
Examination of Mental Health Treatment Barriers and Stigma

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Background

- ▶ 1 in 4 Americans (~61.5 million) suffer from a mental illness
- ▶ Serious mental illness cost \$193.2 billion in lost earnings per year
- ▶ Mood disorders (including depression) are the third most common cause of hospitalization in the US for adults aged 18-44.
- ▶ Many individuals with diagnosed mental illnesses do not receive care or drop out of treatment
 - ▶ Only 41.1% of those with a disorder receive any kind of treatment; only 13.6% received minimally adequate treatment.

Wang P et al. 2005

LH Andrale et al 2013

SAMHSA 2012

Current Solutions

▶ Policy

- ▶ Healthcare.gov: increases access, does not distinguish mental health from physical health
- ▶ Current solutions:
 - ▶ Increasing insurance coverage
 - ▶ Access (# of providers, transportation)
 - ▶ Cost/Time
 - ▶ Education

▶ Public Perception

- ▶ Research reflects current beliefs
 - ▶ Does not distinguish MH from physical health
 - ▶ Focus on stress and anxiety
 - ▶ Emphasis on low socioeconomic groups, “blamed” on access
 - ▶ Combined frequently with substance abuse, sexual orientation
- ▶ Related to recent tragedies (shootings, etc.)

Knapp 2003

Fossey et al 2011

SAMHSA 2008

<https://www.healthcare.gov>

Rationale

- ▶ Mental health is not caused by economic status

Characteristic	Any MH Treatment	Prescription Medicine	Outpatient Facility	Inpatient Facility
<100% of Federal Poverty Level	15.9	13.5	8.7	2.2
≥200% of Federal Poverty Level	13.2	11.2	6.3	0.4
Full-Time Employment	11.3	9.3	5.2	0.3
Unemployed	13.4	11.1	8.2	1.5

Specific Aim

- I. Examine barriers to MH when finances/access are mitigated as an issue

▶ Physicians

- ▶ Screening
- ▶ Referral Process
- ▶ Comfort
- ▶ Familiarity/Knowledge
- ▶ Appropriate and timely referrals

▶ Patients

- ▶ Stigma
 - ▶ Thoughts/Perception
 - ▶ Time/Cost
 - ▶ Family
 - ▶ Comfort
-
- ▶

Objectives

- Determine why, even in a financially affluent area with ample resources, mental health still underdiagnosed and undertreated?
- Examine three groups for attitudes to care, behavior, and practices:
 - Primary care providers
 - Specialists
 - Patients





Methods



Research Methods

1. Interview local professionals (PCP, MH, CMO, etc.) to determine most prominent attitudes and barriers to care.
2. Develop surveys to query patients and providers about mental health treatment.
3. Gather and analyze data
4. Determine most significant barriers to care



Research Methods: Patient Survey

- ▶ Paper-based, in waiting rooms
- ▶ Query both patients who suffer from mental illness and those who don't
- ▶ Questions amended from CASA (Child and Adolescent Services Assessment)



Patient Survey Summary

- ▶ Determine attitudes and barriers
 - ▶ Comfort and knowledge of mental health care
 - ▶ Time/cost issues
 - ▶ Attitudes and beliefs (e.g. mental health vs. physical health)
 - ▶ Previous issues with seeking care
- ▶ Stratify data based on various demographics (age, sex, ethnicity, etc.)
- ▶ Ask for recommendations for overcoming barriers



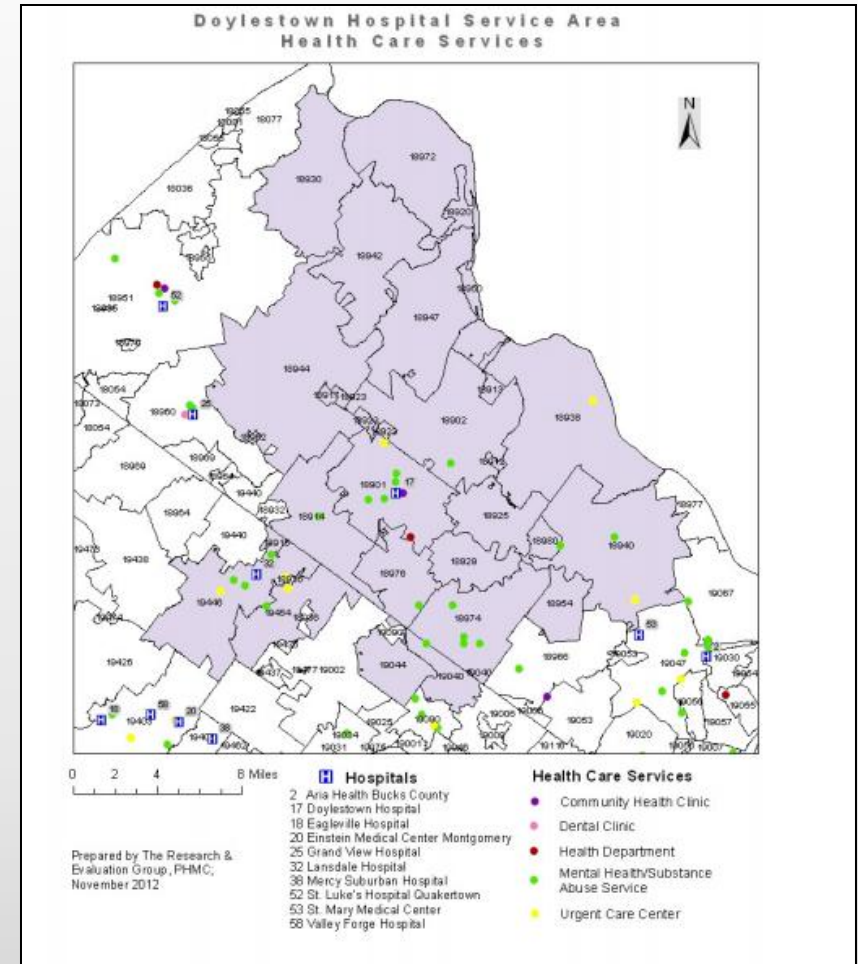
Research Methods: Provider Survey

- ▶ Paper-based, distributed by hospital staff
- ▶ Determine comfort of approaching patients who may suffer from mental illness
- ▶ Determine knowledge of mental illnesses
- ▶ Determine attitudes
- ▶ Ask for recommendations for overcoming barriers
- ▶ Questions developed from interviews with local health professionals and hospital administrators
- ▶ Very short (10 questions)



Participating Sites

- ▶ Doylestown + Central Bucks—financial issues are mitigated (controlled in study)
 - ▶ 92.8% employed, 4.7% in poverty
 - ▶ 93.7% insured
 - ▶ Access to transportation
 - ▶ 92.3% have regular source of care
 - ▶ Free clinics
- ▶ Untreated patients with mental illness:
 - ▶ BC = 36.6%,
 - ▶ SEPA = 38.2%
- ▶ Be able to specifically examine mental health



Interview Insights

- ▶ **Patients don't want to admit they have a problem**
 - ▶ “I'm rich and successful, that can't be me.”
- ▶ **Patients feel their lives will be significantly affected if they admit to a problem**
 - ▶ Link between physical and mental illness
 - ▶ Concern about medication
- ▶ **Public awareness and physician education is key**





Results



- ▶ Age--25%: 21-35 years, 50%: 36-55 years, 25%: 56-80
- ▶ 77 out of 78 had sought care before

Table 1: Descriptives of Study Population, Patients

		<u>N</u>	<u>%</u>
Total		78	
Gender	Male	9	11.8
	Female	66	86.8
Race	White/Caucasian	71	92.2
	Black/African American	1	1.3
	Hispanic/Latino	5	6.5
Marital Status	Married	40	51.9
	Unmarried	37	48.1
Children	Yes	47	61
	No	30	39
Major Health Decision	Participant	48	62.3
	Spouse/Significant Other	2	2.6
	Share responsibilities	23	29.9
	Parent	4	5.2
Insurance	Yes	70	90.9
	No	7	9.1
Insurance Type	Private or Commercial	44	57.1
	Medicare	17	22.1
	Medicaid	10	13
Reason Uninsured	Can't afford it	7	100
Survey Location	PCP (including OB/GYN)	43	56.6
	Mental Health Clinic	33	43.4

Response to Patient Barrier-to-Care Survey

Table 2: Results from patient survey of possible barriers to seeking mental health care and treatment

	NO (%)	Has this been a cause to not seek help	
		NO (%)	YES (%)
Lack of information	21 (27.3)	23 (29.9)	11 (14.3)
Cost	22 (28.2)	14 (17.9)	21 (26.9)
Employment/Job Concern	34 (45.9)	21 (28.4)	8 (10.8)
Time Concern	37 (48.1)	13 (16.9)	11 (14.3)
Family/Friend Concern	43 (55.1)	16 (20.5)	5 (6.4)
Bad Experience with MH Professional	45 (58.4)	19 (24.7)	10 (13.0)
Difficult to talk about problems or ask for help	47 (61.0)	12 (15.6)	9 (11.7)

Patients: Responses to Not Seeking Care

Table 3: Reasons listed by respondents for not having sought mental health care in the past

	<u>N</u>	<u>%</u>
Total	78	
Cost	33	42.7
Availability of appointments or time	29	37.1
Stigma/fear	19	24.3
Did not feel care was needed	12	15.4
Feeling like a doctor would not listen to concern	8	10.3
Fear of medication	6	7.8
Lack of knowledge of resources	6	7.8

Patients: Responses to Influences for Care

Table 4 : Influences listed by respondents for successfully encouraging the seeking of mental health care in the past

	<u>N</u>	<u>%</u>
Total	36	(46.2% of total)
Family/Friends	15	41.1
Wanting to feel better	14	38.9
Hospitalized/Involuntarily Committed	4	11.2
Lack of ability to perform job	3	8.3
Not being able to perform in daily life	3	8.3
Encouragement by doctor or social worker	3	8.3
“Hitting bottom”	1	2.8

▶ Note: 77 out of 78 patients had been treated for mental illness in the past

Results of Physician Study

Table 5: Results of Study, Physicians

		<u>N</u>	<u>%</u>
Total		38	
Type of Physician	Primary Care/Family Medicine	16	42.1
	Women's Health Specialist	4	10.5
	Other Specialist	18	47.4
How often do you screen?	Annually	12	31.6
	On every visit	13	34.2
What are the most common mental illnesses you see in patients (multiple answers possible)	Depression/Anxiety	35	92.1
	Bipolar	3	7.9
	Personality Disorders	7	18.4
	Other	1	2.6
How often do you speak to patients about emotional/psychological contributions to their physical problems?	At least sometimes	13	86.8
	Rarely or Never	2	13.2

Results of Physician Study, cont.

Question	Response	N	%
I feel comfortable talking to patients about common mental illnesses, such as depression and anxiety	Strongly Agree or Agree	36	94.7
	Disagree	2	5.3
I feel comfortable talking to patients about serious mental illnesses, such as bipolar and schizophrenia	Strongly Agree or Agree	26	68.4
	Disagree or Strongly Disagree	12	31.6
I would consider referring a patient with a mental illness to see a psychiatrist.	Strongly Agree	31	81.6
	Agree	7	18.4
I would consider referring a patient with a mental illness to see a counselor or social worker.	Strongly Agree	13	34.2
	Agree	16	42.1
	Disagree or Strongly Disagree	9	23.7
I know where to refer patients who may be suffering from a mental illness	Strongly Agree or Agree	36	94.7
	Disagree	2	5.3
I feel there is adequate mental health support in my community to handle the breadth of mental illness I see in my practice	Strongly Agree	13	34.2
	Agree	15	39.5
	Disagree	10	26.3

Table 6



Discussion

- ▶ **Gap between patient expectations and physician ability**
 - ▶ Most common barriers are time and cost
 - ▶ Misconception of what is available—free clinics, sliding-scale payment, walk-in clinics
- ▶ **Physicians seem to be doing everything right, Patients still have concerns**
 - ▶ Where does the problem lie?
 - ▶ Physicians are talking, but not about the right things
 - ▶ Ask more about barriers to care
 - ▶ Assure patients



Limitations

- ▶ Only 10% of respondents were men—data can really only be applied to women in the study population, no gender-based analysis
- ▶ 77 out of 78 patients had sought mental health care—sample bias
 - ▶ Patients with history of MH care more likely to complete survey
 - ▶ Patients w/o MH care might think it is not applicable



Further Study

- ▶ **Survey physicians on specific gaps in knowledge**
 - ▶ Why are physicians uncomfortable talking about mental illness?
 - ▶ What do physicians, especially PCP, know about approaching a patient who may be suffering?
 - ▶ Where do gaps in knowledge of available resources lie?
 - ▶ What gets in the way of providers having a MH discussion with patients?
- ▶ **Small study:**
 - ▶ Train a small subset of physicians
 - ▶ Prospective study following patients to determine whether they are more likely to seek help



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Questions?



Patient Questions

Please answer the following questions about yourself:	NO	YES	If yes, has this prevented you from seeking help?	
			YES	NO
Please answer the following questions about yourself:	NO	YES	If yes, has this prevented you from seeking professional help?	
			NO	YES
In general, is it hard for you to talk about your problems or ask others for help?				
Have you ever had a bad experience with a mental health professional?				
Do you feel it would be uncomfortable to talk with psychiatrists or other mental health professionals?				
If you were diagnosed with depression or another mental illness, do you think seeking help would be embarrassing?				
If you were diagnosed with depression or another mental illness, would you be concerned about what your family or friends would think?				
If you were diagnosed with depression or another mental illness, would you be concerned that your employer would find out or that your job might be negatively affected if you sought help or treatment?				
If you were diagnosed with depression or another mental illness, would lack of information about whom to see make it harder for you to get help?				
If you were diagnosed with depression or another mental illness, would you be concerned about not having enough time to get help or seek treatment?				
If you were diagnosed with depression or another mental illness, would cost be a major concern in the decision to get help?				
Are there particular services you would like to use to get help that <u>are not available</u> where you live?				
Did any service agency minimize your problem or refuse to provide treatment?				

Patient Questions cont.

- People should consider depression or other mental illness to be as serious as diabetes or high blood pressure.
 - When people have an emotional or behavioral problem, it is a good idea for them to try to get help or treatment.
 - If I had emotional or behavioral problem, I feel I could deal with it on my own, without receiving professional assistance.
 - Have you ever decided not to get help for an emotional or behavioral problem, even though someone has recommended that you do?
 - If you had an emotional or behavioral problem (depression, anxiety, etc.) what would be the top three reasons you would not seek help or treatment?
 - If you have previously sought treatment or are currently in treatment for a mental health problem, what influenced you to get help?
 - What is your age?
-
- What is your gender?
 - How would you best describe yourself?
 - Are you married or in a domestic partnership?
 - Do you have children?
 - Who makes the major health decisions in your family?
 - Do you have health insurance?
 - If YES, what kind? (Circle all that apply)
 - If NO, what is the main reason you are uninsured?
 - Where did you complete this survey?
 - If someone was concerned that you had a mental health problem, what might they (or did they) say that would encourage you to seek professional help?

Physician Survey Questions

- ▶ I consider myself a
 - ▶ Primary care/Family medicine, Women's Health Specialist, Other Specialist
- ▶ How often do you screen for mental health issues?
- ▶ I feel well-informed about mental illnesses and their presentation in my work setting.
- ▶ What are the most common mental illnesses that you see in patients?
- ▶ I feel comfortable talking to patients about **common** mental health issues, such as depression and anxiety.
- ▶ I feel comfortable talking to patients about **serious** mental health issues, such as bipolar and schizophrenia.
- ▶ For patients who present with physical health problems, how often do you speak to them about emotional/psychological contributions to their problems
- ▶ I would consider referring a patient with a mental illness to see a psychiatrist.
- ▶ I would consider referring a patient with a mental illness to see a counselor or social worker:
- ▶ I know where to refer patients who I feel may be suffering from a mental illness.
- ▶ I feel there is an adequate mental health support in my community to handle the breadth of mental illnesses that I see in my practice.
- ▶ In your opinion, what are the top three reasons patients would not seek help or treatment for a mental illness?
- ▶ What kind of things would you tell a patient to improve the likelihood of them seeking MH services?



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Cost	22 (28.2)	14 (17.9)	21 (26.9)
Concerned that employer would find out or that job might be negatively affected	34 (45.9)	21 (28.4)	8 (10.8)
Concerned about not having enough time to get help or seek treatment	37 (48.1)	13 (16.9)	11 (14.3)
Concerned about what family or friends would think	43 (55.1)	16 (20.5)	5 (6.4)
Has had a bad experience with a mental health professional	45 (58.4)	19 (24.7)	10 (13.0)
Difficult to talk about problems or ask for help	47 (61.0)	12 (15.6)	9 (11.7)
Particular services that are not available	55 (76.4)	8 (11.1)	7 (9.7)
Feel uncomfortable talking with psychiatrists or other mental health professionals	60 (80.0)	6 (8.0)	3 (4.0)
Service agency minimize problem or refuse to provide treatment	62 (81.6)	5 (6.6)	7 (9.2)
Seeking help would be embarrassing	67 (85.9)	7 (9.0)	1 (1.3)