

Mental Health Status and Access among Adults in the Houston Area

Estes LJ¹, Tullar TM², Marko D², Reynolds TF², and Linder SH²

¹Office of Surveillance and Public Health Preparedness, Houston Department of Health and Human Services, Houston, Texas ²Institute for Health Policy, University of Texas School of Public Health, UTHealth, Houston, Texas

#UTHealth

Rehaal of Bublic Hools

Health of Houston Survey 2010

Introduction

- The Surgeon General's report on Mental Health estimates that 22% of the U.S. adult population has one or more diagnosable mental disorders in a given year (USDHHS, 1999).
- According to Williams, Chapman and Lando (2005), mental disorders account for 25% of disability in the U.S.
- The Health of Houston Survey (HHS 2010), a population-based survey of Houston's metropolitan area offers a unique perspective on mental health status and access that is not often captured in statewide surveys. It provides a baseline measure for imminent changes to mental health access and services.
- In this study, we aim to examine the prevalence of Serious Psychological Distress (SPD), perceived need and access to mental health services among adults in the Houston area.

References

Kessler RC, Andrews G, Colpe LJ, Hiripi E, Mroczek DK, Normand SLT, Walters EE, Zaslavsky AM. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Pscyhological Medicine*, 2002; 32: 959-976.

Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, Howes MJ, Normand SLT, Manderscheid RW, Walters EE, Zaslavsky AM. Screening for serious mental illness in the general population. Arch Gen Psychiatry, 2003; 60: 184-189.

Mental Health Policy Analysis Collaborative. The public mental health service safety net: A clinical, safety and economic imperative. 2010 Dec [October 10 2011]. Available from: URL:

http://med.uth.tmc.edu/departments/psychiatry/mentalhealthanalysis/safetynet final.odf.

Williams S, Chapman D, Lando J. The role of public health in mental health promotion. Morbidity & Mortality Weekly Report, 2005 Sept 5 [June 24, 2011]; 54(34): 841-842. Available from: URL:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a1.htm

U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General – Executive Summary. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health. National Institute of Mental Health. 1990.

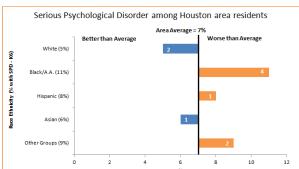
Methods

The HHS 2010 used an address-based sample design. Over 5,000 randomly selected non-institutionalized adults age 18 and older were surveyed using telephone, web and mail. Questionnaires were in English, Spanish and Vietnamese to accommodate the diversity of languages in the area. The HHS 2010 included questions on current mental health status, perceived need and access to mental health services.

- <u>Perceived need</u> was assessed by asking the participants if they felt they needed to see a mental health professional in the past year.
- Mental health status was established using Kessler-6 (K6) instrument designed to measure nonspecific serious psychological distress. SPD has been psychometrically validated (Kessler et al, 2002; 2003) and it asks about the frequency of six symptoms during the past 30 days with a 5-point Likert scale.
- Access to mental health services was measured using questions number of visits to a mental health professional and barriers to seeking care.

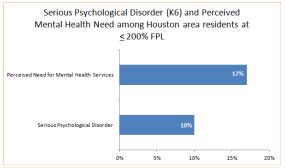
Results

Among adults in the Houston area, 7 out of every 100 residents met the criteria of SPD. Black and other racial/ethnic group residents experienced SPD symptoms above the area average.



Eight percent of adults saw a mental health professional in the last year. An additional 9 percent thought they needed to see someone for help but were unable to. Cost was the predominant barrier to seeking mental health services.

Sixteen percent of residents felt they needed to see someone for help. Amid residents living at equal or less than 200% of the FPL, 17% perceived need for mental health services, while 10% met the SPD criteria.



Q. Did you see a doctor or other professional for problems with your mental health, emotions, nerves or use of alcohol or drugs?

Solve the help they needed for mental health problems, faced more than one barrier.

Oncerned about cost solve the help they needed for mental health problems, faced more than one barrier.

Conclusion and Policy Implications

- Disparities in mental disorders rates among racial/ethnic groups continue to exist.
 The burden of illness is absorbed by minimally funded community programs, safety net hospitals and the criminal justice system.
- Houston area residents experience multiple barriers to accessing mental health services even when they are available.
- Evidence from MHPAC (2010) shows that deficiencies in the mental health service accessibility and treatment system lead to increased severity of illness, familial and societal disruption, loss of employment (including income and health insurance), homelessness, juvenile and criminal justice involvement, and shortened life span.
- According to MPHAC (2010), funding spent on early intervention by community mental health providers can reduce the necessity of larger expenditures, such as incarceration and inpatient care, for Houston area residents who did not receive services in a timely manner.
- Health of Houston Survey website www.hhs2010.net.

Acknowledgements

The HHS 2010 was funded by the Houston Endowment, Inc. Technical support was provided by Social Science Research Solutions, in Media, PA and the Survey Research Laboratory at the University of Illinois, Champaign-Urbana.