%
$20,000 - $49,999	11.7%	15.6%	11.3%	15.7%
$50,000 - $99,999	*	3.5%	14.6%	13.3%
$100,000 or more	*	*	*	10.4%

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

The percentage of adults who have a concern/diagnosis and have needed and couldn't get care for their mental health has remained relatively unchanged from 2016 to 2019, based on education.

Table 112. Adult – Could Not Get Needed Mental Healthcare by Education

Education Level	2010	2013	2016	2019
Less than high school	6.7%	10.9%	11.5%	*
High school or GED	10.2%	11.2%	7.0%	10.6%
Some college	10.8%	11.2%	15.1%	15.7%
College	14.0%	17.6%	5.1%	17.2%
Post-graduate	9.0%	*	10.0%	10.9%

Note: Red asterisks represent a statistically unstable estimate.

Adults who have an emotional, mental, or behavioral concern and/or are diagnosed with a mental health disorder were asked, "**Was there ever a time in the past 12 months when you needed mental health medication and could not get it?**" Note that this question was not asked in the 2007 cycle.

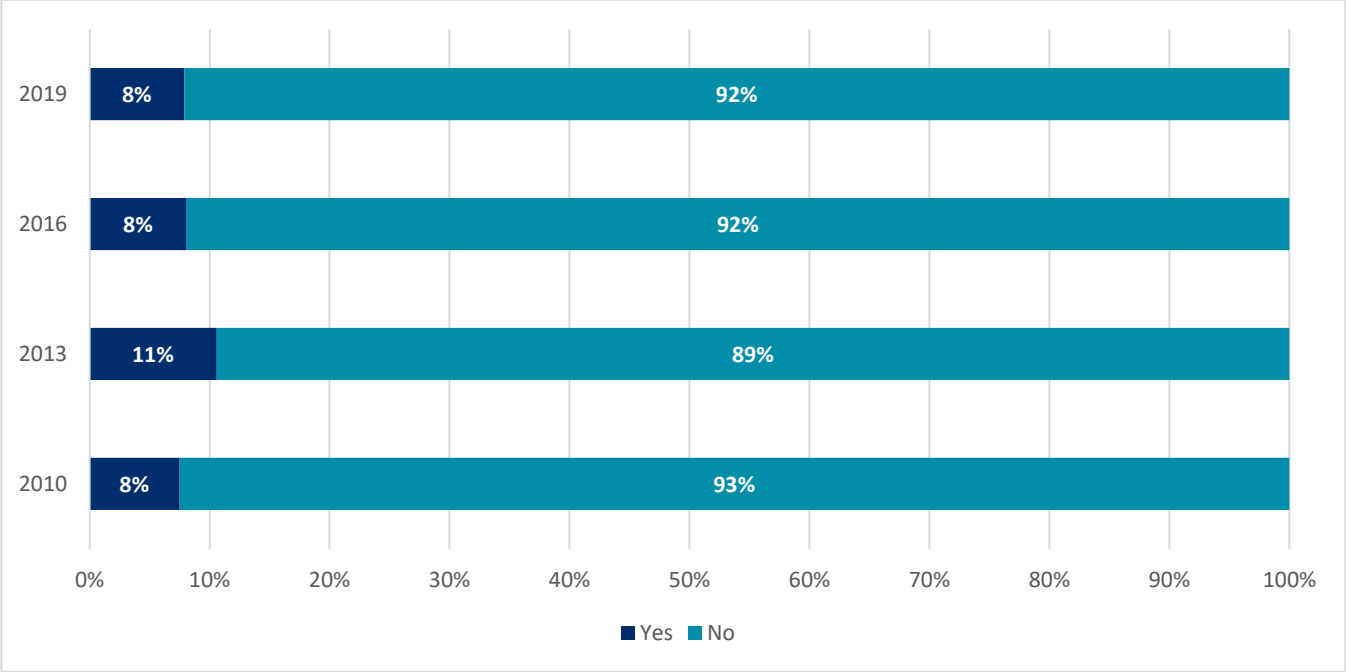
Overall

The percentage of adults who have a concern/diagnosis and have needed and couldn't get mental health medication has remained relatively unchanged from 2010 to 2019.

Table 113. Adult – Needed Mental Health Medication and Could Not Get It

Needed and Couldn't Get it	2010	2013	2016	2019
Yes	7.5%	10.6%	8.1%	7.9%
No	92.5%	89.4%	91.9%	92.1%

Figure 18. Adult – Needed Mental Health Medication and Could Not Get It



Comparisons

Age Comparisons

Similarly, with age, the percentage of adults who have a concern/diagnosis and have needed and couldn't get mental health medication has remained relatively unchanged from 2010 to 2019.

Table 114. Adult – Could Not Get Needed Mental Health Medication by Age

Age Group	2010	2013	2016	2019
18-39	6.5%	17.0%	7.7%	10.1%
40-64	11.0%	10.2%	10.7%	8.7%
65+	*	*	3.7%	2.7%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

When looking at geography, the percentage of adults who have a concern/diagnosis and have needed and couldn't get mental health medication has remained relatively unchanged from 2010 to 2019.

Table 115. Adult – Could Not Get Needed Mental Health Medication by Geography

Geography	2010	2013	2016	2019
West Valley	7.7%	7.2%	9.0%	7.7%
Mid Valley	6.1%	15.4%	8.1%	5.8%
East Valley	9.0%	8.4%	6.7%	9.9%

Hispanic/Latino Comparisons

The percentage of adults who have a concern/diagnosis and have needed and couldn't get medication has remained relatively unchanged from 2010 to 2019, based on ethnicity.

Table 116. Adult – Could Not Get Needed Mental Health Medication by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	9.2%	7.9%
Hispanic or Latino	6.3%	7.6%

Income Comparisons

The percentage of adults who have a concern/diagnosis and have not needed and couldn't get medication for mental health increased for those living in households with $50,000-$99,999 of income from 2013 to 2019.

Table 117. Adult – Could Not Get Needed Mental Health Medication by Income

Income Level	2010	2013	2016	2019
$0 - $19,999	11.5%	11.5%	9.6%	12.7%
$20,000 - $49,999	10.8%	14.0%	10.8%	6.5%
$50,000 - $99,999	*	3.0%	8.2%	13.1%
$100,000 or more	*	*	*	*

Note: Red asterisks represent a statistically unstable estimate.

Education Comparisons

The percentage of adults who have a concern/diagnosis and have needed and couldn't get mental health medication has remained relatively unchanged from 2010 to 2019, based on education.

Table 118. Adult – Could Not Get Needed Mental Health Medication by Education

Education Level	2010	2013	2016	2019
Less than high school	8.9%	12.7%	10.5%	10.5%
High school or GED	9.2%	*	3.9%	8.0%
Some college	7.9%	7.5%	11.4%	8.6%
College	5.9%	18.1%	*	8.6%
Post-graduate	*	8.8%	9.3%	3.0%

Note: Red asterisks represent a statistically unstable estimate.

Child Results

Child Demographics

It is important to note here that children do not actually participate in the survey, but rather the questions are answered by an adult determined to be the most knowledgeable about the selected child. For each survey cycle, the vast majority of adults answering questions for their children are parents of the child. Sometimes, however, this person is an adoptive parent, grandparent, stepparent, etc. For brevity, the adult respondent will be referred to as the parent/guardian throughout the narratives.

Gender

The distribution of male and female children has not substantially changed over the years in the Coachella Valley; this is partially due to the weighting. About half of children are males and the remaining half are females.

Table 119. Child Gender

Gender	2007	2010	2013	2016	2019
Male	56.6%	54.7%	48.6%	51.0%	50.7%
Female	43.4%	45.3%	51.4%	49.0%	49.3%

Age

Likewise, the percentage of children ages 0-5 and 6-17 has not substantially changed from 2007 to 2019.

Table 120. Child Age

Age Group	2007	2010	2013	2016	2019
0-5	31.5%	33.7%	35.7%	31.7%	37.6%
6-17	68.5%	66.3%	64.3%	68.3%	62.4%

Race/Ethnicity

From 2007 to 2013, race and ethnicity were assessed in a single question. However, from 2016 to 2019, HARC began asking questions pertaining to race and ethnicity using the same protocol as the U.S. Census, which is two separate questions.

Early measures of race/ethnicity illustrated that most local children are Hispanic/Latino, as illustrated in the table below.

Table 121. Child Race/Ethnicity – 2007 - 2013

Race	2007	2010	2013
White/Caucasian	23.8%	19.2%	19.9%
Black/African American	5.6%	6.0%	6.2%
Asian	1.1%	1.6%	1.4%
Native Hawaiian or Other Pacific Islander	0.2%	1.4%	0.0%
American Indian/Alaska Native	1.1%	2.1%	0.7%
Hispanic/Latino	67.9%	65.2%	64.4%
Other	0.2%	4.5%	7.5%

From 2016 to 2019, there was a substantial change in the percentage of children who are Hispanic/Latino, as illustrated below.

Table 122. Child Ethnicity – 2016 -2019

Ethnicity	2016	2019
Hispanic/Latino	76.9%	51.9%
Not Hispanic/Latino	23.1%	48.1%

From 2016 to 2019, there was a substantial change in the percentage of children who are White. That is, about 51.4% in 2016 were White/Caucasian, while about 66.6% were White/Caucasian in 2019. Conversely, there was a substantial drop in the percentage of children who are other, from 2016 (42.0%) to 2019 (25.1%).

Table 123. Child Race – 2016 -2019

Race	2016	2019
White/Caucasian	51.4%	66.6%
Black/African American	3.0%	3.2%
Asian	2.7%	1.5%
American Indian/Alaska Native	0.8%	3.6%
Other	42.0%	25.1%

Household Income

From 2007 to 2019, income levels have changed. Specifically, the percentage of children living in households with incomes of $20,000 to $49,999 decreased from 55.2% in 2007 to 25.0% in 2019. Additionally, the percentage of children living in homes within $100,000 or more of household income increased from 11.5% in 2007 to 35.5% in 2019.

Table 124. Child Household Income

Income Level	2007	2010	2013	2016	2019
$0 to $19,999	16.8%	24.8%	31.4%	24.5%	18.6%
$20,000 to $49,999	55.2%	50.6%	44.5%	37.8%	25.0%
$50,000 to $99,999	16.4%	18.5%	15.9%	19.4%	20.9%
$100,000 or more	11.5%	6.0%	8.2%	18.4%	35.5%

Geography

In 2007, about half of children lived in West Valley; this shifted in 2010, where most children lived in East Valley. Like the geographic distribution of adults, this may represent an actual shift of the population (e.g., where children actually live) but is more likely to represent a shift in survey participants (e.g., better East Valley outreach over the years has led to a more representative sample in that geography).

Table 125. Child Geography

Gender	2007	2010	2013	2016	2019
West Valley	49.2%	28.6%	32.0%	25.2%	28.2%
Mid Valley	12.5%	22.6%	18.9%	19.5%	31.1%
East Valley	38.3%	48.8%	49.1%	55.3%	40.6%

Child Emotional/Behavioral Difficulties

Note that the following child results sections on mental/behavioral health pertain to children who are only ages 3 through 17. That is, these questions are not applicable to children under the age of 3.

Parents/guardians of children were asked, "**Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?**"

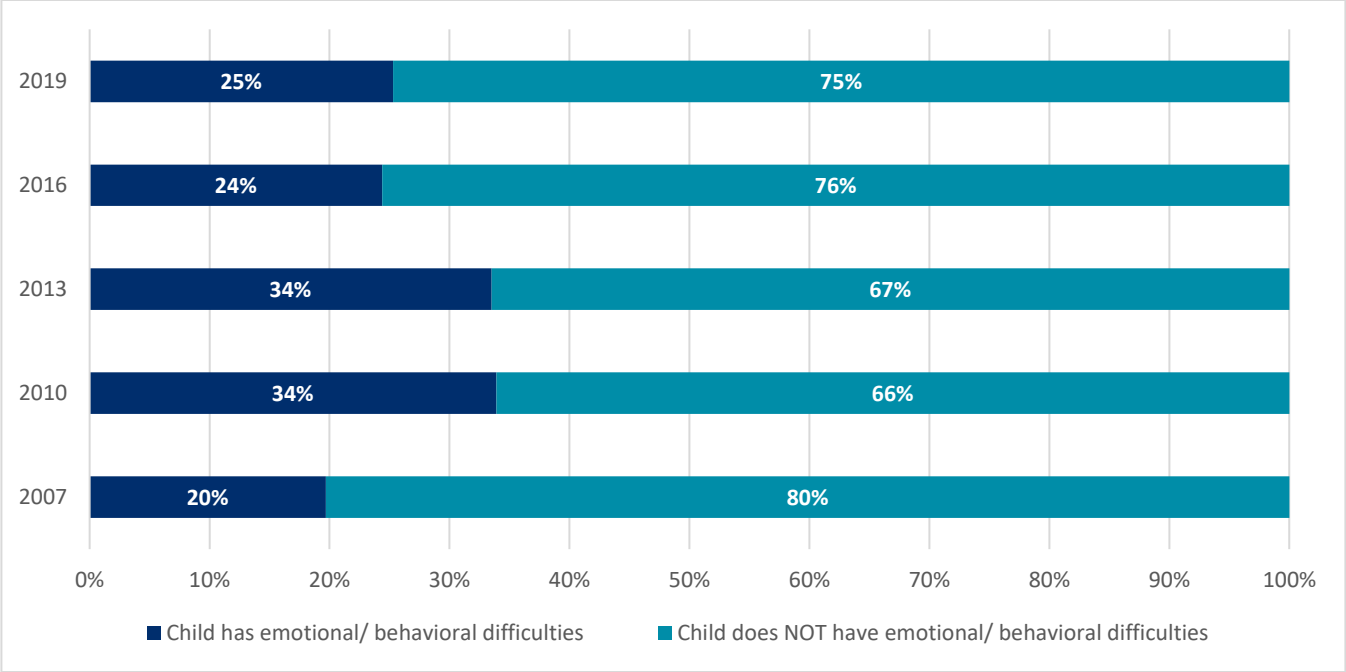
Overall

As illustrated in the table below, difficulties with emotions, concentration, or behavior has not substantially varied from 2007 (19.7%) to 2019 (25.3%).

Table 126. Child – Emotional/Behavioral Difficulties

Response	2007	2010	2013	2016	2019
Yes	19.7%	33.9%	33.5%	24.4%	25.3%
No	80.3%	66.1%	66.5%	75.6%	74.7%

Figure 19. Child – Emotional/Behavioral Difficulties



Comparisons

Age Comparisons

Although not substantially varying, it appears that there was a slight increase in the percentage of children ages 3-5 in 2007 (12.2%) with these difficulties to 2019 (20.0%).

Table 127. Child – Emotional/Behavioral Difficulties by Age

Age Group	2007	2010	2013	2016	2019
3-5	12.2%	16.4%	26.4%	13.3%	20.0%
6-17	21.3%	37.9%	36.3%	27.4%	27.1%

Geographic Comparisons

There was a slight increase in the percentage of children with these difficulties in Mid Valley in 2007 (20.4%) to 2019 (29.8%).

Table 128. Child – Emotional/Behavioral Difficulties by Geography

Geography	2007	2010	2013	2016	2019
West Valley	19.1%	44.3%	36.7%	22.6%	24.7%
Mid Valley	20.4%	17.2%	33.4%	32.8%	29.8%
East Valley	20.1%	32.8%	31.5%	22.5%	22.4%

Hispanic/Latino Comparisons

Difficulties with emotions, concentration, or behavior has not substantially varied from 2016 to 2019, based on ethnicity.

Table 129. Child – Emotional/Behavioral Difficulties by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	29.9%	30.5%
Hispanic or Latino	23.2%	20.1%

Income Comparisons

Difficulties with emotions, concentration, or behavior has not substantially varied from 2007 to 2019, based on income level. However, there were some increases among those living in homes with incomes of $0 to $49,999, in 2010 and 2013. See the table below for additional details.

Table 130. Child – Emotional/Behavioral Difficulties by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	25.5%	40.2%	40.6%	24.3%	24.5%
$20,000 - $49,999	21.7%	35.9%	33.3%	28.2%	15.8%
$50,000 - $99,999	20.2%	20.1%	22.2%	23.1%	24.8%
$100,000 or more	8.6%	19.4%	22.9%	24.3%	33.7%

Parents of children who have difficulties with emotions, concentration, or behavior were further asked if **these difficulties were minor or severe**.

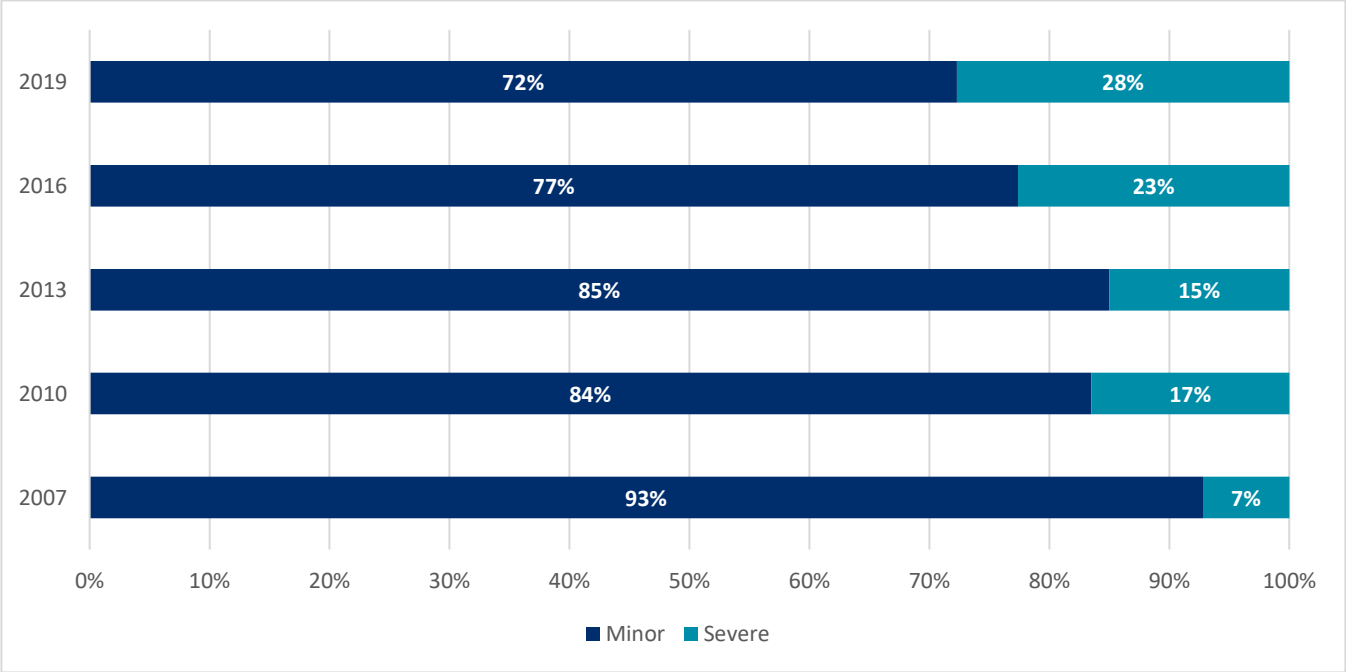
Overall

As illustrated in the table below, severe difficulties have been increasing over the years, going from 7.2% in 2007 to 27.7% in 2019.

Table 131. Children with Difficulties – Minor vs. Severe Difficulties

Severity of Difficulties	2007	2010	2013	2016	2019
Minor	92.8%	83.5%	85.0%	77.4%	72.3%
Severe	7.2%	16.5%	15.0%	22.6%	27.7%

Figure 20. Children with Difficulties – Minor vs. Severe Difficulties



Comparisons

Age Comparisons

Increases in severe difficulties appear to be occurring among children ages 6-17, in which 8.2% had severe difficulties in 2007, whereas 27.5% had these in 2019.

Table 132. Children with Difficulties – Minor vs. Severe Difficulties by Age

Severity	Age Group	2007	2010	2013	2016	2019
Minor	3-5	100.0%	84.4%	90.6%	80.8%	71.7%
	6-17	91.8%	83.4%	83.5%	77.0%	72.5%
Severe	3-5	*	*	*	*	28.3%
	6-17	8.2%	16.6%	16.5%	23.0%	27.5%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

The percentage of children with minor difficulties in West Valley and East Valley has decreased from 2007 to 2019. See the table below for additional details.

Table 133. Children with Difficulties – Minor vs. Severe Difficulties by Geography

Severity	Geography	2007	2010	2013	2016	2019
Minor	West Valley	94.3%	74.6%	95.0%	70.4%	66.2%
	Mid Valley	77.1%	85.2%	88.0%	70.2%	71.5%
	East Valley	95.4%	90.3%	76.1%	84.4%	77.9%
Severe	West Valley	*	25.4%	*	29.6%	33.8%
	Mid Valley	*	*	*	29.8%	28.5%
	East Valley	*	9.7%	23.9%	15.6%	22.1%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Severe difficulties have slightly decreased among those who are not Hispanic/Latino from 2016 (33.9%) to 2019 (24.9%). Conversely, severe difficulties have increased among those who are Hispanic/Latino from 2016 (17.3%) to 2019 (32.1%).

Table 134. Children with Difficulties – Minor vs. Severe Difficulties by Ethnicity

Severity	Ethnicity	2016	2019
Minor	Not Hispanic or Latino	66.1%	75.1%
	Hispanic or Latino	82.7%	67.9%
Severe	Not Hispanic or Latino	33.9%	24.9%
	Hispanic or Latino	17.3%	32.1%

Income Comparisons

Minor difficulties have decreased among income levels of $0 to $99,999, from 2007 to 2019. See the table below for additional details, however, note there are a fair number of statistically unstable estimates.

Table 135. Children with Difficulties – Minor vs. Severe Difficulties by Income

Severity	Income Level	2007	2010	2013	2016	2019
Minor	$0 - $19,999	87.9%	89.8%	82.9%	60.0%	69.8%
	$20,000 - $49,999	98.6%	77.1%	91.5%	81.4%	78.5%
	$50,000 - $99,999	89.3%	96.4%	75.5%	94.3%	67.6%
	$100,000 or more	*	78.5%	77.3%	65.6%	75.3%
Severe	$0 - $19,999	*	10.2%	17.1%	40.0%	*
	$20,000 - $49,999	*	22.9%	8.5%	*	*
	$50,000 - $99,999	*	*	*	*	32.4%
	$100,000 or more	*	21.5%*	*	34.4%	24.7%

Note: Red asterisks represent a statistically unstable estimate.

Parents of children who have difficulties with emotions, concentration, or behavior were further asked, "**Are you still concerned about your child's emotional, mental and/or behavioral problem?**"

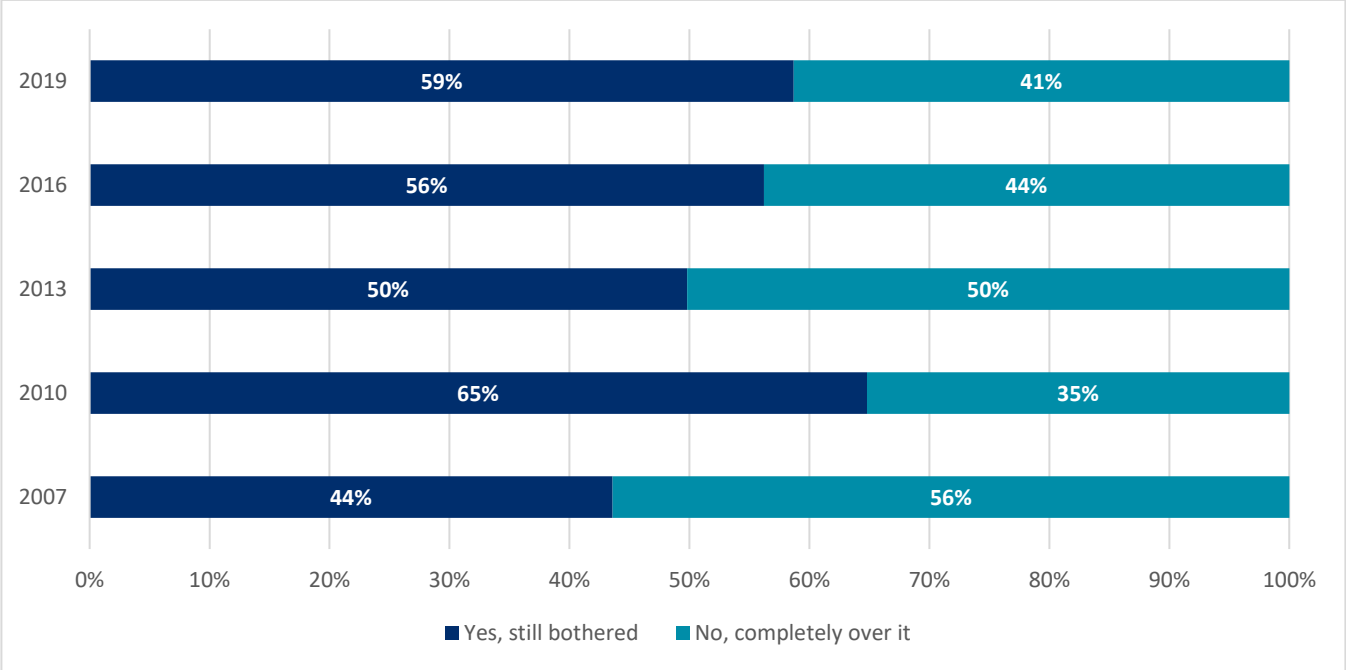
Overall

As illustrated in the table below, the percentage of parents who are still concerned has been increasing, going from 43.6% in 2007 to 58.7% in 2019.

Table 136. Children with Difficulties – Still Concerned

Concern	2007	2010	2013	2016	2019
Yes, still bothered	43.6%	64.8%	49.8%	56.2%	58.7%
No, completely over it	56.4%	35.2%	50.2%	43.8%	41.3%

Figure 21. Children with Difficulties – Still Concerned



Comparisons

Age Comparisons

The percentage of adults who are still bothered by these problems for children ages 6-17 has increased from 2007 (46.4%) to 2019 (63.5%). The percentage of adults who are still bothered by these problems for children ages 0-5 has decreased from 2010 (48.4%) to 2019 (38.6%).

Table 137. Children with Difficulties – Still Concerned by Age

Concern	Age Group	2007	2010	2013	2016	2019
Yes, still bothered	3-5	*	48.4%	45.0%	*	38.6%
	6-17	46.4%	66.4%	51.2%	59.8%	63.5%
No, completely over it	3-5	78.4%	51.6%	55.0%	72.1%	61.4%
	6-17	53.6%	33.6%	48.8%	40.2%	36.5%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Parents still having concerns about their children's behavioral/mental problems varies based on geography. From 2007 to 2019, rates have increased for West Valley and East Valley, whereas they have decreased for Mid Valley. See the table below for additional details.

Table 138. Children with Difficulties – Still Concerned by Geography

Concern	Geography	2007	2010	2013	2016	2019
Yes, still bothered	West Valley	48.1%	57.1%	46.2%	46.9%	61.1%
	Mid Valley	70.8%	53.6%	66.4%	78.1%	59.6%
	East Valley	30.3%	70.4%	45.3%	50.1%	56.1%
No, completely over it	West Valley	51.9%	42.9%	53.8%	53.1%	38.9%
	Mid Valley	29.2%	46.4%	33.6%	21.9%	40.4%
	East Valley	69.7%	29.6%	54.7%	49.9%	43.9%

Hispanic/Latino Comparisons

The percentage of adults who are not Hispanic/Latino and are still bothered by a child's behavioral/mental problem has decreased from 2016 (73.9%) to 2019 (65.0%). Conversely, rates for those who are Hispanic/Latino has remained relatively unchanged.

Table 139. Children with Difficulties – Still Concerned by Ethnicity

Concern	Ethnicity	2016	2019
Yes, still bothered	Not Hispanic or Latino	73.9%	65.0%
	Hispanic or Latino	48.6%	49.1%
No, completely over it	Not Hispanic or Latino	26.1%	35.0%
	Hispanic or Latino	51.4%	50.9%

Income Comparisons

Parents still having concerns about their children's behavioral/mental problems varies based on income level. From 2007 to 2019, rates have increased for household incomes of $0-$19,999 and $50,000-$99,999. However, rates have decreased for household incomes of $100,000 or more.

Table 140. Children with Difficulties – Still Concerned by Income

Concern	Income Level	2007	2010	2013	2016	2019
Yes, still bothered	$0 - $19,999	39.1%	63.5%	50.8%	65.6%	58.1%
	$20,000 - $49,999	45.7%	64.5%	54.3%	56.8%	40.3%
	$50,000 - $99,999	39.2%	28.8%	35.1%	42.7%	70.1%
	$100,000 or more	63.0%	65.2%	*	55.4%	53.6%
No, completely over it	$0 - $19,999	60.9%	36.5%	49.2%	34.4%	41.9%
	$20,000 - $49,999	54.3%	35.5%	45.7%	43.2%	59.7%
	$50,000 - $99,999	60.8%	71.2%	64.9%	57.3%	29.9%
	$100,000 or more	*	*	64.3%	44.6%	46.4%

Note: Red asterisks represent a statistically unstable estimate.

Child Mental Health Diagnoses

In order to assess child mental/behavioral disorders, parents/guardians were asked, "Has a doctor or health professional ever told you that your child had…" and then provided with a list of potential mental/behavioral disorders, with the options to say "yes" or "no" to each one. Again, these questions are only asked of parents/guardians of children age 3 to 17; children younger than 3 are not included.

First, parents/guardians were asked about **diagnoses of attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)**.

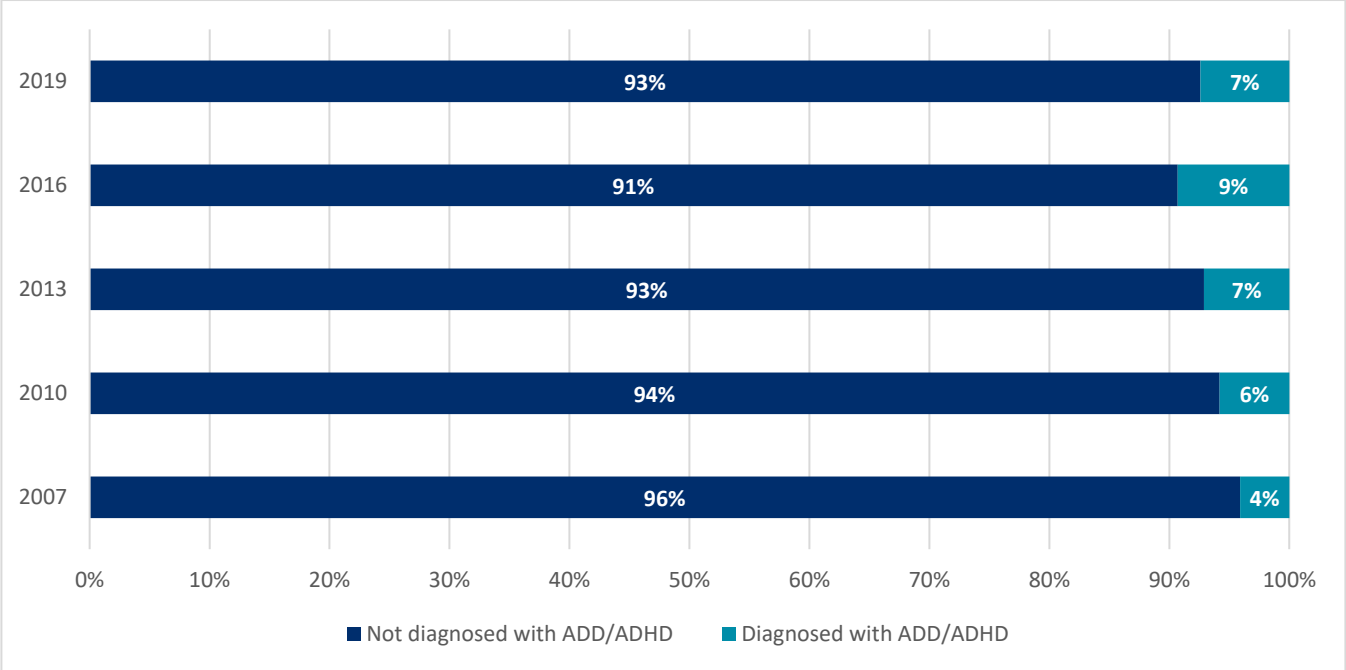
Overall

As illustrated below, ADD/ADHD diagnoses have increased a little over the past few years, although not drastically. Most recently, in 2019, about 7.4% of children, ages 3 and older have ADD/ADHD.

Table 141. Child – Diagnosed with ADD/ADHD

Diagnosis	2007	2010	2013	2016	2019
Not diagnosed with ADD/ADHD	95.9%	94.2%	92.9%	90.7%	92.6%
Diagnosed with ADD/ADHD	4.1%	5.8%	7.1%	9.3%	7.4%

Figure 22. Child – Diagnosed with ADD/ADHD



Comparisons

Age Comparisons

ADD/ADHD rates have not substantially varied over the years based on the age of the child, as illustrated below.

Table 142. Child – Diagnosed with ADD/ADHD by Age

Age Group	2007	2010	2013	2016	2019
3-5	*	*	*	*	*
6-17	4.6%	6.8%	8.6%	11.7%	9.7%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

ADD/ADHD rates have not varied over the years based on geography. Overall, East Valley diagnoses of ADD/ADHD are generally lower than Mid Valley and West Valley rates.

Table 143. Child – Diagnosed with ADD/ADHD by Geography

Geography	2007	2010	2013	2016	2019
West Valley	5.3%	8.7%	7.8%	6.4%	10.3%
Mid Valley	8.1%	3.4%	8.1%	12.4%	10.7%
East Valley	1.5%	2.6%	6.2%	9.7%	3.2%

Hispanic/Latino Comparisons

ADD/ADHD rates have not varied from 2016 to 2019 based on ethnicity. Diagnosis rates for both ethnicities decreased very slightly over time.

Table 144. Child – Diagnosed with ADD/ADHD by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	12.4%	8.4%
Hispanic or Latino	8.5%	6.5%

Income Comparisons

Similarly, ADD/ADHD rates have not varied based on income over the years. See the table below for additional information.

Table 145. Child – Diagnosed with ADD/ADHD by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	*	10.1%	5.5%	7.8%	7.9%
$20,000 - $49,999	4.4%	4.7%	8.1%	9.0%	5.3%
$50,000 - $99,999	6.3%	*	*	5.3%	*
$100,000 or more	4.8%	*	*	17.0%	10.3%

Note: Red asterisks represent a statistically unstable estimate.

Parents/guardians were asked if their child was **diagnosed with developmental delay**.

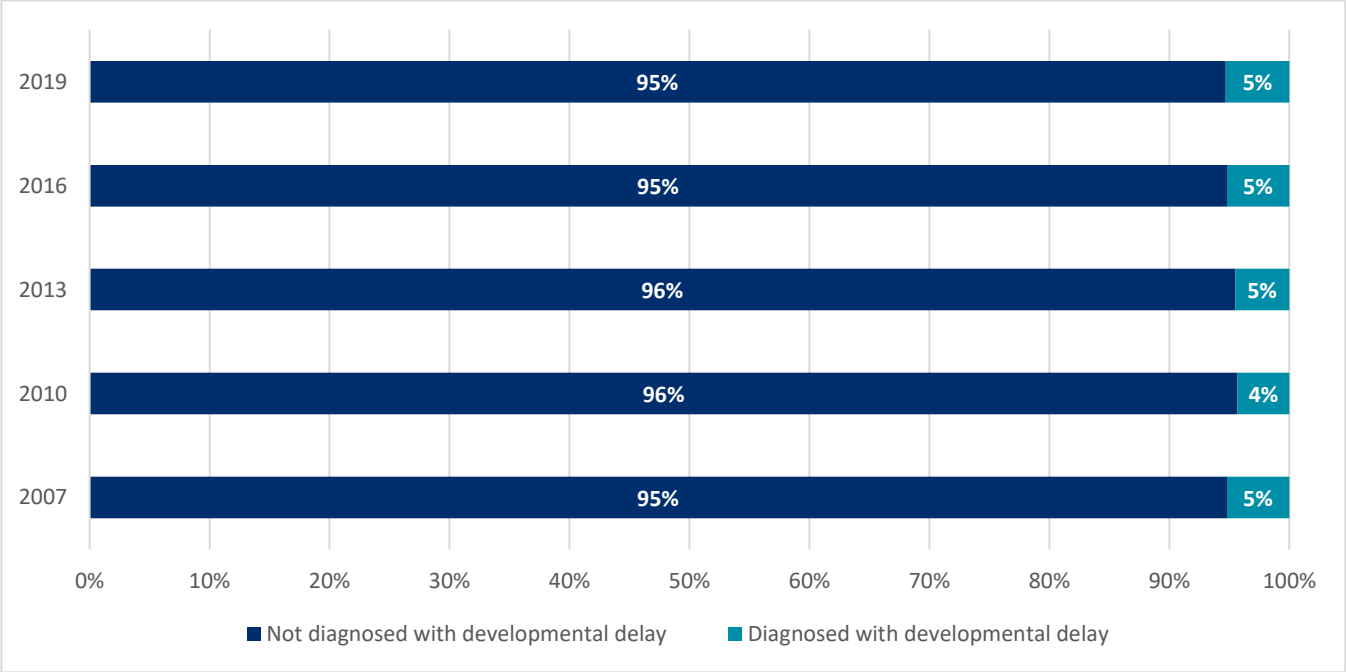
Overall

Developmental delay diagnoses among children ages 3 and older has remained relatively unvaried from 2007 to 2019, and relatively rare (between 4.0% and 6.0%) as illustrated in the table below. Thus, the additional comparisons have many unstable estimates due to the small sample size.

Table 146. Child – Diagnosed with Developmental Delay

Diagnosis	2007	2010	2013	2016	2019
Not diagnosed with developmental delay	94.8%	95.7%	95.5%	94.8%	94.7%
Diagnosed with developmental delay	5.2%	4.3%	4.5%	5.2%	5.3%

Figure 23. Child – Diagnosed with Developmental Delay



Comparisons

Age Comparisons

Developmental delay diagnoses have not substantially varied over the years based on age group, as illustrated in the table below.

Table 147. Child – Diagnosed with Developmental Delay by Age

Age Group	2007	2010	2013	2016	2019
3-5	*	*	*	*	7.1%
6-17	6.0%	4.7%	4.7%	6.1%	4.7%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Developmental delay has not substantially varied over the years based on geography. Most recently, in the 2019 cycle, smaller percentages of children have developmental delay.

Table 148. Child – Diagnosed with Developmental Delay by Geography

Geography	2007	2010	2013	2016	2019
West Valley	7.6%	6.0%	*	4.0%	5.0%
Mid Valley	*	*	*	11.9%	7.4%
East Valley	3.1%	2.3%	4.7%	3.3%	4.0%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Developmental delay rates have not substantially varied from 2016 to 2019 based on ethnicity.

Table 149. Child – Diagnosed with Developmental Delay by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	6.8%	6.7%
Hispanic or Latino	4.7%	3.9%

Income Comparisons

The majority of children, each survey cycle, do not have developmental delay regardless of household income level. See the table below for additional information, however, note that there are a fair number of statistically unstable estimates.

Table 150. Child – Diagnosed with Developmental Delay by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	*	11.3%	*	*	*
$20,000 - $49,999	6.9%	3.1%	5.3%	9.7%	4.6%
$50,000 - $99,999	4.9%	*	*	*	*
$100,000 or more	*	*	*	*	8.7%

Note: Red asterisks represent a statistically unstable estimate.

Parents/guardians were asked whether their child had been **diagnosed with anxiety disorders** (panic disorders, obsessive compulsive disorders, and phobia).

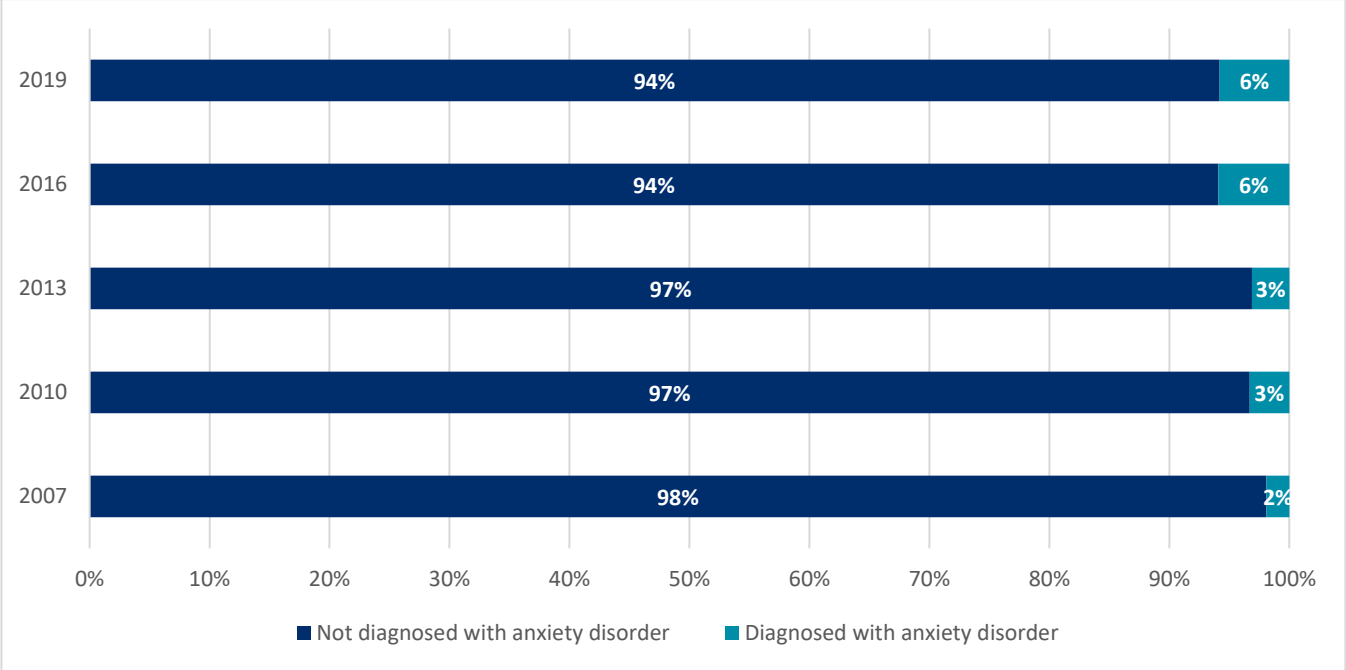
Overall

Anxiety disorder diagnoses have slightly increased over the years, going from 1.9% in 2007 to 5.8% in 2019.

Table 151. Child – Diagnosed with Anxiety Disorder

Diagnosis	2007	2010	2013	2016	2019
Not diagnosed with anxiety disorder	98.1%	96.7%	96.9%	94.1%	94.2%
Diagnosed with anxiety disorder	1.9%	3.3%	3.1%	5.9%	5.8%

Figure 24. Child – Diagnosed with Anxiety Disorder



Comparisons

Age Comparisons

Anxiety rates appear to have slightly increased over the years among children ages 6-17.

Table 152. Child – Diagnosed with Anxiety Disorder by Age

Age Group	2007	2010	2013	2016	2019
3-5	*	*	*	*	*
6-17	2.3%	4.0%	3.5%	7.3%	7.4%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

In recent years, anxiety diagnoses in Mid Valley have been elevated among West Valley and East Valley, as illustrated in the table below.

Table 153. Child – Diagnosed with Anxiety Disorder by Geography

Geography	2007	2010	2013	2016	2019
West Valley	1.0%	4.3%	*	5.7%	*
Mid Valley	*	*	*	10.6%	10.1%
East Valley	3.1%	*	3.6%	4.3%	5.1%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Anxiety rates have not varied from 2016 to 2019 based on ethnicity, as illustrated in the table below.

Table 154. Child – Diagnosed with Anxiety Disorder by Ethnicity

Ethnicity	2016	2019
Not Hispanic or Latino	5.7%	6.5%
Hispanic or Latino	6.1%	5.0%

Income Comparisons

There are no clear trends in anxiety disorder diagnoses by income bracket over time, as illustrated in the table below.

Table 155. Child – Diagnosed with Anxiety Disorder by Income

Income Level	2007	2010	2013	2016	2019
$0 - $19,999	*	9.0%	*	7.5%	10.7%
$20,000 - $49,999	*	*	2.7%	8.5%	*
$50,000 - $99,999	*	*	*	*	*
$100,000 or more	*	*	*	*	6.9%

Note: Red asterisks represent a statistically unstable estimate.

Parents/guardians were asked whether their child had been **diagnosed with an eating disorder**.

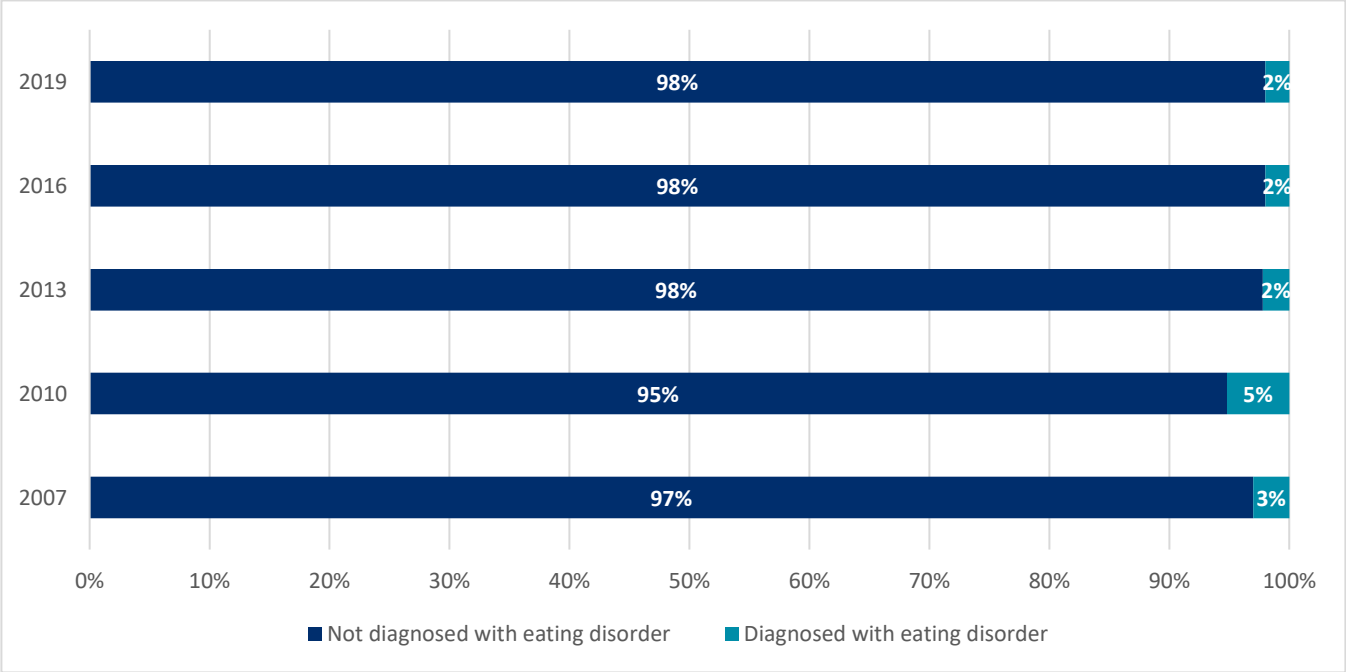
Overall

Diagnoses peaked in 2010, but are relatively rare overall (typically less than 5.0%). Thus, additional comparisons have many unstable estimates due to the small sample size.

Table 156. Child – Diagnosed with Eating Disorder

Diagnosis	2007	2010	2013	2016	2019
Not diagnosed	97.0%	94.8%	97.8%	98.0%	98.0%
Yes, diagnosed	3.0%	5.2%	2.2%	2.0%	2.0%

Figure 25. Child – Diagnosed with Eating Disorder



Comparisons

No further comparisons are made for this variable because the sample sizes were too small; virtually every estimate was statistically unstable.

Parents/guardians were asked if their child had been **diagnosed with autism**.

Overall

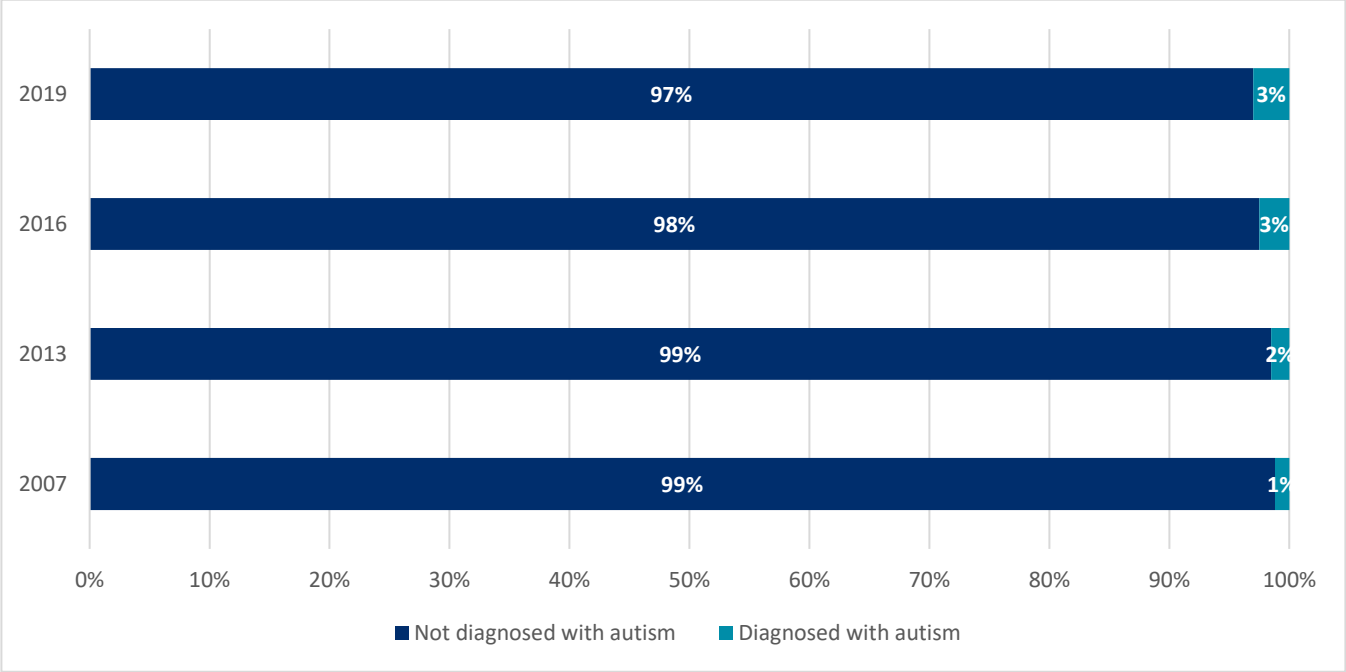
Autism diagnoses among children ages 3 and older has remained relatively unvaried from 2007 to 2019, and relatively rare (always less than 5.0%), as illustrated in the table below. Thus, additional comparisons have many unstable estimates due to the small sample size.

Table 157. Child – Diagnosed with Autism

Diagnosis	2007	2010	2013	2016	2019
Not diagnosed with autism	98.8%	98.0%	98.5%	97.5%	97.0%
Diagnosed with autism	1.2%	*	1.5%	2.5%	3.0%

Note: Red asterisks represent a statistically unstable estimate.

Figure 26. Child – Diagnosed with Autism



Note: 2010 data is excluded from this chart because of the unstable estimate.

Comparisons

No further comparisons are made for this variable because the sample sizes were too small; virtually every estimate was statistically unstable.

Next, parents/guardians were asked if their child had been **diagnosed with mood disorder (depressive or bipolar disorders)**.

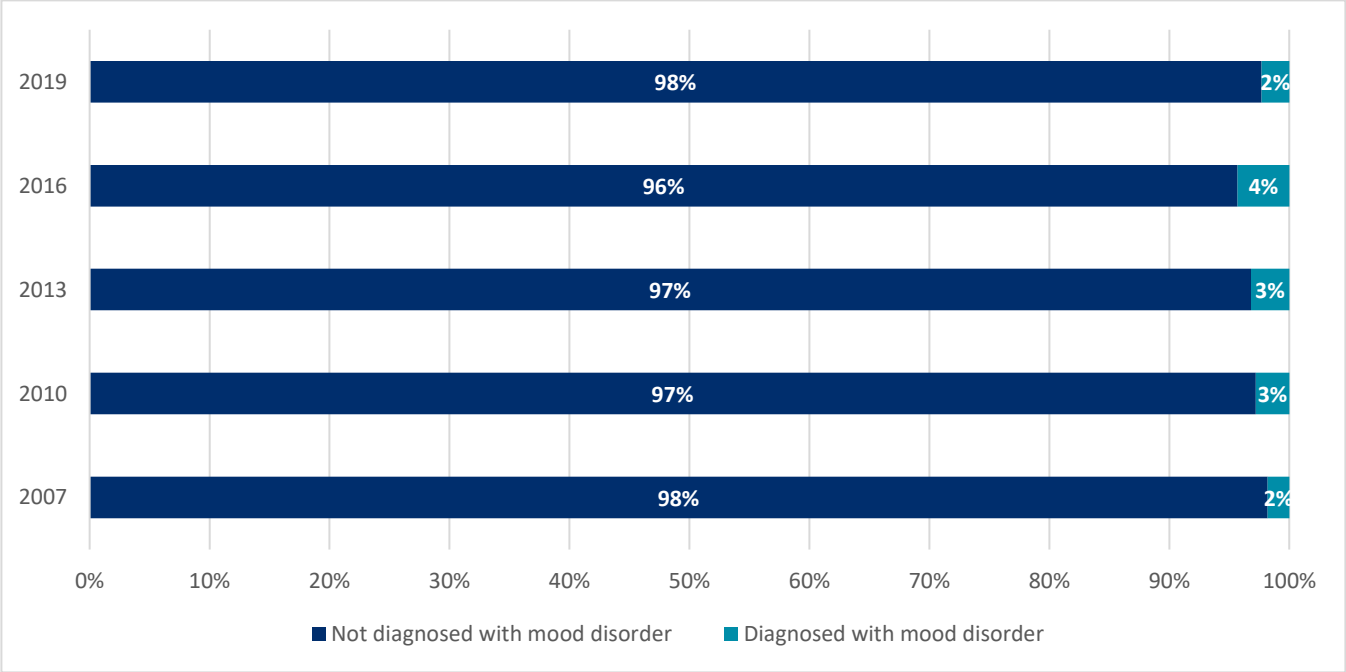
Overall

Mood disorders among children ages 3 and older has remained relatively unvaried from 2007 to 2019, and relatively rare (always less than 5.0%). Thus, additional comparisons have many unstable estimates due to the small sample size.

Table 158. Child – Diagnosed with Mood Disorder

Diagnosis	2007	2010	2013	2016	2019
Not diagnosed with mood disorder	98.2%	97.2%	96.8%	95.7%	97.7%
Diagnosed with mood disorder	1.8%	2.8%	3.2%	4.3%	2.3%

Figure 27. Child – Diagnosed with Mood Disorder



Comparisons

No further comparisons are made for this variable because the sample sizes were too small; virtually every estimate was statistically unstable.

Parents/guardians were also asked **if a doctor or health professional has ever told them that their child had suicidal thoughts**.

Overall

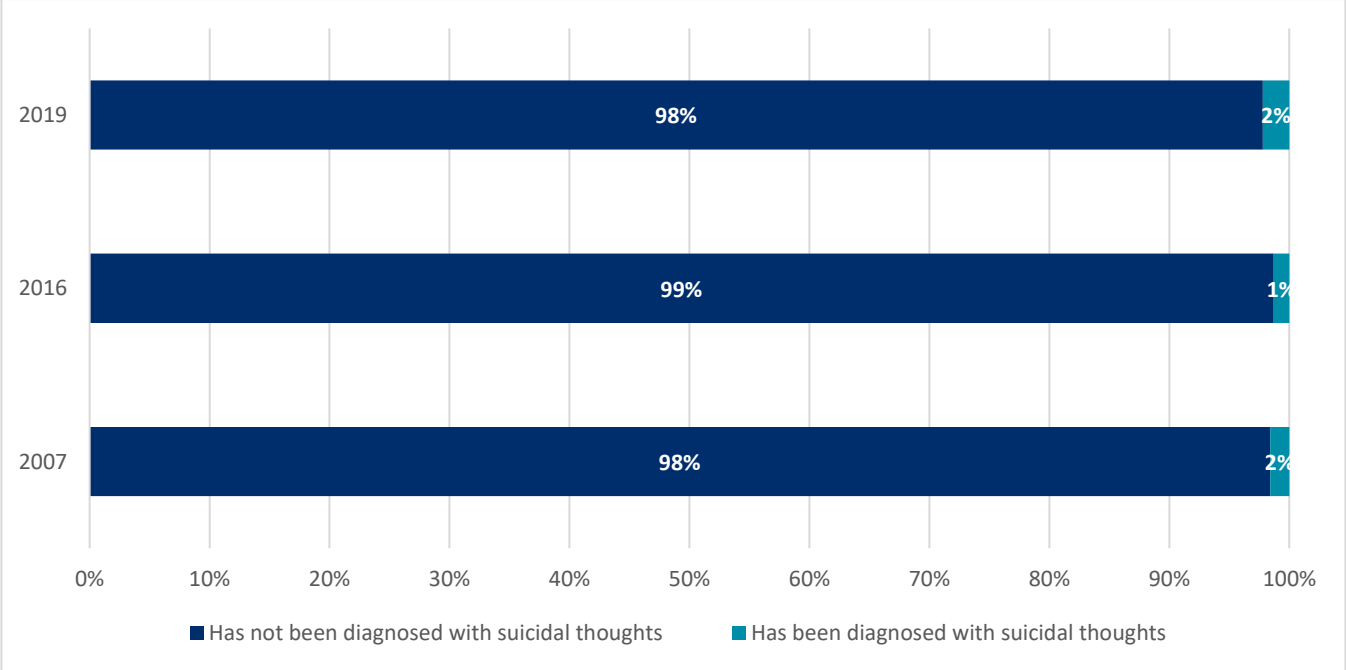
Diagnoses of suicidal thoughts among children ages 3 and older has remained relatively unvaried from 2007 to 2019, and relatively rare (always less than 3.0%), as illustrated in the table below.

Table 159. Child – Diagnosed with Suicidal Thoughts

Suicidal Thoughts	2007	2010	2013	2016	2019
Has not been diagnosed with suicidal thoughts	98.4%	98.4%	99.3%	98.7%	97.8%
Has been diagnosed with suicidal thoughts	1.6%	*	*	1.3%	2.2%

Note: Red asterisks represent a statistically unstable estimate.

Figure 28. Child – Diagnosed with Suicidal Thoughts



Note: Data from 2010 and 2013 are excluded from this chart because of the unstable estimates.

Comparisons

No further comparisons are made for this variable because the sample sizes were too small; virtually every estimate was statistically unstable.

Child Mental Health Treatment

To assess behavioral/mental health treatment, parents/guardians of children who had an emotional/behavioral problem and/or a diagnosis of a mental health disorder were asked, "**During the past 12 months, did your child visit a mental health professional such as a therapist, psychologist, psychiatrist, counselor or clinical social worker for his/her difficulties or mental health condition?**" Note that this question was not asked in the 2007 survey cycle, and thus, does not appear in the tables below.

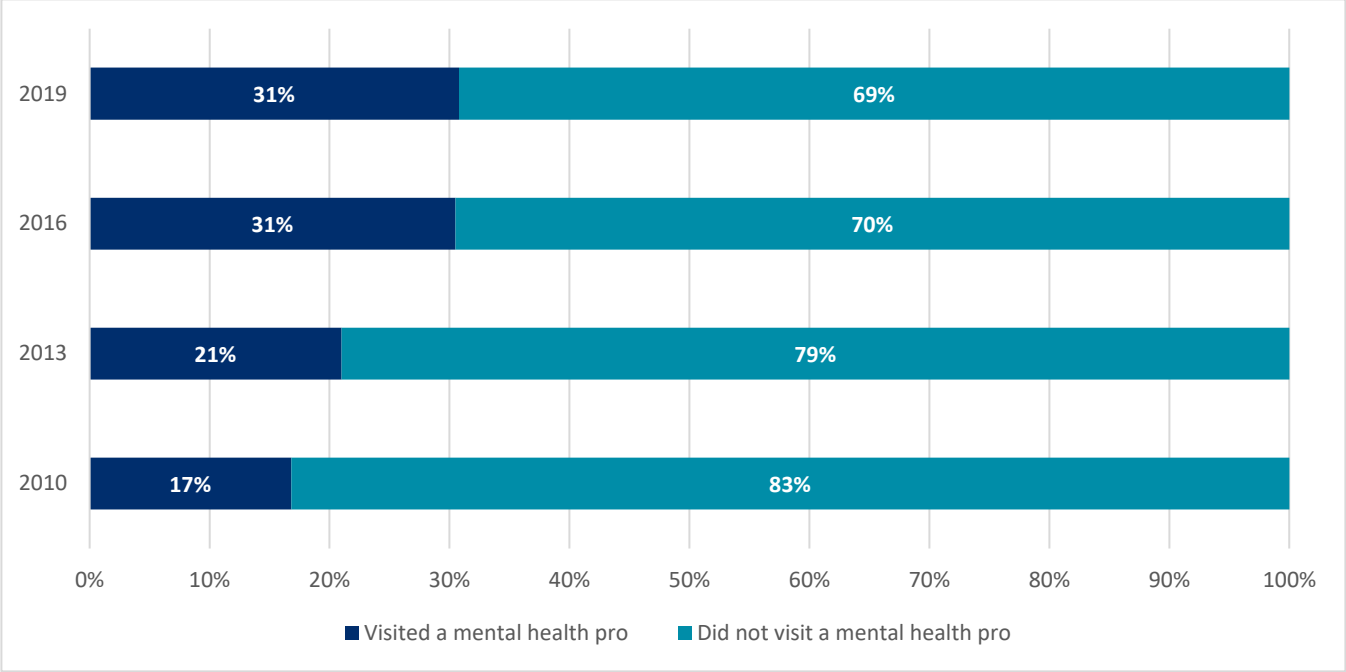
Overall

The rate of visiting a mental health professional nearly doubled from the time of the 2010 survey (16.8%) to the 2019 survey (30.8%).

Table 160. Child – Visited a Mental Health Professional for Mental Health

Visited a Provider	2010	2013	2016	2019
Visited	16.8%	21.0%	30.5%	30.8%
Did not visit	83.2%	79.0%	69.5%	69.2%

Figure 29. Child – Visited a Mental Health Professional for Mental Health



Comparisons

Age Comparisons

Similarly, among children ages 6-17, the rate of visiting a mental health professional increased from 2010 (19.3%) to 2019 (34.4%). See the table below for details.

Table 161. Child – Visited a Mental Health Professional for Mental Health by Age

Visited a Provider	Age Group	2010	2013	2016	2019
Visited	3-5	*	*	*	13.6%
	6-17	19.3%	21.5%	34.6%	34.4%
Did not visit	3-5	98.6%	80.6%	100%	86.4%
	6-17	80.7%	78.5%	65.4%	65.6%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Among West Valley and East Valley, rates of children visiting a mental health professional have increased. Conversely, rates for Mid Valley have remained relatively unvaried.

Table 162. Child – Visited a Mental Health Professional for Mental Health by Geography

Visited a Provider	Geography	2010	2013	2016	2019
Visited	West Valley	15.6%	32.3%	36.5%	35.4%
	Mid Valley	37.9%	22.1%	48.4%	32.3%
	East Valley	6.6%	12.7%	19.6%	24.9%
Did not visit	West Valley	84.4%	67.7%	63.5%	64.6%
	Mid Valley	62.1%	77.9%	51.6%	67.7%
	East Valley	93.4%	87.3%	80.4%	75.1%

Hispanic/Latino Comparisons

Rates for visiting a mental health professional decreased from 2016 (45.8%) to 2019 (34.8%) among those who are not Hispanic or Latino. Conversely, rates for those are Hispanic or Latino remained unvaried, yet comparatively low from 2016 (25.1%) to 2019 (23.8%).

Table 163. Child – Visited a Mental Health Professional for Mental Health by Ethnicity

Visited a Provider	Ethnicity	2016	2019
Visited	Not Hispanic or Latino	45.8%	34.8%
	Hispanic or Latino	25.1%	23.8%
Did not visit	Not Hispanic or Latino	54.2%	65.2%
	Hispanic or Latino	74.9%	76.2%

Income Comparisons

Rates for visiting a mental health provider slightly increased among the household income level of $20,000-$49,999 and $50,000-$99,999 from 2010 (11.6%) to 2019 (33.6%). Conversely, among household income levels of $100,000 or more, rates of visiting a mental health professional decreased from 2010 (50.3%) to 2019 (26.7%).

Table 164. Child – Visited a Mental Health Professional for Mental Health by Income

Visited a Provider	Income Level	2010	2013	2016	2019
Visited	$0 - $19,999	26.2%	11.8%	23.8%	30.4%
	$20,000 - $49,999	11.6%	28.7%	42.7%	33.6%
	$50,000 - $99,999	*	*	9.3%	26.0%
	$100,000 or more	50.3%	*	34.9%	26.7%
Did not visit	$0 - $19,999	73.8%	88.2%	76.2%	69.6%
	$20,000 - $49,999	88.4%	71.3%	57.3%	66.4%
	$50,000 - $99,999	92.4%	94.8%	90.7%	74.0%
	$100,000 or more	49.7%	68.4%	65.1%	73.3%

Note: Red asterisks represent a statistically unstable estimate.

Parents/guardians of children with difficulties in emotions, concentration, behavior, or being able to get along with other people, or were diagnosed with a behavioral/mental disorder were asked, "**During the past 12 months, did your child visit a pediatrician or family doctor for his/her difficulties or mental health condition?**"

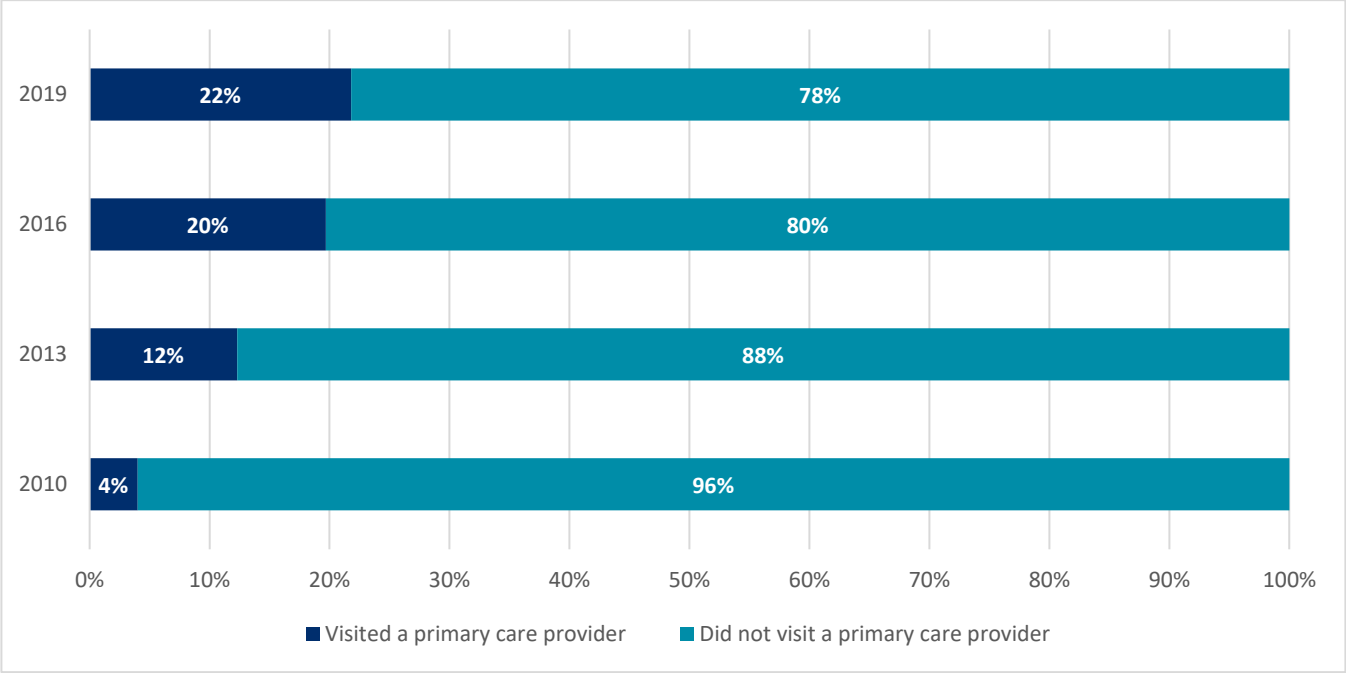
Overall

As illustrated in the table below, rates of visiting a primary care provider (PCP) have increased over the years, going from 4.0% in 2010 to 21.8% in 2019.

Table 165. Child – Visited a PCP for Mental Health

Visited a Provider	2010	2013	2016	2019
Visited	4.0%	12.3%	19.7%	21.8%
Did not visit	96.0%	87.7%	80.3%	78.2%

Figure 30. Child – Visited a PCP for Mental Health



Comparisons

Age Comparisons

Likewise, rates of visiting a pediatrician or family doctor increased among children ages 6-17, as can be seen below.

Table 166. Child – Visited a PCP for Mental Health by Age

Visited a Provider	Age Group	2010	2013	2016	2019
Visited	3-5	*	*	*	25.6%
	6-17	4.5%	12.5%	21.0%	21.0%
Did not visit	3-5	98.6%	88.6%	89.7%	74.4%
	6-17	95.5%	87.5%	79.0%	79.0%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Regardless of geography, rates of visiting a pediatrician or family doctor increased in West Valley, Mid Valley, and East Valley. See the table below for additional details.

Table 167. Child – Visited a PCP for Mental Health by Geography

Visited a Provider	Geography	2010	2013	2016	2019
Visited	West Valley	5.3%	*	21.9%	13.0%
	Mid Valley	*	*	25.8%	27.0%
	East Valley	*	14.1%	16.1%	24.6%
Did not visit	West Valley	94.7%	91.5%	78.1%	87.0%
	Mid Valley	86.8%	85.9%	74.2%	73.0%
	East Valley	98.6%	85.9%	83.9%	75.4%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Rates for visiting a pediatrician or family doctor for mental health slightly decreased among those who are not Hispanic/Latino, going from 45.8% in 2016 to 34.8% in 2019. Conversely, rates for Hispanic/Latino children have remained unvaried and low from 2016 (25.1%) to 2019 (23.8%).

Table 168. Child – Visited a PCP for Mental Health by Ethnicity

Visited a Provider	Ethnicity	2016	2019
Visited	Not Hispanic or Latino	45.8%	34.8%
	Hispanic or Latino	25.1%	23.8%
Did not visit	Not Hispanic or Latino	54.2%	65.2%
	Hispanic or Latino	74.9%	76.2%

Income Comparisons

Visiting a pediatrician or family doctor for mental health increased among the household income level of $0 - $19,999 from 2010 (3.6%) to 2019 (35.8%). See the table below for additional details, however, note there are a fair number of statistically unstable estimates.

Table 169. Child – Visited a PCP for Mental Health by Income

Visited a Provider	Income Level	2010	2013	2016	2019
Visited	$0 - $19,999	3.6%	13.4%	22.1%	35.8%
	$20,000 - $49,999	*	11.5%	21.5%	*
	$50,000 - $99,999	*	*	*	*
	$100,000 or more	*	*	27.4%	21.6%
Did not visit	$0 - $19,999	96.4%	86.6%	77.9%	64.2%
	$20,000 - $49,999	96.8%	88.5%	78.5%	85.3%
	$50,000 - $99,999	89.3%	91.9%	84.0%	90.5%
	$100,000 or more	94.4%	88.7%	72.6%	78.4%

Note: Red asterisks represent a statistically unstable estimate.

Parents/guardians of children with difficulties in emotions, concentration, behavior, or being able to get along with other people, or were diagnosed with a behavioral/mental disorder were asked, "**During the past 12 months, has your child taken any medication because of difficulties or a mental health condition?**" Note that this question was not asked in the 2007 cycle.

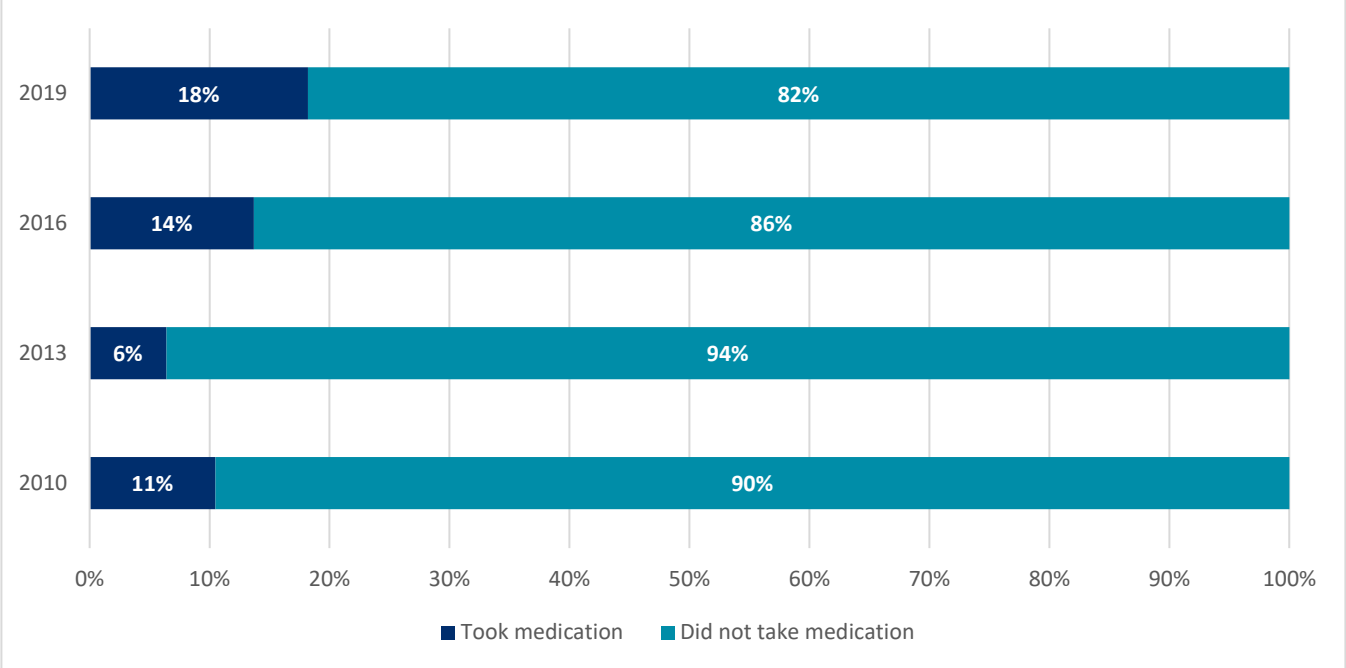
Overall

Rates of taking medication for difficulties or a mental health condition slightly increased from 2010 (10.5%) to 2019 (18.2%).

Table 170. Child – Taken Medication for Mental Health

Medication	2010	2013	2016	2019
Took medication	10.5%	6.4%	13.7%	18.2%
Did not take medication	89.5%	93.6%	86.3%	81.8%

Figure 31. Child – Taken Medication for Mental Health



Comparisons

Age Comparisons

These rates slightly increased among the age group of 6-17 from 2010 (11.3%) to 2019 (21.1%).

Table 171. Child – Taken Medication for Mental Health by Age

Medication	Age Group	2010	2013	2016	2019
Took medication	3-5	*	*	*	*
	6-17	11.3%	8.3%	15.6%	21.1%
Did not take medication	3-5	94.6%	100.0%	100.0%	95.1%
	6-17	88.7%	91.7%	84.4%	78.9%

Note: Red asterisks represent a statistically unstable estimate.

Geographic Comparisons

Taking medication for difficulties or a mental health condition remained unvaried over the years based on geography.

Table 172. Child – Taken Medication for Mental Health by Geography

Medication	Geography	2010	2013	2016	2019
Took medication	West Valley	11.6%	*	*	15.0%
	Mid Valley	19.8%	13.4%	16.2%	22.3%
	East Valley	*	*	14.9%	17.0%
Did not take medication	West Valley	88.4%	94.1%	91.9%	85.0%
	Mid Valley	80.2%	86.6%	83.8%	77.7%
	East Valley	98.6%	96.0%	85.1%	83.0%

Note: Red asterisks represent a statistically unstable estimate.

Hispanic/Latino Comparisons

Rates for taking medication for difficulties or a mental health condition did not substantially vary from 2016 to 2019, regardless of ethnicity, although there appears to be a slight increase among Hispanic/Latino children.

Table 173. Child – Taken Medication for Mental Health by Ethnicity

Medication	Ethnicity	2016	2019
Took medication	Not Hispanic or Latino	19.4%	18.3%
	Hispanic or Latino	11.7%	18.1%
Did not take medication	Not Hispanic or Latino	80.6%	81.7%
	Hispanic or Latino	88.3%	81.9%

Income Comparisons

Rates for not taking medication for difficulties or a mental health condition appear to have slightly decreased among household income levels of $0-$49,999. See the table below, however, note there are a fair number of statistically unstable estimates.

Table 174. Child – Taken Medication for Mental Health by Income

Medication	Income Level	2010	2013	2016	2019
Took medication	$0 - $19,999	*	*	*	*
	$20,000 - $49,999	8.1%	*	14.7%	*
	$50,000 - $99,999	*	*	*	*
	$100,000 or more	*	*	30.2%	17.6%
Did not take medication	$0 - $19,999	87.1%	93.8%	94.9%	77.9%
	$20,000 - $49,999	91.9%	96.1%	85.3%	82.0%
	$50,000 - $99,999	87.9%	92.5%	85.2%	85.0%
	$100,000 or more	75.0%	68.4%	69.8%	82.4%

Note: Red asterisks represent a statistically unstable estimate.

Conclusion

Overview

This report covered topics pertaining to behavioral health, including drinking behaviors, mental health concerns, mental health diagnoses, and mental health treatment, among others. Each topic is analyzed in a variety of ways including an overall analysis, followed by a breakdown of demographic and socioeconomic characteristics.

Adult Changes

In some circumstances, there have been some substantial changes in regard to various mental health characteristics among adults over the years. For example, binge drinking has slightly increased from 2007 to 2019, most notably among lower income levels. Mental health concerns have increased overall as well as among geographies of Mid Valley and East Valley, those with household incomes of $20,000-$49,999, $50,000-$99,999, and $100,000 or more, and every education level except for those with less than a high school education. These concerns also slightly increased from 2016 to 2019 among those who are Hispanic/Latino.

PTSD rates have increased overall and in particular among age groups of 18 to 39 and 40 to 64. Generalized anxiety disorder diagnoses have also increased from 2007 to 2019, mainly among those ages 18 to 39, West Valley, household income levels of $20,000-$49,999, and those with a college level education. While visiting a mental health professional has slightly increased over the years, the majority of adults have not sought treatment in the past year.

Child Changes

While difficulties in emotions, concentration, or behavior has not substantially varied from 2007 to 2019, among children ages 3 and older, the severity of these difficulties has been increasing over the years. Anxiety disorders appear to be slightly more common than other mental/behavioral disorders among children, with the exception of ADD/ADHD. Additionally, it appears that anxiety disorders have slightly increased over the years.

The rate of children visiting a mental health professional nearly doubled from the time of the 2010 survey to the 2019 survey, particularly among those living in West Valley and East Valley. Rates for visiting a mental health provider slightly increased among the household income level of $20,000-$49,999 from 2010 to 2019. Similarly, rates of seeing a mental health professional increased among the household income level of $50,000-$99,999 from 2016 to 2019. Conversely, among household income levels of $100,000 or more, rates of visiting a mental health professional decreased from 2010 to 2019. Finally, rates for visiting a mental health professional decreased from 2016 to 2019 among those who are not Hispanic or Latino.

Our hope is that by more closely examining the local data on behavioral health that we can begin to identify inequities and make efforts to minimize these inequities. People should not experience subpar health simply because they live in a particular geographic region, earn a certain amount of money, or belong to a certain racial or ethnic group. This report is one step closer towards a widespread, healthy Coachella Valley community.