

Office of Health Equity Advisory Committee Meeting

Disparities in Mental Health Status and Care

Sergio Aguilar-Gaxiola, MD, PhD
Professor of Clinical Internal Medicine
Director, Center for Reducing Health Disparities
University of California, Davis

Sacramento, CA
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The Big Picture: Relevance of Mental Disorders

Mental disorders:

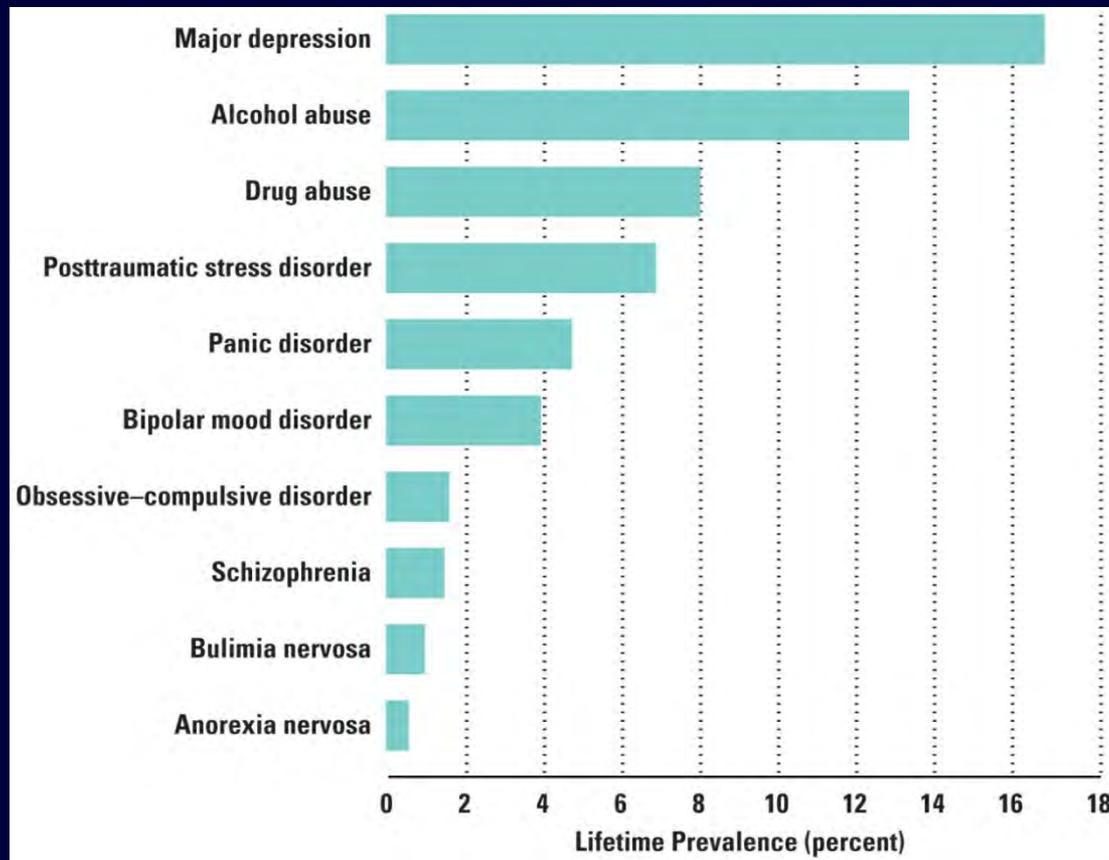
1. Are among **the most prevalent** classes of chronic diseases in the general population.
2. **Co-occur** within themselves, with substance use disorders, and with many medical conditions.
3. Typically have **much earlier ages of onset than other chronic diseases**.

Magnitude and Impact of Mental Disorders

Mental disorders:

4. Only **a minority** with mental health needs **receive treatment** in the preceding year.
5. Are among **the most disabling** of all chronic health conditions.
6. Are associated with **significant adverse societal costs**.

Lifetime prevalence rates for various mental disorders (NCS-R data)

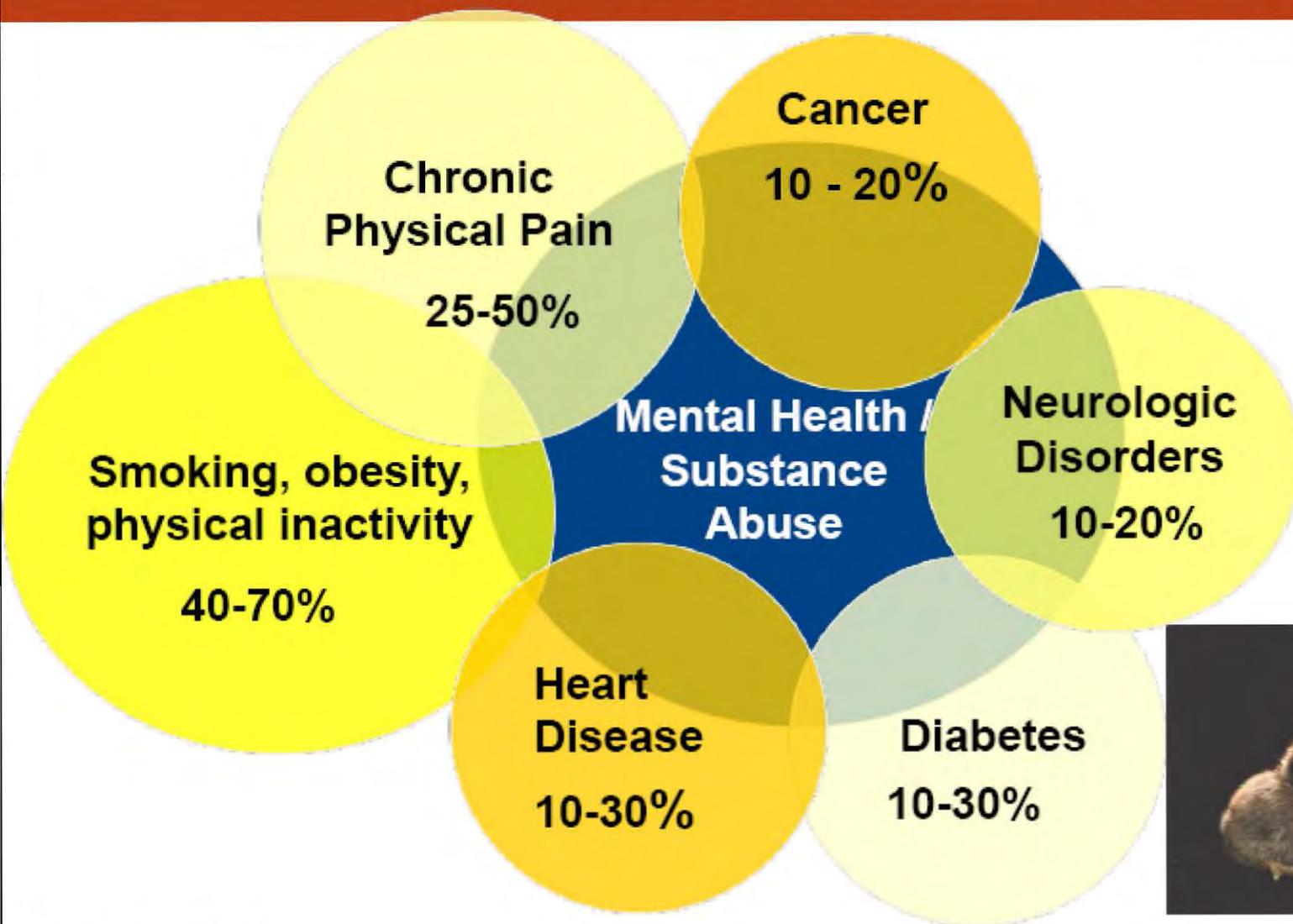


49.9% of the surveyed people received at least one lifetime diagnosis

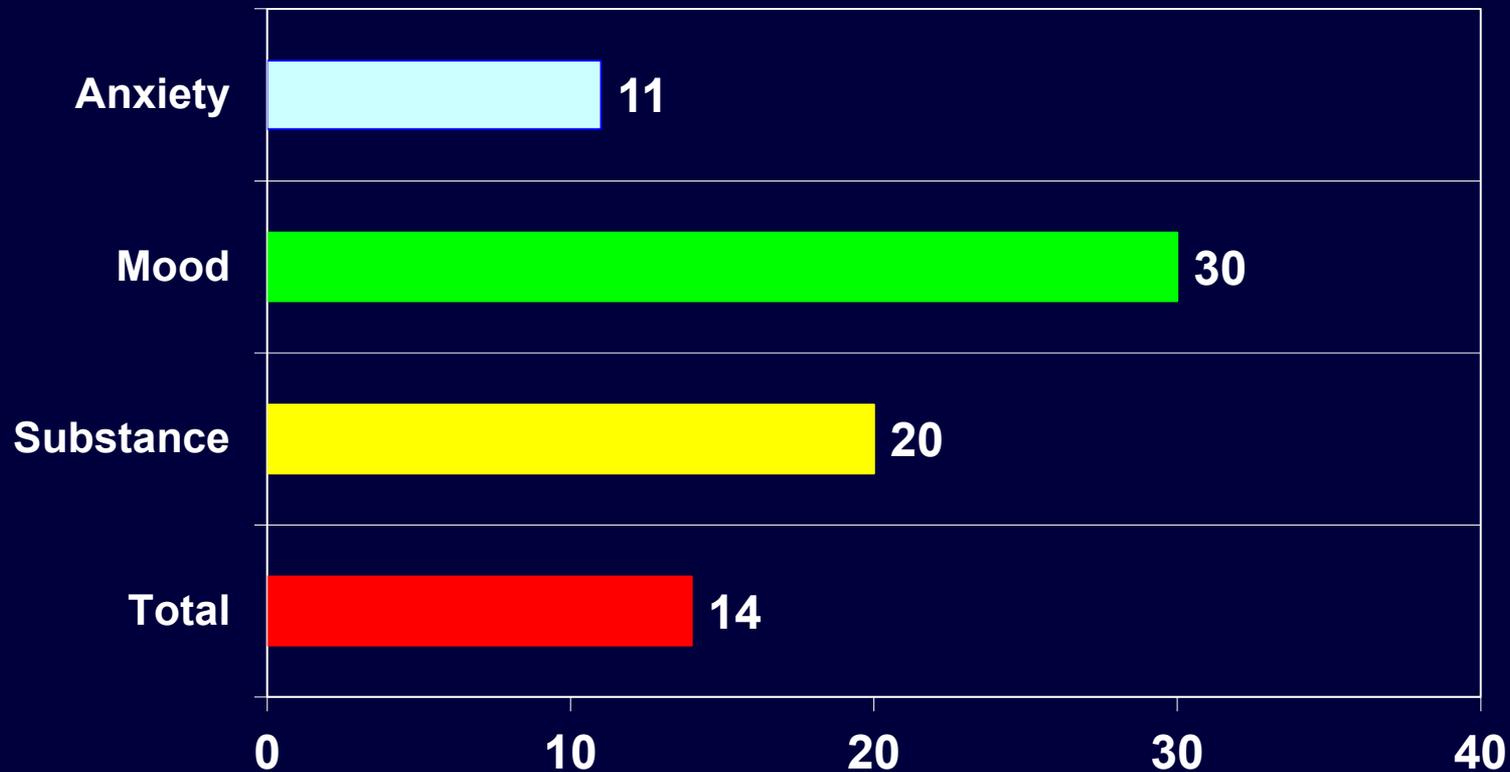
Comorbidity

- Definition: the presence of more than one mental disorder within the same period of time.
- 41%–65% of those reporting a lifetime substance disorder had at least one other psychiatric disorder.
- 51% reporting one or more psychiatric disorders also reported at least one substance disorder.
- 23 % of those in the NCS sample had three or more lifetime disorders.

Mental Disorders are Rarely the only Health Problem



Median Age at Onset of Mental Disorders in the U.S. General Population (N=9,282)



75% of severe mental disorders manifest by age 24!

Age at Onset of Mental Disorders

- The most serious mental disorders usually begin in childhood or adolescence.
- They are usually not severe when they begin.
- More typically, they become severe over time.
- Early-onset mental disorders are significant predictors of the subsequent onset and persistence of physical disorders.

Treatment Gap in the U.S.

- Levels of unmet need (not receiving specialist or generalist care in past 12 months, with identified diagnosis in the same period)
 - Hispanics – 70%
 - African Americans – 72%
 - Asian Americans – 78%
 - Non-Hispanic Whites – 61%

THE GLOBAL BURDEN OF DISEASE

Among the top ten main causes of disability,
five are mental disorders:

- major depression
- schizophrenia
- bipolar disorders
- alcohol use
- obsessive-compulsive disorders

All five mental disorders appear by age 24!

Mental Disorders are Costly

- Estimated \$247 billion in annual costs.
- Costs to the individual and family.
- Costs to multiple sectors – health care, education, justice, social welfare.

Mental Health Disparities in the U.S.

1. **Mental health status:** Are there differences in the prevalence rates of mental disorders among different racial, ethnic, and nativity groups?
2. **Mental health care:** For those with mental disorders, are there differences in receipt of treatment among different racial, ethnic, and nativity groups?

Analysis of the Collaborative Psychiatric Epidemiological Surveys (CPES)

- CPES dataset comes from three national surveys:
 - The National Comorbidity Survey Replication (NCS-R)
 - The National Latino and Asian American Study (NLAAS)
 - The National Survey of American Life (NSAL)
- Represent the best national data that exist in the US.
- Used the WHO-CIDI to ascertain diagnoses according to DSM-IV criteria and also service use history.
- The final sample is N=15,120 adults of whom n=3,246 had past-year DSM-IV disorders.

Prevalence of Past-Year Mental Disorders (US Adults by Ethnicity & Nativity)

	White	African American		Latino		Asian	
	US-Born	US-Born	Immigrant	US-Born	Immigrant	US-Born	Immigrant
Sample size (N)	4,174	4,380	1,132	1,370	1,888	476	1,700
<i>Past -Year Mental Disorder Prevalence</i>							
Depressive disorders	10%	6% ***	6% **	9%	8% *	5% ***	5% ***
Anxiety disorders	15%	11% ***	7% ***	11% **	9% ***	8% ***	6% ***
Alcohol or drug abuse or dependence	4.2%	3.1% *	0.1% ***	4.50%	1.1% ***	2.7% *	0.6% ***
Any of the above	22%	15% ***	11% ***	19%	14% ***	12% ***	9% ***

Source: CPES Surveys 2001-2003. *p<0.05, **p<0.01, ***p<0.001, for test of difference with US-born whites.

Prevalence of Past-Year **Mental Health Service Use** Among Those with Past-Year Disorders (US Adults by Ethnicity & Nativity)

	White	African American		Latino		Asian	
	US Born	US Born	Immigrant	US Born	Immigrant	US Born	Immigrant
# of persons with past-year mental disorders (N)	1,389	844	130	351	318	75	139
<i>Medical doctors or medication</i>							
Psychiatrist & mental health hospitalizations	15%	14%	4% ***	10%	15%	23%	7%
Other medical doctors	23%	15% **	6% ***	22%	15% **	23%	7% ***
Medications	37%	21% ***	11% ***	29%	26% **	24%	14% ***
Any of above 3 categories	45%	32% ***	14% ***	38%	32% ***	42%	20% ***
<i>Non-MD clinicians or other human services</i>							
Psychologists, social workers, counselors, mental health hotline, nurses, occupational therapists, or other health professionals	19%	15%	4% ***	20%	14%	31%	14%
Religious or spiritual advisors	7%	9%	4% *	7%	6%	15%	3% **
Self-help groups	5%	3%	3%	3%	5%	2%	6%
Internet support groups	2.5%	0.6% **	0.2% ***	1.0% *	0.1% ***	3.80%	4.40%
Any of above 4 categories	25%	23%	9% ***	25%	19%	34%	19%
Any mental health service use	53%	41% ***	19% ***	45%	39% ***	51%	34% ***

Source: CPES surveys 2001-2003. *p<0.05, **p<0.01, ***p<0.001, for test of difference with US-born whites.

Prevalence of Past-Year **Mental Health Service Use** Among Those with Past-Year Disorders

- Disparities are greater for medical doctor (MD) visits and medication than for non-MD clinicians or other human services.
- No statistically different differences between US-born Latinos and US-born whites, nor between US-born Asians and US-born whites. The greatest disparities are for immigrants of all ethnicities compared to US-born whites.
- The greatest disparity is for Caribbean black immigrants whose receipt of MD or medication is less than 1/3 US-born whites and their receipt of clinician and other human services is only slightly more than 1/3.

Past-Year Mental Health Service Use (MD or Meds) Among Those with Past-Year Disorders

- Women are more likely than men to get medical care (MD or medications).
- Those with public insurance are more likely to get mental health care in medical settings (MD or medications).
- Persons with co-morbid mental disorders and persons with functioning difficulties due to mental health problems are more likely to receive medical care.
- Immigrant Latinos, immigrant Asians, US-born African Americans, and Immigrant African Americans, all have significantly lower odds for receipt for medical mental health care relative to US-born whites.

Past-Year Mental Health Service Use (non-MD or other HSs) Among Those with Past-Year Disorders

- Women are more likely than men to get care in non-MD or other HSs.
- Persons with co-morbid mental disorders and those with functioning difficulties due to mental health problems are more likely to receive care from non-MD or other HSs.
- Overall, there were no significant ethnic by ethnicity group differences, with the notable exception of Immigrant African Americans who have significantly lower odds for receipt for non-MD or other HSs.

The Heterogeneity of Latinos

- Latinos are highly heterogeneous in terms of:
 - life experiences
 - natural histories
 - the variety of cultures represented from North, Central, and South America
 - risks of psychiatric disorders
- Latino subgroups each manifesting different disparities in:
 - mental health status
 - access to care
 - service utilization

NLAAS Lifetime Prevalence of Any Mental Disorders for Latinos*

■ For lifetime disorder:

* Adjusted for age and sex

- Whites: 43.2%
- Latinos: 29.7%

■ Differences by Latino sub-ethnic group:

- Puerto Ricans: 37.4% Mexicans: 29.5%
- Cubans: 28.2% Other Latinos: 27.0%

■ Differences by Latinos and nativity:

- US-born: 37.1%
- Immigrants: 24.9%

NLAAS Lifetime Prevalence of MDE and Substance Abuse for **Latinos** by Immigrant Status*

		White	Latino	PR	Cuban	Mexican	Other Latino
MDE	US-Born	26.9	18.6	20.2	17.9	19.2	16.2
	Immigrant	17.5	13.4	17.6	18.5	11.8	14.1
Sub. Use	US-Born	26.4	20.4	15.9	20.9	21.4	20.4
	Immigrant	13.6	7.0	11.1	6.4	7.0	5.7

* Adjusted for age, sex, education & income

Source: Alegria et al., 2008; Cook, 2009

Mexican American Prevalence and Services Survey (MAPSS)

Who Utilized Services?

- 38% of **U.S. born** received care
- 15% of **immigrants** received care
- 9% of **migrant agricultural** workers received care

Conclusions

- Mental health care disparities in status and in care exist in the U.S.
- They are a major public health problem at the national, state, and local levels.
- They should be seen in the context of a growing demographic diversity in U.S.
- They lead to significant burden of unmet mental health needs.
- This translates into ill health, premature death, diminished productivity, and social and economic disparities.

Implications for Policy and Practice

- Establishing policies that ensure available, culturally and linguistically appropriate and a diverse workforce trained to provide mental health care are necessary to address lack of access and quality of care issues.
- Improving treatment rates among ethnically diverse groups will need changes to healthcare that are based on the cultural, linguistic and social characteristics of these groups and how healthcare delivery systems and providers interface with them.

Implications for Policy and Practice (2)

- Improving access to community-based care for people with serious mental disorders is paramount.
- Institutional policies that expand hours of service, encourage flexible scheduling options, and allow time for family meetings within appointment time frames need to be adopted.

Overall Recommendations from the WHR 2001 Report

Steps that can be taken to promote better mental health:

1. Provide treatment in primary care
2. Make psychotropic drugs available
3. Give care in the community
4. Educate the public
5. Involve communities, families, and consumers
6. Establish national policies, programs, and legislation
7. Develop human resources
8. Link with other sectors
9. Monitor community mental health
10. Support more research

