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COUNTY HEALTH FACTS No. 05-02

County Health Facts is a series of reports using California Health Interview Survey data to describe the health status of California's counties.

2001 HIGHLIGHTS:

About 16.3 percent of adults in California, more than 4 million people, needed mental health care services.

One in four adult Californians did not have health insurance covering mental health care services.

About 8.6 percent of Californians who sought mental health treatment experienced difficulties or delays in obtaining services.

Mental Health Care in California Counties: Perceived Need and Barriers to Access, 2001

By Laura E. Lund, M.A.¹

Mental health disorders are common and constitute a serious public health problem in the United States (U.S.). According to the U.S. Department of Health and Human Services (DHHS):

“Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity. Mental health is indispensable to personal well-being, family and interpersonal relationships, and contribution to community or society. **Mental disorders** are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof), which are associated with distress and/or impaired functioning and spawn a host of human problems that may include disability, pain, or death. **Mental illness** is the term that refers collectively to all diagnosable mental disorders.”²

About 20 to 28 percent of American adults have a diagnosable mental or addictive disorder in a given year.^{3,4,5} Mental disorders affect men and women of all ages, races, and ethnic backgrounds, and generate an immense public health burden of disability.² A World Health Organization study found that mental health disorders account for 30.8 percent of all years lived with disability, with depression alone accounting for almost 12 percent of all disability.⁶

Obtaining treatment for mental disorders is crucial to maintaining overall health. The U.S. Surgeon General strongly recommends that anyone who has a mental health problem or symptoms of a mental disorder seek help, since treatment for mental disorders can be highly effective. However, fewer than one in three persons with a mental disorder receives treatment.³ To address this gap in care, DHHS *Healthy People 2010* (HP2010) has established national objectives to expand access to treatment and mental health care services.²

¹California Department of Health Services, Center for Health Statistics.

²United States Department of Health and Human Services. *Health People 2010: Understanding and Improving Health*. 2nd Ed. Washington D.C.: U.S. Government Printing Office. November 2000.

³Regier DA, Narrow WE, Rae DS, et al. The de facto mental and addictive disorders service system. Epidemiologic Catchment Area prospective 1-year prevalence rates of disorders and services. *Archives of General Psychiatry*, 1993; 50(2): 85-94.

⁴National Institute of Mental Health. Health Information: Statistics. Available at <http://www.nimh.nih.gov/healthinformation/statisticsmenu.cfm>.

⁵U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. 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, 1999. Available at http://www.surgeongeneral.gov/Library/MentalHealth/chapter2/sec2_1.html.

⁶World Health Organization. *The World Health Report 2003*. Available at <http://www.who.int/whr/en/>.

This report presents data on adults' self-perceived need for mental health services in California counties and possible barriers to accessing needed mental health care. All data come from the California Health Interview Survey (CHIS 2001). (See "Methods" on page four for a description of the survey and analytic methods.) This report uses two measures to examine barriers to accessing mental health care: lack of insurance coverage for mental health services (non-coverage)⁷ and experiencing difficulties or delays in obtaining mental health treatment (delays).⁸ CHIS 2001 measured respondents' perceived need for mental health care by asking them to report on their own need for treatment and their use of the services of a mental health professional.⁹ For the purposes of this report, persons who said that they needed mental health care services, or who had sought treatment from a mental health professional, comprise the population of persons with a need for mental health care. This measure most likely results in an undercount of persons needing mental health services, since some persons who need treatment for a mental disorder may not be aware of their need, or may not be willing to report it in a survey interview. Because of the specific wording of the CHIS questions, it is not possible to directly measure progress toward HP2010 mental health care access and treatment goals in this report. The terms "rate", "percent", and "proportion" are used interchangeably here to refer to the prevalence of insurance non-coverage, delays in receiving mental health care, or need for mental health care in the adult population.

NEED FOR MENTAL HEALTH CARE

Crude rates: More than four million Californians, or about 16.3 percent of all persons aged 18 and older, believed that they needed mental health care in 2001 (Table 1, page 5). There was considerable variation in rates of self-perceived mental health care need across counties, from a low of 13.1 percent in Riverside County to a high of 22.9 percent in San Francisco County.

Age-adjusted rates: After adjusting for differences in county age distributions, Santa Clara County had the smallest proportion of residents needing mental health care, 13.2 percent (Table 1). San Francisco County continued to have the highest rate, 22.6 percent. Comparing county rates with the overall California rate, residents of two counties (Santa Clara and Riverside) needed mental health care at rates significantly below California's age-adjusted rate of 16.3 percent. Residents of five counties and two regions (Humboldt/Del Norte, Alameda, Mendocino/Lake, Santa Cruz, Napa, Marin, and San Francisco) needed mental health care at rates significantly higher than the State rate.

BARRIERS TO ACCESSING MENTAL HEALTH CARE SERVICES

Lack of Insurance Coverage for Mental Health Care Services

Crude rates: Nearly 6.2 million Californians, or about 24.9 percent of all persons aged 18 and older, did not have insurance coverage for mental health care services in 2001 (Table 2, page 6). There was substantial variation in non-coverage rates across counties, from a low of 10.0 percent in Placer County to a high of 34.9 percent in Tulare County.

⁷CHIS 2001 asked all respondents with health insurance: "Does your insurance cover treatment for mental health problems, such as visits to a psychologist or psychiatrist?" In this report, "non-coverage" refers to persons who either have no health insurance, or who have health insurance but no coverage for mental health treatment.

⁸CHIS 2001 asked all respondents who thought that they needed help for an emotional or mental health problem in the past 12 months, or those who had seen a mental health professional: "During the past 12 months did you have difficulties or delays in getting mental health treatment?"

⁹CHIS 2001 asked respondents: "During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, blue, anxious, or nervous?" and "Not counting overnight stays, emergency room visits, or visits for drug or alcohol problems, in the past 12 months, have you seen a psychiatrist, psychologist, social worker, or counselor for emotional or mental health problems?"

Age-adjusted rates: After adjusting for differences in county age distributions, Placer County continued to have the lowest non-coverage rate in the State, 10.4 percent (Table 2), while Tulare County maintained the highest non-coverage rate, 33.5 percent. Comparing county rates with the overall California rate, there were 11 counties (Placer, Solano, Contra Costa, Marin, Alameda, San Mateo, Napa, Sacramento, Yolo, Sonoma, and Santa Clara) with non-coverage rates that were significantly lower than California's age-adjusted rate of 24.5 percent. Three counties and one region (Tulare, Imperial, Los Angeles, and Tehama/Glenn/Colusa) had non-coverage rates that were significantly higher than the State rate.

Difficulties or Delays in Obtaining Mental Health Care

About 8.6 percent of Californians who needed or sought mental health treatment experienced delays in getting care (Table 3, page 7). This means that nearly 350,000 Californians experienced difficulties or delays in obtaining mental health treatment in 2001. Although there was some variation in delay rates across counties, from a low of 4.8 percent in Tulare County to a high of 18.0 percent in San Luis Obispo County, most differences between counties were not statistically significant. Comparing county rates with the overall California rate, there were no counties with delay rates significantly below California's rate of 8.6 percent, and only one county, San Luis Obispo, had delay rates significantly higher than the State rate.

Summary

Need for mental health care is very common in California, with 16.3 percent of all adults believing that they needed such services in 2001. This means that more than four million Californians may be at risk for distress, pain, disability, and death associated with mental disorders. Need for mental health care services is also a significant problem in counties throughout the State, with age-adjusted rates ranging from 13.2 percent of all adults in Santa Clara County to 22.6 percent of adults in San Francisco County.

In spite of the large proportion of the California population needing mental health care, some barriers exist to accessing mental health treatment. One barrier is lack of health insurance coverage for mental health care services. In 2001, one in four California adults, more than six million people, did not have a health insurance plan that covered mental health treatment. In counties, age-adjusted non-coverage rates ranged from 10.4 percent in Placer County to 33.5 percent in Tulare County. While many persons lacking insurance coverage for mental health care do not need these services, for those who need treatment, non-coverage may result in failure to obtain appropriate care.

Experiencing difficulties or delays in obtaining treatment is also a barrier to accessing needed mental health care. Statewide, about 8.6 percent of those who needed or sought mental health treatment, almost 350,000 Californians, experienced difficulties or delays in getting care. In counties, delays were a problem for many, ranging from 4.8 percent of those seeking care in Tulare County to 18.0 percent in San Luis Obispo County.

Although mental disorders are common and represent a serious public health problem in California, they are also highly treatable. For more information on mental health services in California, visit the California Department of Mental Health Web site at <http://www.dmh.ca.gov/>

Methods

Data: CHIS 2001 is a population-based household telephone survey, representative of the non-institutionalized adult population of California, with more than 55,000 Californians participating. In addition to statewide data, CHIS 2001 provides representative samples for California counties with populations greater than 100,000. For smaller counties, CHIS 2001 provides representative data estimates for contiguous county groups, referred to as “regions” in this report. Respondents to the survey were randomly selected California residents aged 18 and older living in households with telephones. CHIS 2001 is a collaboration of the California Department of Health Services, the University of California at Los Angeles Center for Health Policy Research, and the Public Health Institute. More information on the CHIS 2001 sample is available at <http://www.chis.ucla.edu>.

Analysis: In this report, crude rates and age-adjusted rates are provided as measures of the prevalence of need for mental health care and lack of insurance coverage for mental health treatment. Crude rates reflect the actual number of persons with these conditions. However, these conditions vary by age (for example, depression, a form of mental illness, is far more common among older persons than young adults, and persons in their twenties are far less likely to have health insurance than those over age 65), making it difficult to make comparisons of crude rates across counties. For example, if a condition is more common among older persons than in young adults, counties with a larger proportion of older persons will tend to have higher crude rates than counties with fewer older persons. Age-adjustment statistically controls for these differences in county age structures. Therefore, age-adjusted rates rather than crude rates should be used for comparing prevalence differences between counties or between a county and the State. Age-adjusted rates have not been provided here for delays in care, since the presence of delays in care among persons who needed or sought care should not be affected by county age distributions. Examining the relationship between age and delays in care is beyond the scope of this report. Age-adjustment was done using the direct method with the 2000 California population aged 18 and older as the standard. More information on the methods used to calculate rates in this report are available from the author.

The 95 percent confidence intervals (CIs) are presented for each rate. Because CHIS data are collected through a sampling method, there may be some random error in the rate estimate. The CIs represent the range of values likely to contain the “true” population rate 95 percent of the time. In this report, rates are considered to be significantly different from each other when their confidence intervals do not overlap. When comparing county or State rates to HP2010 Objectives in this report, a rate is not considered significantly different from an HP2010 Objective if the confidence interval of the rate includes the target rate for the HP2010 objective.

Limitations: The CHIS data are self-reported by respondents to the survey, and may be subject to error, such as respondent failure to recall information about existing health conditions. Only persons living in households with telephones were included in the survey. Participation in CHIS is voluntary; persons who refused to participate may be different than those who were interviewed. Details on response rates, respondent characteristics, and other survey information can be obtained at <http://www.chis.ucla.edu>.

For more information on the California Health Interview Survey contact:

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**TABLE 1
CALIFORNIA ADULTS WHO NEEDED OR SOUGHT MENTAL HEALTH CARE SERVICES,
BY COUNTY OR REGION, 2001**

County of Residence	Age-adjusted Rate ¹	95% Confidence Interval		Crude Rate ¹	95% Confidence Interval		Estimated N ²
		Lower	Upper		Lower	Upper	
Santa Clara*	13.2	11.4	15.0	13.5	11.5	15.5	176,000
Riverside*	13.5	11.6	15.4	13.1	11.1	15.1	145,000
Sutter/Yuba	13.8	11.1	16.4	13.6	10.7	16.5	14,000
Stanislaus	14.0	11.1	16.9	14.2	11.1	17.4	45,000
Imperial	14.0	11.5	16.5	13.9	11.2	16.7	15,000
Monterey/San Benito	14.2	11.5	17.0	13.9	11.0	16.9	44,000
San Bernardino	14.8	12.9	16.7	15.0	12.9	17.1	176,000
Contra Costa	14.9	12.6	17.1	14.9	12.5	17.3	104,000
San Mateo	15.2	12.6	17.7	15.1	12.4	17.7	85,000
Tulare	15.2	12.5	18.0	15.4	12.2	18.6	39,000
Orange	15.3	13.7	16.8	15.5	13.8	17.3	315,000
Madera	15.3	12.7	18.0	15.0	12.2	17.7	13,000
Kern	15.6	13.2	17.9	15.6	13.0	18.2	72,000
San Joaquin	15.6	13.1	18.0	15.6	12.9	18.2	63,000
Kings	15.7	13.1	18.4	16.1	12.8	19.3	14,000
Placer	15.7	12.8	18.7	15.4	12.4	18.3	28,000
Tuolumne/Calaveras/Amador/Inyo/Mariposa/Mono/Alpine	15.9	12.7	19.2	14.4	11.7	17.1	21,000
Sacramento	16.0	13.8	18.2	15.9	13.6	18.2	139,000
Fresno	16.2	13.7	18.6	16.3	13.6	19.0	90,000
Los Angeles	16.2	15.5	16.9	16.3	15.5	17.1	1,131,000
CALIFORNIA	16.3	16.0	16.6	16.3	15.9	16.8	4,053,000
Merced	16.4	13.5	19.4	16.6	13.3	19.9	24,000
San Diego	16.6	15.1	18.2	16.6	14.9	18.2	353,000
Solano	16.6	14.5	18.8	16.9	14.5	19.3	48,000
Shasta	17.5	14.1	20.8	15.9	12.9	18.9	21,000
Yolo	17.5	14.8	20.2	18.0	14.6	21.4	22,000
Sonoma	17.7	14.5	20.9	17.8	14.6	20.9	62,000
El Dorado	17.1	14.2	21.2	17.4	13.9	20.8	21,000
San Luis Obispo	17.7	14.7	20.8	17.1	14.0	20.1	34,000
Santa Barbara	17.8	15.2	20.4	17.5	14.7	20.3	53,000
Tehama/Glenn/Colusa	18.5	15.3	21.8	17.6	14.3	20.9	14,000
Nevada/Plumas/Sierra	18.6	15.0	22.2	17.2	14.1	20.4	17,000
Butte	19.1	16.0	22.2	17.4	14.4	20.3	27,000
Ventura	19.3	16.2	22.3	19.2	16.0	22.4	105,000
Siskiyou/Lassen/Trinity/Modoc	20.1	16.3	23.8	18.3	14.9	21.6	15,000
Alameda*	20.3	18.5	22.1	20.7	18.2	23.3	225,000
Santa Cruz*	20.4	17.3	23.5	21.0	17.7	24.3	41,000
Humboldt/Del Norte*	20.9	17.7	24.1	20.6	17.2	23.9	25,000
Napa*	21.1	17.4	24.8	20.0	16.3	23.7	20,000
Marin*	21.3	17.4	25.3	20.9	17.4	24.5	41,000
Mendocino/Lake*	21.7	18.1	25.4	20.9	17.6	24.1	24,000
San Francisco*	22.6	20.5	24.6	22.9	20.7	25.1	146,000

¹Rate is per 100 county or State population.
²Estimated by multiplying the crude rate times the county or State population, rounded to the nearest thousand.
*Age-adjusted county rate is significantly different from the State rate.

Sources: University of California at Los Angeles Center for Health Policy Research and State of California, Department of Health Services. 2001 California Health Interview Survey.
State of California, Department of Finance. Race/Ethnic Population with Age and Sex Detail, 2000.
Prepared by: Department of Health Services, Center for Health Statistics.

**TABLE 2
NO INSURANCE COVERAGE FOR MENTAL HEALTH CARE SERVICES
AMONG ADULTS IN CALIFORNIA, BY COUNTY OR REGION, 2001**

County of Residence	Age-adjusted Rate ¹	95% Confidence Interval		Crude Rate ¹	95% Confidence Interval		Estimated N ²
		Lower	Upper		Lower	Upper	
Placer*	10.4	7.9	12.9	10.0	7.6	12.4	18,000
Solano*	13.9	11.7	16.1	13.9	11.5	16.3	40,000
Contra Costa*	14.2	11.6	16.7	13.4	10.9	15.9	93,000
Marin*	16.2	12.3	20.1	13.8	10.6	17.0	27,000
Alameda*	16.5	14.6	18.4	17.0	14.3	19.6	184,000
San Mateo*	17.6	14.1	21.1	16.7	13.4	20.0	94,000
Napa*	17.7	14.1	21.3	16.6	13.2	20.1	16,000
Sacramento*	18.1	15.3	21.0	18.3	15.4	21.3	160,000
Yolo*	19.0	15.7	22.2	21.4	17.5	25.3	26,000
Sonoma*	19.8	16.0	23.7	19.3	15.6	23.0	67,000
Santa Clara*	20.0	17.2	22.7	20.5	17.6	23.4	267,000
Sutter/Yuba	21.6	18.0	25.1	21.4	17.8	25.0	22,000
Santa Cruz	21.8	18.2	25.3	22.6	18.8	26.4	44,000
Ventura	22.3	18.9	25.8	22.1	18.6	25.5	120,000
Stanislaus	22.5	18.9	26.2	23.0	19.2	26.8	73,000
San Diego	22.6	20.6	24.7	23.4	21.3	25.5	498,000
San Francisco	22.7	20.2	25.2	22.4	19.9	24.9	143,000
El Dorado	23.3	18.4	28.3	19.9	16.2	23.5	24,000
Butte	23.6	19.9	27.4	23.2	19.6	26.8	36,000
San Joaquin	24.0	20.6	27.4	24.3	20.9	27.7	99,000
Orange	24.3	22.0	26.6	24.8	22.5	27.1	503,000
CALIFORNIA	24.5	24.0	25.0	24.9	24.4	25.5	6,196,000
Tuolumne/Calaveras/Amador/Inyo/Mariposa/Mono/Alpine	24.9	20.1	29.7	21.8	18.1	25.4	31,000
Humboldt/Del Norte	25.2	21.6	28.8	25.7	21.9	29.4	31,000
San Bernardino	25.3	22.5	28.1	26.4	23.6	29.3	309,000
Nevada/Plumas/Sierra	25.5	20.6	30.5	21.4	17.8	25.0	21,000
Santa Barbara	25.9	22.5	29.3	27.1	23.3	30.9	83,000
San Luis Obispo	26.1	21.9	30.3	25.5	21.7	29.3	51,000
Kern	26.2	22.9	29.5	27.1	23.8	30.4	125,000
Madera	26.3	22.3	30.4	26.1	22.1	30.1	23,000
Fresno	26.4	22.8	30.0	27.9	24.1	31.7	153,000
Kings	26.5	22.6	30.4	27.1	23.0	31.2	24,000
Riverside	27.2	24.1	30.3	26.8	23.9	29.7	296,000
Merced	27.5	23.6	31.3	28.2	24.2	32.2	40,000
Siskiyou/Lassen/Trinity/Modoc	27.8	23.5	32.1	26.3	22.7	30.0	22,000
Shasta	28.4	23.6	33.1	25.9	22.0	29.8	34,000
Mendocino/Lake	28.7	24.0	33.4	26.4	22.7	30.1	30,000
Monterey/San Benito	29.1	24.7	33.5	30.0	25.7	34.3	95,000
Los Angeles*	29.7	28.6	30.8	30.8	29.8	31.9	2,142,000
Tehama/Glenn/Colusa*	30.0	25.7	34.4	28.7	24.8	32.7	22,000
Imperial*	32.1	27.7	36.6	32.5	28.3	36.8	34,000
Tulare*	33.5	28.7	38.2	34.9	30.3	39.4	89,000

¹Rate is per 100 county or State population.
²Estimated by multiplying the crude rate times the county or State population, rounded to the nearest thousand.
*Age-adjusted county rate is significantly different from the State rate.

Sources: University of California at Los Angeles Center for Health Policy Research and State of California, Department of Health Services. 2001 California Health Interview Survey.
State of California, Department of Finance. Race/Ethnic Population with Age and Sex Detail, 2000.
Prepared by: Department of Health Services, Center for Health Statistics.

TABLE 3 CALIFORNIA ADULTS EXPERIENCING DELAYS IN ACCESSING MENTAL HEALTH TREATMENT, BY COUNTY OR REGION, 2001				
County of Residence	Rate ¹	95% Confidence Interval		Estimated N ²
		Lower	Upper	
Tulare	4.8	1.2	8.4	1,900
Madera	5.8	1.3	10.3	800
Butte	5.8	1.7	9.9	1,600
Sonoma	6.1	2.2	10.0	3,700
Riverside	6.4	2.8	10.0	9,100
Orange	6.6	3.8	9.3	20,200
Fresno	6.8	3.4	10.1	6,000
San Mateo	7.1	3.2	11.0	6,000
Kings	7.3	2.7	12.0	1,000
San Diego	7.4	4.9	9.9	26,000
Ventura	7.7	3.1	12.3	8,000
Shasta	7.7	1.6	13.9	1,600
Tehama/Glenn/Colusa	7.7	3.2	12.3	1,000
Los Angeles	7.9	6.5	9.3	88,300
Marin	8.3	3.8	12.9	3,400
San Joaquin	8.5	3.9	13.1	5,300
CALIFORNIA	8.6	7.8	9.3	344,700
Mendocino/Lake	8.7	3.6	13.8	2,100
Nevada/Plumas/Sierra	8.8	2.8	14.8	1,400
Kern	9.0	4.4	13.7	6,500
San Bernardino	9.1	4.8	13.4	15,700
Monterey/San Benito	9.1	2.6	15.6	4,000
Santa Clara	9.6	5.0	14.2	16,800
Contra Costa	9.6	5.0	14.3	9,900
Santa Barbara	9.8	4.6	15.0	5,200
San Francisco	10.0	6.9	13.0	14,500
Yolo	10.5	3.3	17.7	2,300
Napa	10.5	4.8	16.2	2,000
Imperial	10.5	3.8	17.3	1,500
Placer	10.5	4.1	17.0	2,900
Merced	10.6	4.5	16.7	2,500
Alameda	10.6	6.4	14.9	23,800
Stanislaus	10.8	4.2	17.5	4,800
Siskiyou/Lassen/Trinity/Modoc	11.0	4.0	17.9	1,600
Sacramento	11.0	6.0	15.9	15,100
Sutter/Yuba	11.1	4.6	17.6	1,500
Solano	11.5	6.6	16.4	5,500
El Dorado*	12.1	6.2	18.1	2,600
Tuolumne/Calaveras/Amador/Inyo/ Mariposa/Mono/Alpine	12.3	5.1	19.4	2,500
Humboldt/Del Norte	14.0	8.3	19.8	3,500
Santa Cruz	16.0	8.9	23.0	6,500
San Luis Obispo***	18.0	9.7	26.3	6,100
¹ Rate is per 100 adults needing mental health care services. ² Estimated by multiplying the proportion of persons who needed mental health services and who experienced a delay in treatment times the county or State population aged 18 and older, rounded to the nearest hundred. *Rate is statistically unreliable; coefficient of variation is greater than or equal to 30 percent. **County rate is significantly different from the State rate.		Sources: University of California at Los Angeles Center for Health Policy Research and State of California, Department of Health Services. 2001 California Health Interview Survey. State of California, Department of Finance. Race/Ethnic Population with Age and Sex Detail, 2000. Prepared by: Department of Health Services, Center for Health Statistics.		