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BRIEF REPORT

Secret Shopper Analysis Highlights that Accessing Psychiatric Healthcare in Puerto Rico is a Challenging Endeavor

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Abstract

Objective Over the past 20 years, Puerto Rico has experienced a reduction in medical professionals and an erosion of the healthcare system. In this study, we assess the degree to which psychiatrists in Puerto Rico are answering phone calls and accepting new patients, accepting the public health insurance or cash payments, and the length of time between the call and the appointment offered.

Methods A "*secret shopper*" analysis was performed, in which a research team attempted to contact 183 psychiatric service providers or organizations listed in the 2023 directory of one of the major private health insurance companies in Puerto Rico.

Results Approximately 47% of the calls were answered and 46% of those resulted in members of the research team being offered an appointment. In about 40% of the answered calls, the service provider was not accepting new patients, and in approximately 11%, the caller was asked to send more information to be able to secure an appointment. Wait time for appointments ranged from 1 to 2 days to up to nine months. Additional factors, such as healthcare coverage, being able to afford treatment out-of-pocket, and the ability to provide additional required information also complicated the process of securing an appointment with a psychiatrist in Puerto Rico.

Conclusions Access to psychiatric healthcare in Puerto Rico was found to be a challenging endeavor with a lack of response, providers not being able to accept new patients, and long wait times constituting barriers to these services in Puerto Rico.

Keywords Mental health access · Puerto Rico · Healthcare access · Psychiatric care

Introduction

Over the last eight years, two mental health emergencies have been declared in Puerto Rico. The first was in the aftermath of Hurricanes Irma and Maria in 2017 and the second was following the onset of seismic activity that has affected Puerto Rico since late 2019 (Purtle et al., 2023). Further, there is evidence that the COVID-19 pandemic has also impacted mental health in Puerto Rico (Camacho et al., 2025). The combination of factors that have independently and jointly affected the health and well-being of people living in Puerto Rico has brought about discussions about compounding disasters (García et al., 2021) in which each new element that affects or impacts well-being in Puerto Rico does so on top of, and interacting with, pre-existing conditions. Thus, there are concerns about the mental health of the people of Puerto Rico and how they navigate their treatment needs in a context of economic instability and austerity measures that have been the norm for 20 years (Benach et al., 2019).

Parallel to the aforementioned elements that have vastly altered daily activities and affected well-being, Puerto Rico is experiencing an ongoing deterioration of the healthcare system and reduced availability of medical professionals (McSorley et al., 2024; Stimpson et al., 2024). Research has found that the medical workforce has been reduced by about 38% since the onset of population decline in the first 25 years of the 2000s (Varas-Díaz et al., 2023). Despite the

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existence of these economic and structural factors associated with mental health deterioration, little is known about how the people of Puerto Rico navigate the existing healthcare system when they need mental health services. While the physician-to-population ratio is commonly employed as a measure of access to care (Basu et al., 2019), this measure does not capture potential barriers to timely healthcare (Sun et al., 2023). Further, ratios of professionals to population assume a direct correspondence between the number of professionals and population size. That is, that access is evenly spread within the population with the assumption that all professionals are available to the population and have availability. However, additional barriers such as not being able to reach a healthcare provider, appointment availability, wait time, and inconvenient hours may emerge as people try to navigate the healthcare system (Caraballo et al., 2022; Schuldt & Jinnett, 2024). Thus, new approaches are required to capture these nuances if we are to address population needs. We employ a "*secret shopper*" or "*mystery shopper*" method to provide a new perspective on access to psychiatric care in Puerto Rico.

Methods

The "*secret shopper*" or "*mystery shopper*" method is a powerful approach that allows researchers to capture the nuances of healthcare access among a population of interest (Rankin et al., 2022). This method has been employed to identify access to mental healthcare services in four of the largest cities and across states in the US (Brahmbhatt & Schpero, 2024; Sun et al., 2023; Tenner et al., 2023), to evaluate access to children's psychiatric services (Steinman et al., 2012), and for opioid use disorder-related issues (Blech et al., 2017). This method consists of (1) identifying a group of professionals of interest and obtaining their contact information, (2) calling each number with the intention of securing an appointment, and (3) following a call script to collect the information of interest. We employed the "*secret shopper*" method in Puerto Rico, a setting for which data is not as available as in other settings, to explore potential barriers that people may face when trying to access psychiatric healthcare.

A member of our research team posed as a potential patient seeking an appointment with a psychiatrist. The potential patient was "Juan Ortiz", a 30-year-old male, seeking treatment for depression. To avoid any discrimination due to gender, all calls were made by the same member of the research team. To avoid any discrimination based on health insurance coverage, Juan indicated he had the public health insurance and that he was able to pay for the costs out-of-pocket. We chose to have the hypothetical patient mention the public health insurance because the majority of the population relies largely on this coverage (McSorley et al., 2024). Given the widespread practice of psychiatrists not accepting health insurance (Donohue et al., 2024), we signaled availability of resources to afford the costs associated with treatment by mentioning out-of-pocket or cash-payments during the call.

Psychiatrists included in the study were identified through the 2023 directory of service providers by one of the major health insurance companies in Puerto Rico. This health insurance company also provides services to public health beneficiaries; thus, it is highly likely this network also provides services to them. We included all psychiatrists listed in the directory ($n = 326$), which constituted our study population. We limited our analysis to psychiatrists listed under the General Psychiatry treatment category, given their role in treatment for the general population and capacity to prescribe medications. Further, when a provider was part of a joint practice or was working under an umbrella organization, we only contacted the organization once. After these exclusions, our analytic sample consisted of 183 service providers or organizations.

Contact information, including address, practice name, and phone number was compiled in a dataset. Calls were made to each provider's phone number to try to secure the next appointment available for a new patient. In the instances when an appointment was offered, the research team did not book the appointment. This is in line with standard ethical practices employed in these studies. The member of the research team is a native Spanish speaker and he called from a phone number with area code 787, which is the most common area code in Puerto Rico. Calls were conducted between August 2023 and September 2023 during business hours. For cases in which there was no answer in the initial call, a second call was made on a different day. If the call was answered by an answering machine, an annotation was made next to the specific entry. The team member attempted a second call, and if the second attempt was unsuccessful the call was classified as not answered. We decided to forgo an additional attempt because past studies suggest that a high percentage of the follow-up calls lead to answering machines (Rhodes et al., 2009). For cases in which a provider answered the call, the member of the research team requested an appointment utilizing a script focusing on: (1) whether the provider was accepting new patients, (2) whether the provider accepted the Puerto Rico public health insurance (popularly referred to as *Reforma* or *Vital*) or cash only; and (3) what was the earliest available appointment. The flow of the call was dictated by the response to the initial inquiry by the person who answered the call. For example, in most cases the answer to the question on whether the practitioner was accepting new patients

was an inquiry on the insurance coverage. The caller would then say "I have Plan Vital or I can also pay off pocket". The caller would then steer the conversation towards the next available appointment. Thus, fulfilling the objectives contemplated in the study design and the script.

Notes for each call were reviewed by the project's Principal Investigator to validate the data included in the database. First, calls were classified into one of the following categories: (1) No answer, (2) Answered, not accepting new patients, (3) Answered, accepting new patients, but more information is needed, and (4) Answered and appointment date was obtained. For instances where disagreements emerged between their initial assessments, the Principal Investigator and the Team member would discuss the matter at length. The Principal Investigator would make a preliminary final decision and consult with the Team member. In the limited instances when the Team member still disagreed, they were asked to provide their rationale, and the Principal Investigator would acquiesce to the Team member's recommendation. For instance, it was unclear if a call that was answered with silence should be classified as "Answered", or whether a practitioner operating multiple practices (i.e. within an umbrella organization and independently) qualifies as independent when listed separately. The data were kept and analyzed in an Excel spreadsheet where each team member entered the information about the calls. Initial information for each call was recorded in a laboratory notebook and this information was then entered into the study's spreadsheet. In accordance with established practices in studies that employ a "*secret shopper"* approach, no human subjects or patient records were utilized in the study. This study was conducted under the auspices of [INSTITUTION]'s Institutional Review Board (Study 00023308). We conducted the study adhering to the highest ethical standards and recommendations for these studies as outlined in extant scholarship (Rankin et al., 2022; Walker & George, 2010).

Results

We identified 183 persons or organizations providing psychiatric health services in Puerto Rico in 2023. Of the 183 calls, 86 calls or 47.0% were answered. Of those, 40 resulted in members of the research team having an opportunity to book an appointment, representing 21.8% of calls and 46.5% of answered calls. Of all calls made, 53.0% were not answered. Among those, 25 calls were answered by an answering machine in contact attempts. Within the answered calls ($n=86$), there were barriers to scheduling an appointment. In about 39.8% ($n=33$) of answered calls, the service provider was not accepting new patients. In seven instances, or 8.4%, the service providers indicated having a wait list. In a number of answered calls ($n=10$ or 11.6%), the prospective patient was required to provide additional information to be able to be considered for an appointment date. In approximately 24 of the answered calls (63%), the provider representative reported not accepting the public health insurance. Further, in 29 calls (34.9%), the provider indicated only accepting cash. The appointments offered were available in a time span between one and two days and 282 days or 9 months from the day of the call. The distribution of wait time was as follows: 10 (25%) less than 7 days; 3 (7.5%) 7–14 days; 4 (10%) 15–30 days, 8 (20%) 31–60 days, 4 (10%) 61–90 days, 11 (27.5%) more than 90 days. In most of the shortest wait times, the initial meeting would be with a clinical social worker, a mental health counselor or a licensed counselor, not with the psychiatrist.

On 23 of the answered calls, equivalent to 27.7%, the research team annotated qualitative elements of the calls for anything that was not contemplated in the script. Various situations emerged. For example, in three instances the first appointment would not be with a psychiatrist. These offices informed the caller that they rely on clinical social workers, counselors, or psychologists for the initial assessment. In two instances, the prospective patients were asked to come to the office to schedule the appointments in person. In three instances, the staff member said that an appointment was only possible if the patient brought additional documentation or provided more information about their needs and conditions, such as a blood test, certification of need for psychiatric services, or a referral by another professional. These are idiosyncrasies of individual clinical practices. In four calls, the prospective patient received a text message asking for personal and clinical information to evaluate the scheduling of an appointment. In three instances, the caller was instructed to call another number, to call later and/or to leave a voice message on an answering machine. In three calls, the staff informed the prospective patient that they could get an appointment in another practice, with a practitioner other than the one listed in the directory. In two instances, the prospective patient was asked to send money through smartphone applications to secure an appointment. In one instance, the phone number listed was the practitioner's personal cellphone and he could not provide information because he was driving. In another case, the secretary acted as a life coach and started providing mental health advice to the prospective patient. In one call, the prospective patient was asked to call later, and the second call was Not Answered. In another call, one staff member warned the prospective patient about financing the treatment out-of-pocket as it may result in denial of coverage for medication if required after the evaluation.

Discussion

This is the first study to evaluate barriers to mental health care in Puerto Rico using a secret shopper method. This was accomplished by focusing on psychiatrists listed in the 2023 directory of one of the main health insurance companies in Puerto Rico. Of the 86 providers who answered our call, only 40 (46.5%) resulted in an appointment being offered. Past studies have found these rates to range between 3% and 26% (Blech et al., 2017; Brahmbhatt & Schpero, 2024; Sun et al., 2023; Tenner et al., 2023). However, when this number is compared with the totality of entries included in the directory, the rate reduces to 12%, which is in line with past studies. This research contributes to a growing body of evidence that emphasizes that provider directories may not reflect the actual availability of healthcare professionals to beneficiaries through specific provider networks (Brahmbhatt & Schpero, 2024).

A study conducted in New York City found that in some instances providers included in directories reported not being part of the network, further complicating access to mental healthcare services for beneficiaries (Tenner et al., 2023). Past studies have concluded that the accuracy of directories is unreliable. While identifying inaccuracies in the directory was not an objective of our study, we did identify a few instances where we had to rely on the internet to obtain accurate contact information for providers listed in the directory. Insurance beneficiaries who rely on these directories may not be likely to secure access to mental health services with ease. Our results also highlight how supplier-related issues, such as not accepting new patients or requiring additional information or referrals to provide an appointment, may play a role in hindering patients' ability to access mental healthcare services. Thus, multiple barriers influence an individual's ability to secure access to mental healthcare services, some of them out of their control. This is highly relevant because Puerto Rico has been experiencing a decline in specialists and medical professionals (Perreira et al., 2017; Santiago-Santiago et al., 2024) over the past two decades.

While there is no legal or global standard for the time in which mental health services should be available for a patient in need, the length that a patient has to wait based on our study is a matter that needs further consideration. Approximately 40% of contacted providers were not accepting patients, and among those accepting, the length of time between the call and the next appointment available was between a few days and, in more than half of the cases, more than 30 days. This highlights the delays in securing mental health treatment in Puerto Rico. The emergence of providers indicating they had wait lists for patients, while observed in a small number of providers, indicates that mental health professionals in Puerto Rico may not be able to meet the current demand for mental health treatment and services, as suggested in a recent study (McSorley et al., 2024). Studies like this can help in the quantification of barriers of access to care and the delay in care due to reduced availability of professionals in Puerto Rico and other contexts where data on psychiatric care are limited. Further, as demonstrated, this method reveals the numerous barriers and requirements that a person has to deal with when trying to secure access to mental health treatment. Altogether, this method provides a glimpse at the lived experiences of those who have decided to seek mental health services.

Findings suggest that the process of securing an appointment for mental health treatment is not an easy endeavor. While networks may provide a vast directory of providers, these may not reflect the actual availability of services to beneficiaries. While it is possible that the mention of being covered by the Puerto Rico Public Health Insurance (*Plan Vital*) introduced some form of bias to our findings, it is highly unlikely that this would systematically bias our result. Recent studies have highlighted that service provision through the private health insurance presents challenges to both providers and patients. Providers face administrative reimbursement burdens, and other challenges when participating in commercial networks (Al-Attar et al., 2024; Varas-Díaz et al., 2023). Thus, patients face barriers to access or locating in-network providers, regardless of their insurance coverage. We addressed this by inquiring about out-of-pocket payment options. Further, the directory we used is the one for a company that also provides services to beneficiaries of the Puerto Rico Public Health Insurance. Developing a way to identify professionals who are accepting new patients may help those trying to navigate the barriers to access described in this study. Further, identifying the requirements for new patients can help alleviate the perceived lack of access reported in past studies. The combination of professionals not accepting patients and additional requirements imposed in the process of securing an appointment is likely exacerbating other issues related to access to mental health treatment in Puerto Rico.

While informative, this study has numerous limitations that need to be addressed. First, we limited our study to the psychiatrists listed in one of the main health insurance networks in Puerto Rico. Our efforts to obtain a directory of all licensed medical professionals in Puerto Rico were unsuccessful. For this reason, we relied on a directory of psychiatric services available from a service provider in Puerto Rico that provides coverage for public and private beneficiaries. The number of listings represents approximately 50% of active psychiatrists in Puerto Rico. It is possible that the use of the private insurance directory could be a source of bias in our findings. Our attempts to find a

dedicated directory for public health insurance were also unsuccessful. Nevertheless, our results still underscore the complicated process that a beneficiary of the public health insurance faces when trying to secure a psychiatric appointment. Second, in numerous instances providers appeared with the same phone number, but with practices located in different municipios (county equivalent). For each of these instances we only called the provider once. Third, a number of providers also provided services through umbrella organizations (e.g., clinics, university practices, hospitals). We called these organizations once. These organizations have the same administrative staff and patients are assigned the next available appointment, rather than given the opportunity to inquire about specific providers. Fourth, we did not leave messages on answering machines. Thus, it remains unclear whether and how many of the providers would have responded if a message was left. We recommend future studies to consider this element in their study protocols. Finally, because we employed a "*secret shopper"* approach, there was limited information that we could collect in our research endeavor. It may be possible that some of the provider-specific barriers (e.g., need for referral, blood work, or additional information) could have been navigated with some additional dialogue. However, navigating these additional requirements was (1) not contemplated in our study protocol and (2) such pursuits were beyond the scope of our study.

Further research could build on the results presented in this study by focusing on providers who specialize in specific conditions or addressing the possible sources of bias identified in our study. Further, the emergence of social workers, therapists, counselors, and clinical psychologists as the entry point in some psychiatric practices underscores the need to investigate access to care through these mental health professionals. Researchers aiming to evaluate access to care should also explore the application of methods like secret shopper, particularly in contexts like Puerto Rico where scheduling appointments online is not the norm. While appointments may be available online, the directory provided to patients did not include a link to their websites. The directory did include e-mails and this is information that could be leveraged in a subsequent study. Scaling this study to other medical professionals could shed light on the ongoing healthcare crisis experienced in Puerto Rico. This is of particular relevance in the context of economic deprivation, increased scarcity of medical professionals, and compounding disasters that continue to affect daily activities for people living in Puerto Rico.

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Author Contributions Alexis R. Santos-Lozada conceptualized and designed the study, identified the sampling frame, designed the call protocol, validated and supervised the data collection, conducted the data entry and analysis, wrote the manuscript, and incorporated revisions. Giovanni Castro-Irizarry conducted the study, collected the data, produced/maintained research the log/notes, supported data entry and interpretation and revised the final text.

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Data Availability The data that support the findings of this study are available from the corresponding author, but restrictions apply to the availability of these data, which include information about the providers contacted for the current study. These data are not publicly available. The data are, however, available from the authors upon reasonable request and with the permission of the Institutional Review Board at the Pennsylvania State University.

Declarations

Competing interests The authors declare no competing interests.

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