

# California Mental Health Planning Council Meeting

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## Assessing Adult Mental Health Needs in California: Using the California Health Interview Survey (CHIS)

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# Assessing Adult Mental Health Needs in California: Using the California Health Interview Survey (CHIS)

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- Report prepared for the Mental Health Services Oversight and Accountability Commission (MHSOAC)
- Based on a contract with the UC Davis Center for Reducing Health Disparities
- Prepared in collaboration with the California Health Interview Survey Director and staff, UCLA Center for Health Policy Research
- Quick background on CHIS

# Assessing Adult Mental Health Needs in California: Using the California Health Interview Survey (CHIS)

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- The CHIS is California's source of state and local population-based health data
  - Conducted every other year since 2001
  - Telephone survey in six languages
    1. To support decision making at the local and state level in public health and health care
      - For policy analysis, development and advocacy
      - For State and County surveillance of public health indicators
      - For service and program planning, development, and evaluation
    2. To measure and understand health needs and disparities in California — characterized by ethnic, geographic, age, and social class diversity

# Assessing Adult Mental Health Needs in California: Using the California Health Interview Survey (CHIS)

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- CHIS obtains the following information
  - Rich demographic data
  - Health behaviors
  - Health conditions
  - Access to and use of healthcare services
  - Health insurance coverage
  - Other topics (social relationships, neighborhood conditions, interpersonal violence)

# Assessing Adult Mental Health Needs in California: Using the California Health Interview Survey (CHIS)

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- CHIS data is widely used by
  - State agencies
  - County health departments
  - Academic researchers and students
  - Advocacy groups and CBOs

# Severe Psychological Distress (SPD)

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- SPD is based on the Kessler-6
- Series of questions about the frequency of feelings over
  - the past 30 days (SPD 30-day)
  - the worst month in the past year (SPD 12-mos)
- Individual items are scored to provide an index, with range (0, 24) with  $K6 \geq 13$  indicating SPD
- SPD provides a robust estimate of the population with severe mental illness (SMI) within a population
- Is a non-specific, general indicator of psychological distress

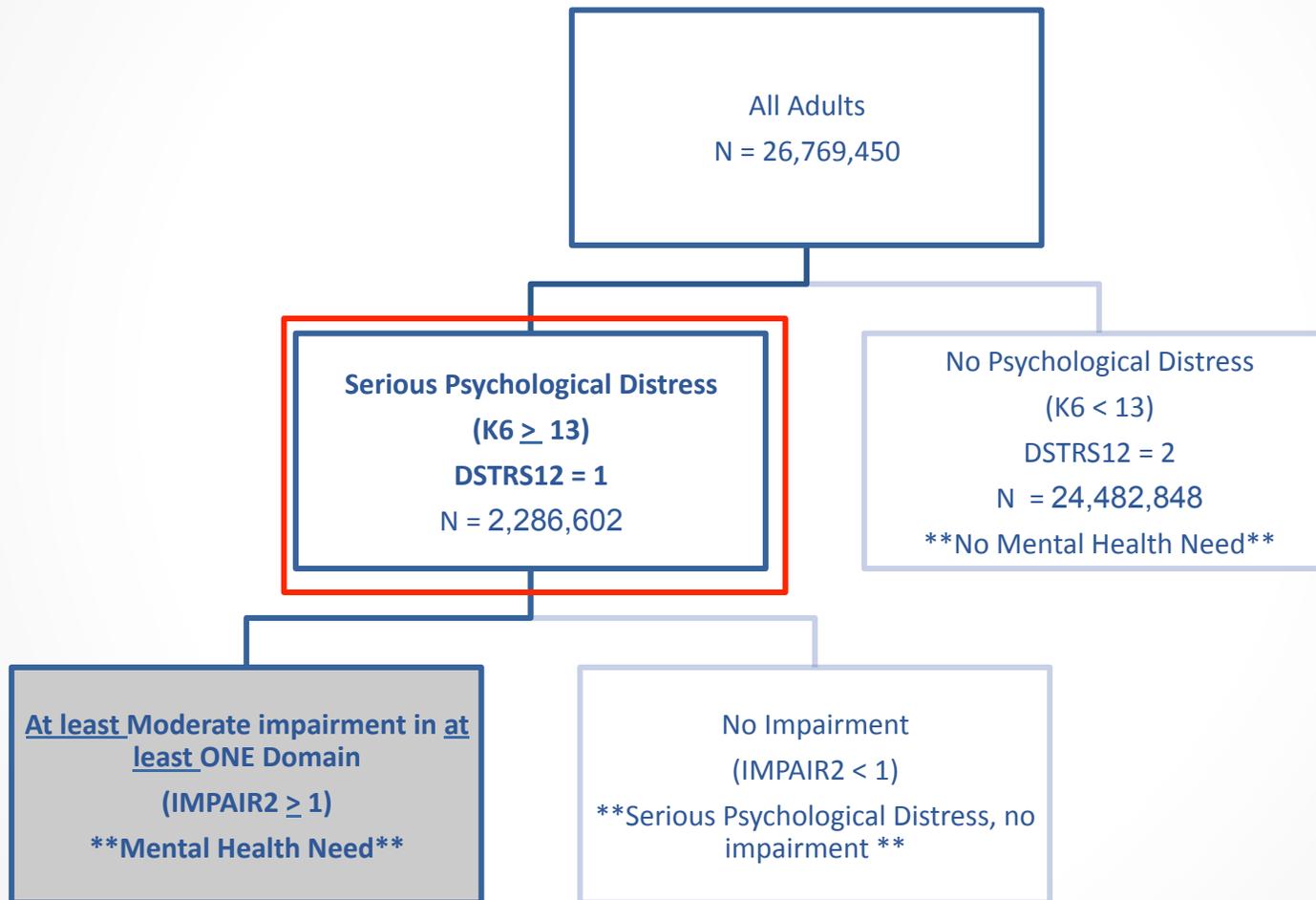
Source: Grant, 2011

## Six Items in Kessler 6 (K6) Adults 18 and over, K6 $\geq$ 13

In the past 12 months, about how often did you.....	All of the time	Most of the time	Some of the time	A little of the time	Not at all
Feel nervous	30.8	42.6	19.9	4.4	2.3
Feel hopeless	22.0	39.8	30.7	5.9	1.6
Feel restless	30.1	35.2	25.7	6.5	2.6
Feel depressed	19.4	35.9	34.8	7.3	2.6
Feel everything is an effort	31.3	38.1	24.0	4.8	1.8
Feel worthless	17.0	26.6	34.4	12.0	10.0

Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Conceptual Model for Assessing Mental Health Need in CA: CHIS 2007



Source: CHIS 2007

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

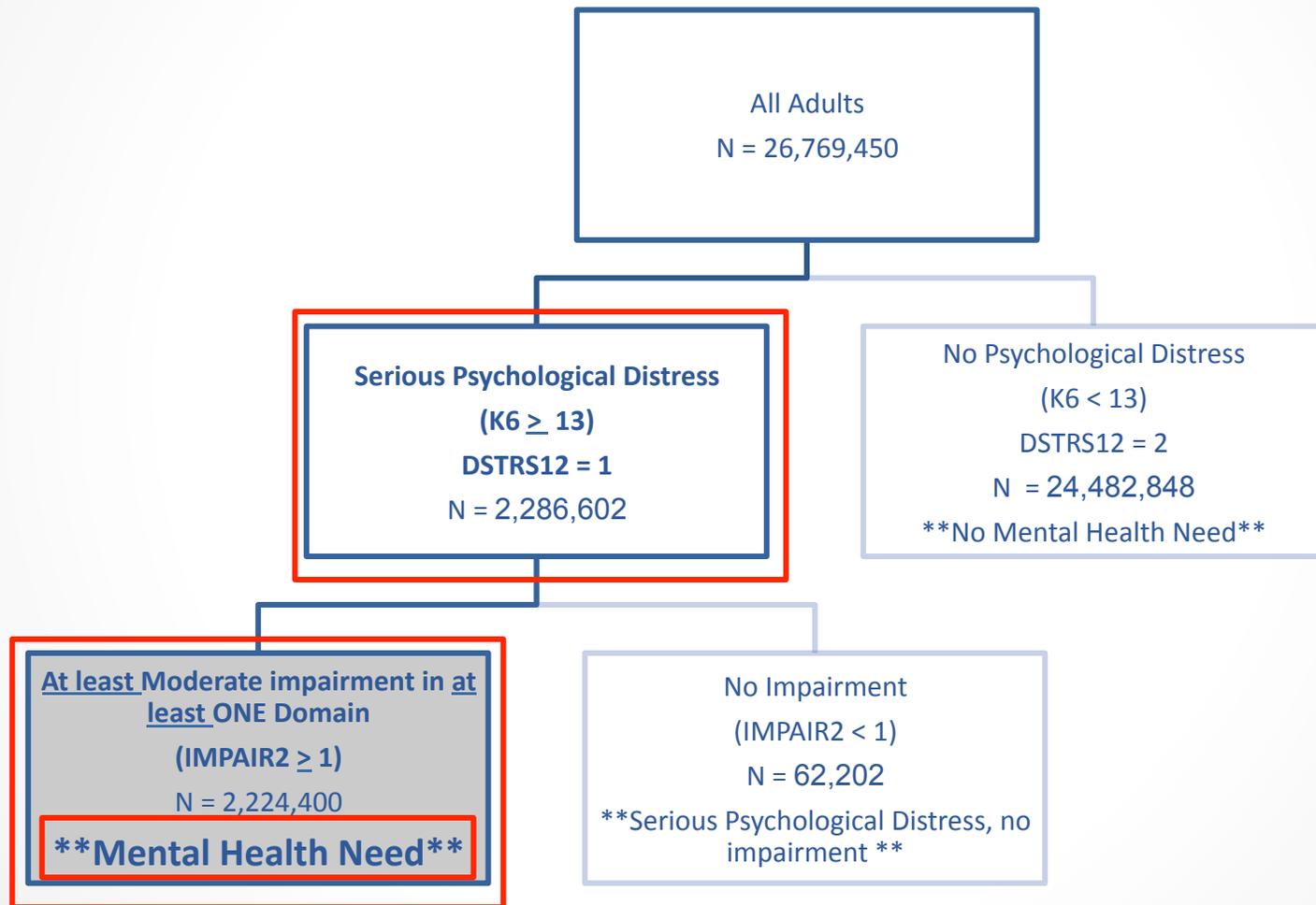
## Level of impairment from Sheehan Disability Scale (SDS), K6 score $\geq 13$

Did your emotions interfere a lot, some, or not at all with your...	Severe (a lot)	Moderate (some)	No Impairment (not at all)
Performance at work*	44.0	37.1	18.8
Household chores	49.5	33.4	17.0
Social life	57.6	32.0	10.5
Relationship with family and friends	48.6	39.3	12.1

\*Note: Performance at work is only asked of adults, age 18 – 70.

Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Conceptual Model for Assessing Mental Health Need in CA: CHIS 2007

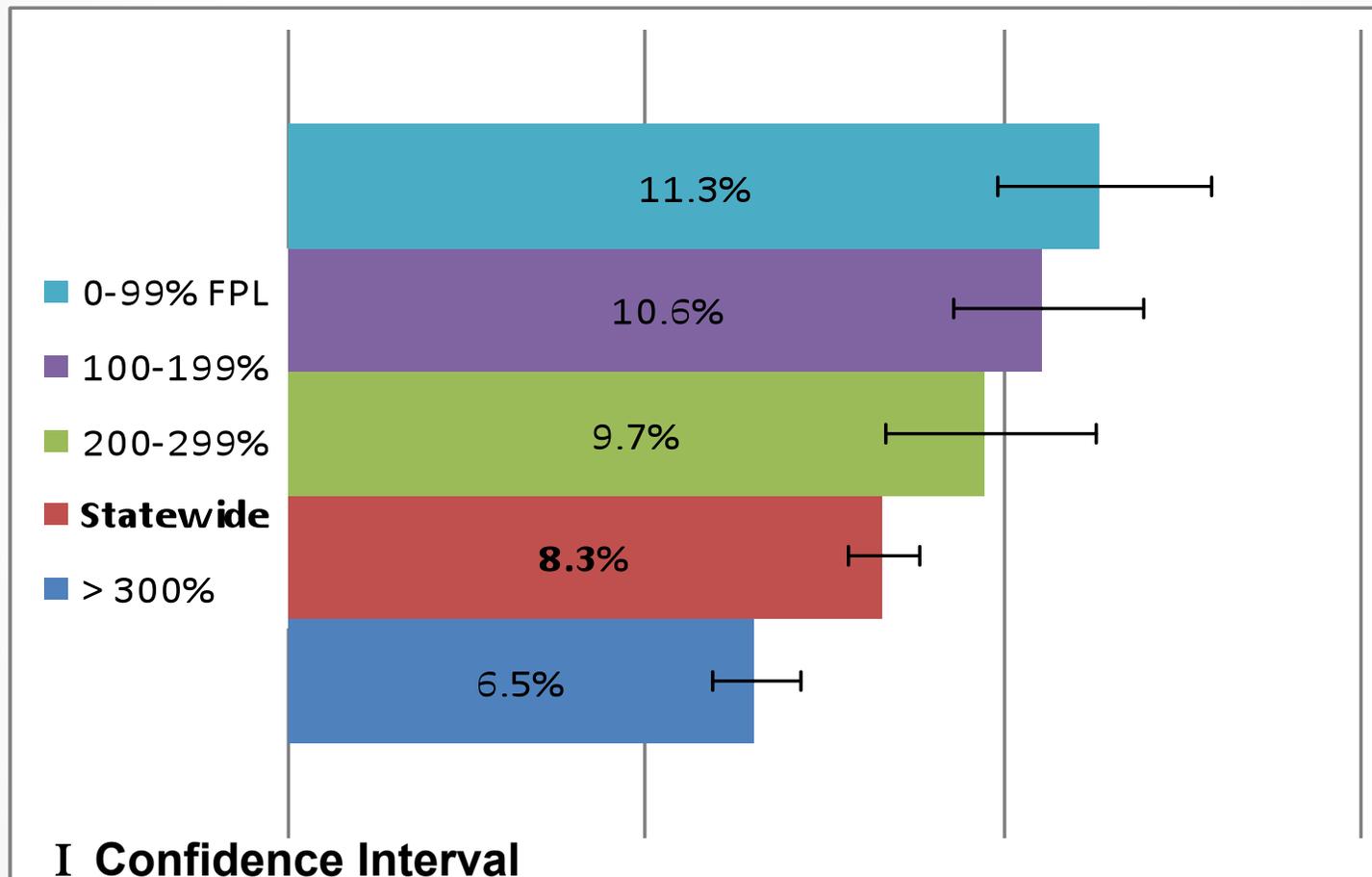


Source: CHIS 2007

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

# Mental Health Need by Demographic Characteristics

# Rates of Mental Health Need by Poverty Level, CHIS 2007\*

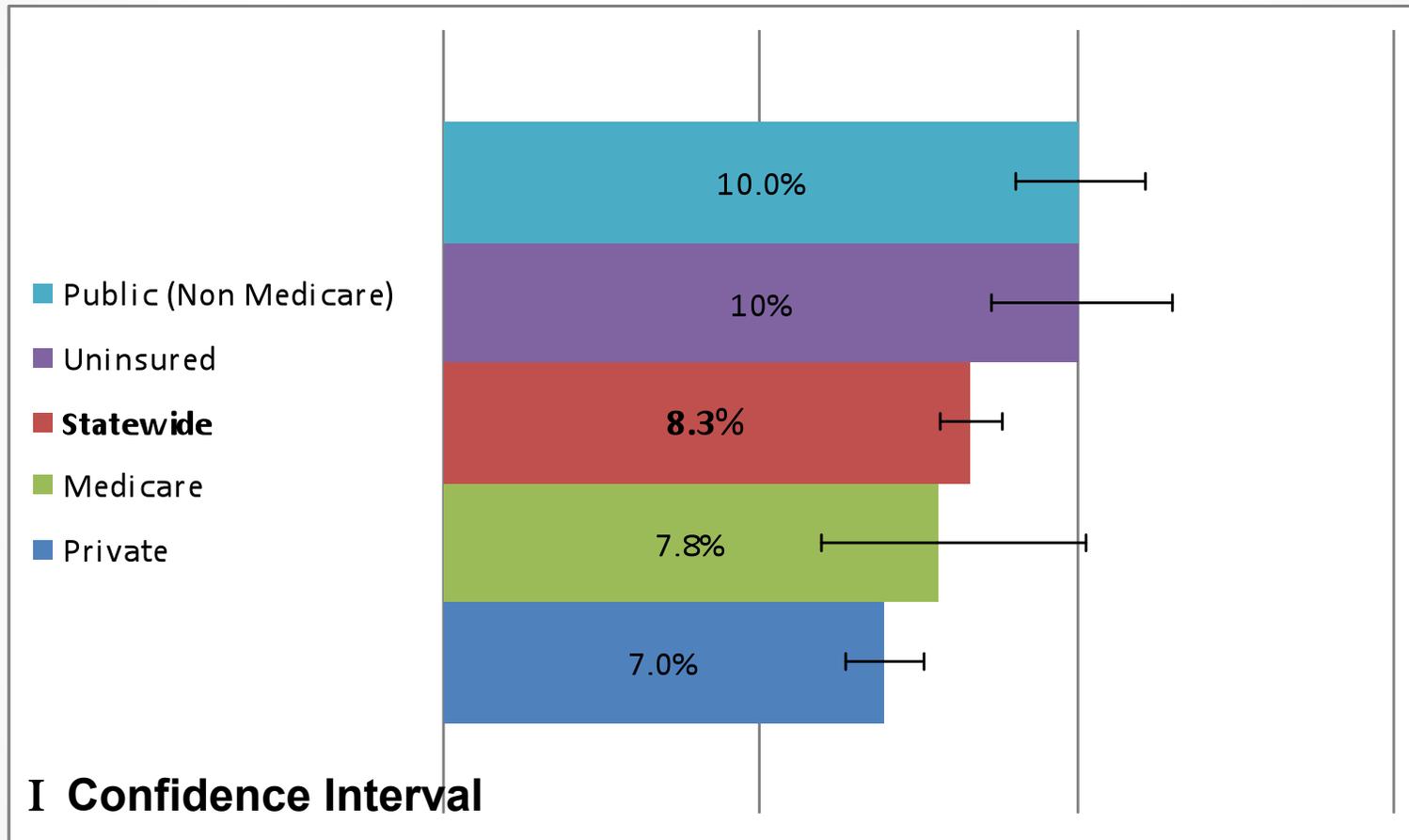


\* Adjusted for age and sex

Source: CHIS 2007

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

# Rates of Mental Health Need by Insurance Type, CHIS 2007\*

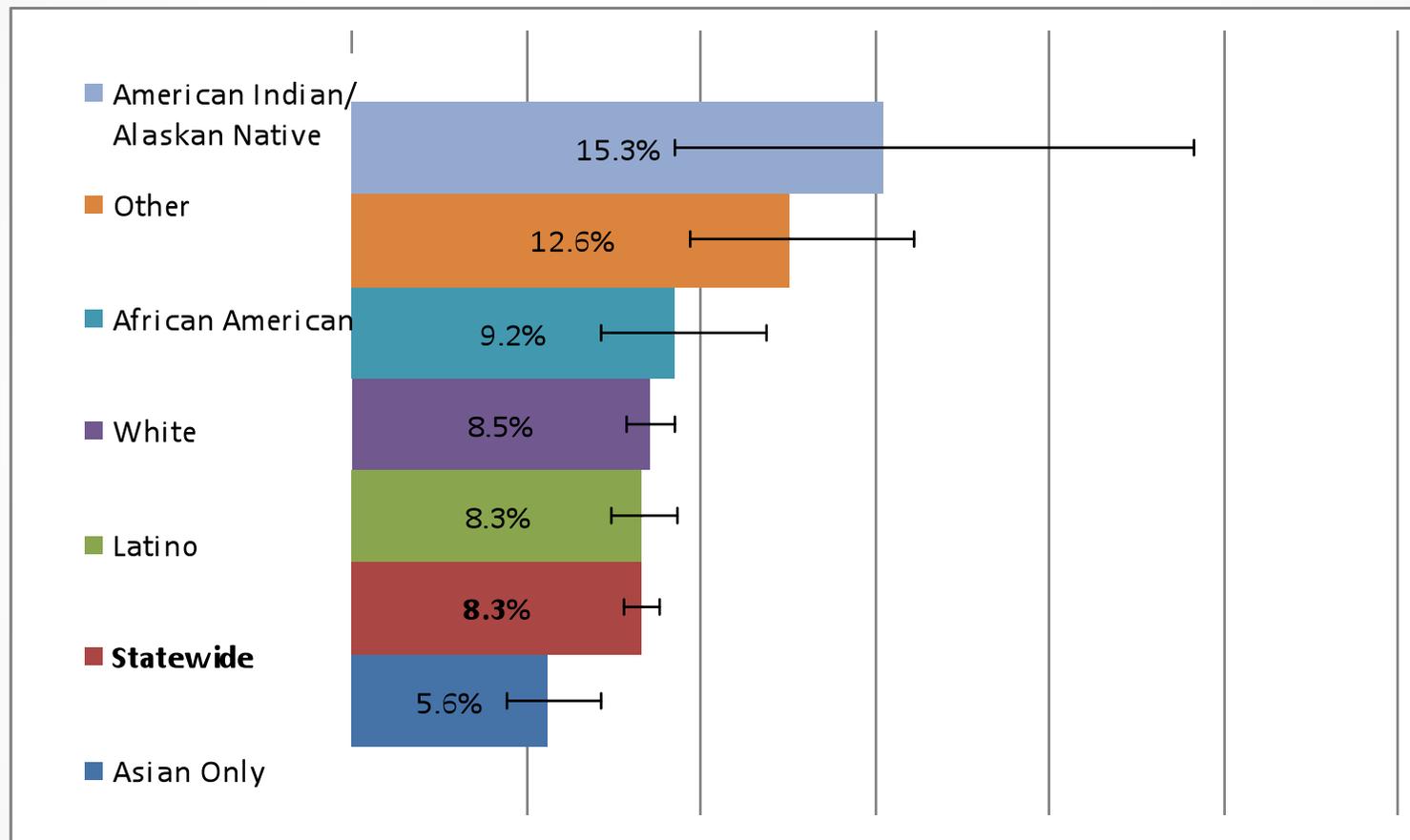


\* Adjusted for age and sex

Source: CHIS 2007

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

# Rates of Mental Health Need by Race/Ethnicity, CHIS 2007\*



I Confidence Interval

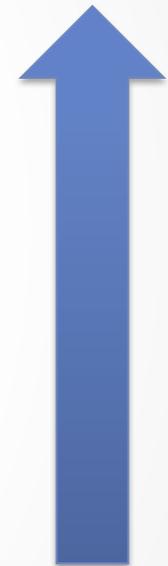
\* Adjusted for age and sex

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

# State Population by Race

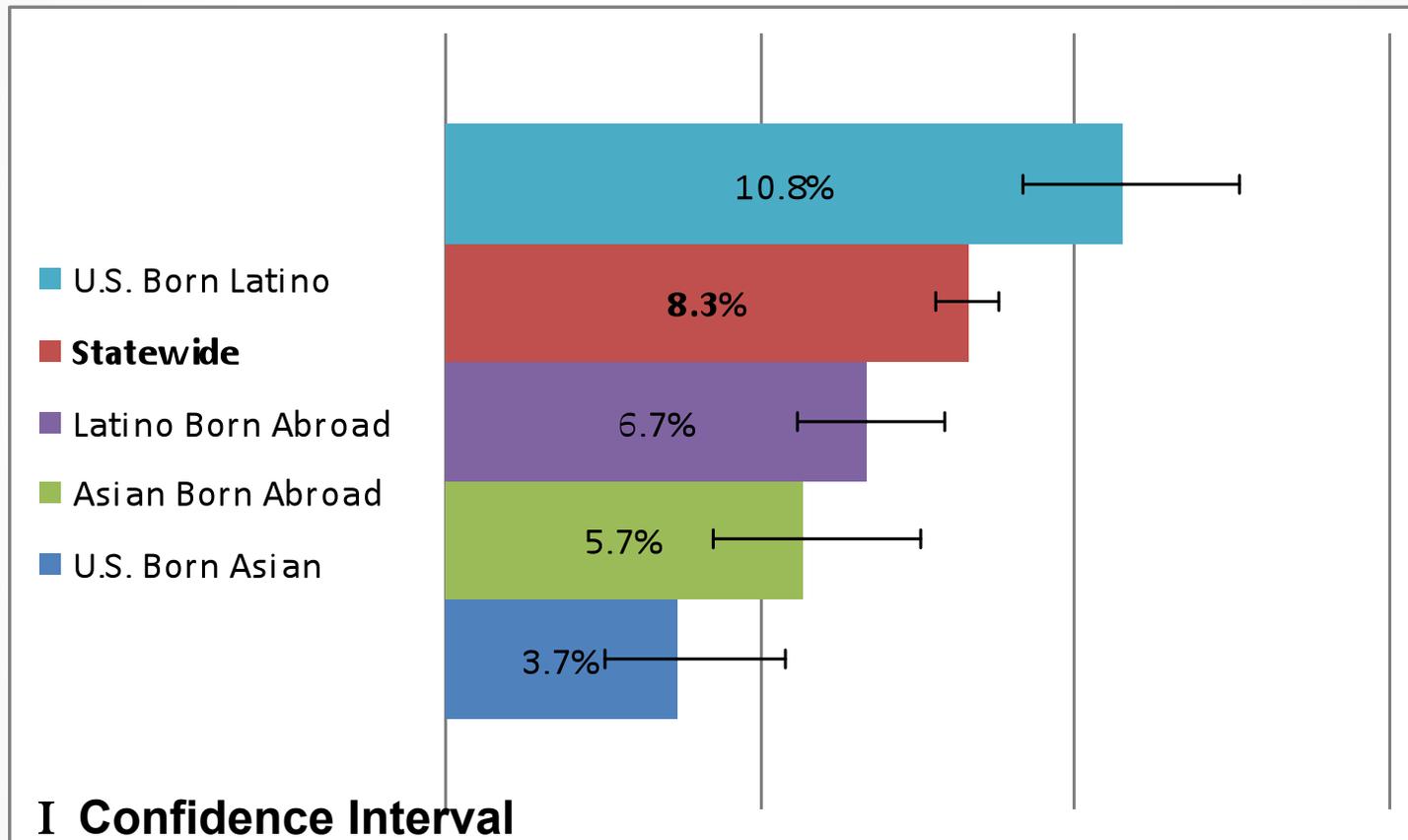
## California: 2010

Race	Percent of Population	Percent Change 2000-2010
White	57.6%	6.4%
Other	17.0%	11.2%
Latino	37.6%	27.8%
Asian	13.0%	31.5%
African American	6.2%	1.6%
Two or more races	4.9%	12.9%



U.S. Census Bureau, 2010

# Rates of Mental Health Need by Nativity Status for Latino and Asian, CHIS 2007\*

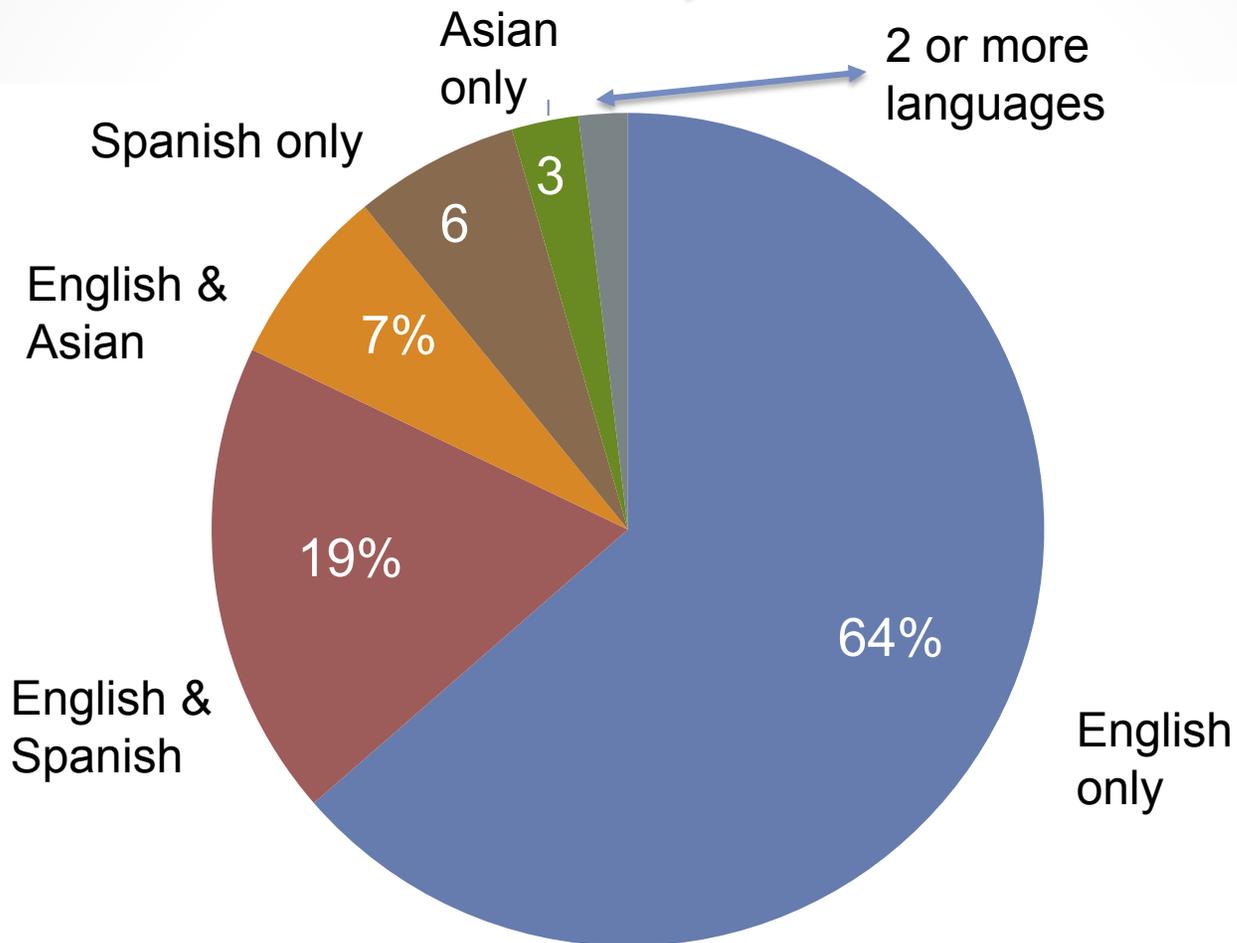


\* Adjusted for age and sex

Source: CHIS 2007

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

# Languages Spoken in HH Among SPD 12-mos, CHIS 2007

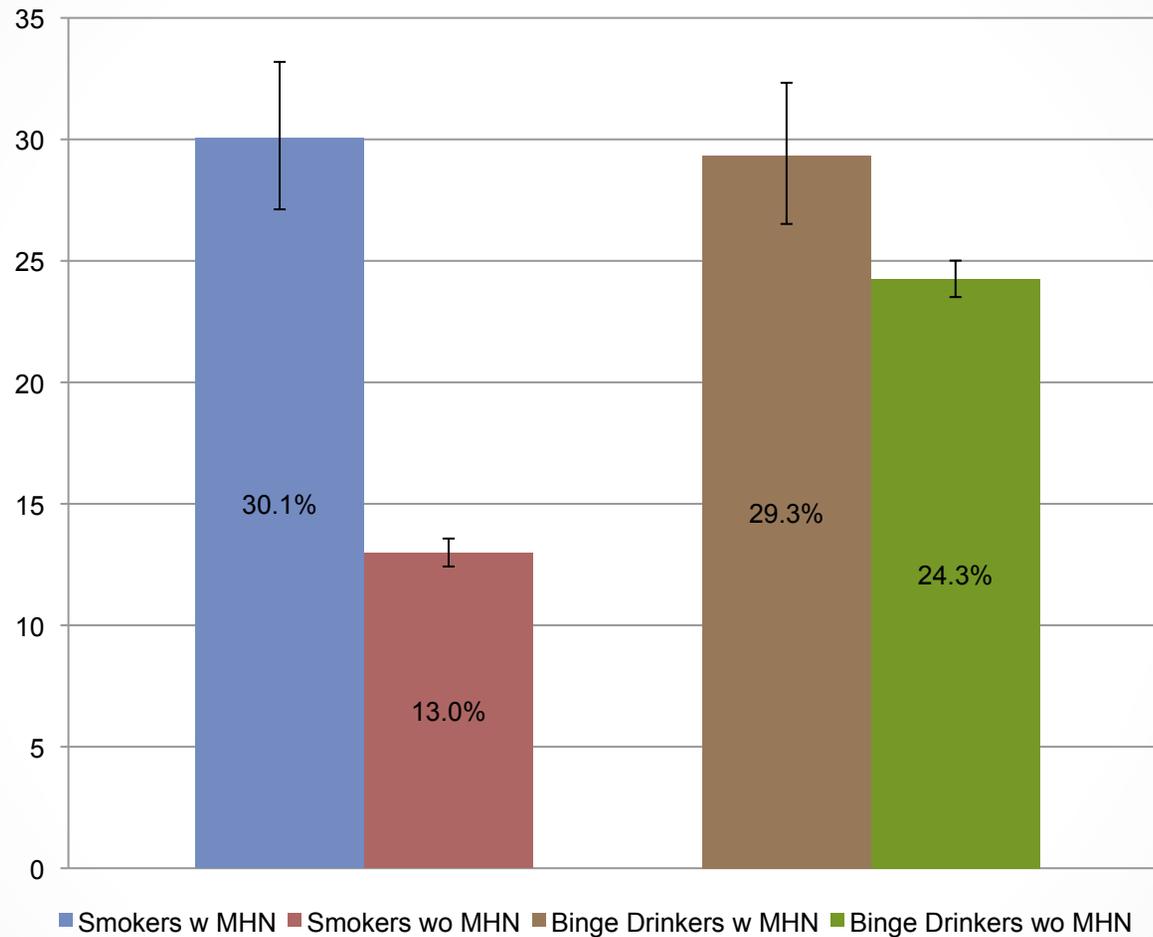


Source: CHIS 2007

Source: Grant, 2011

# Mental Health Need and Comorbidity

# Rates of Current Smokers and Binge Drinkers by Mental Health Need, CHIS 2007\*



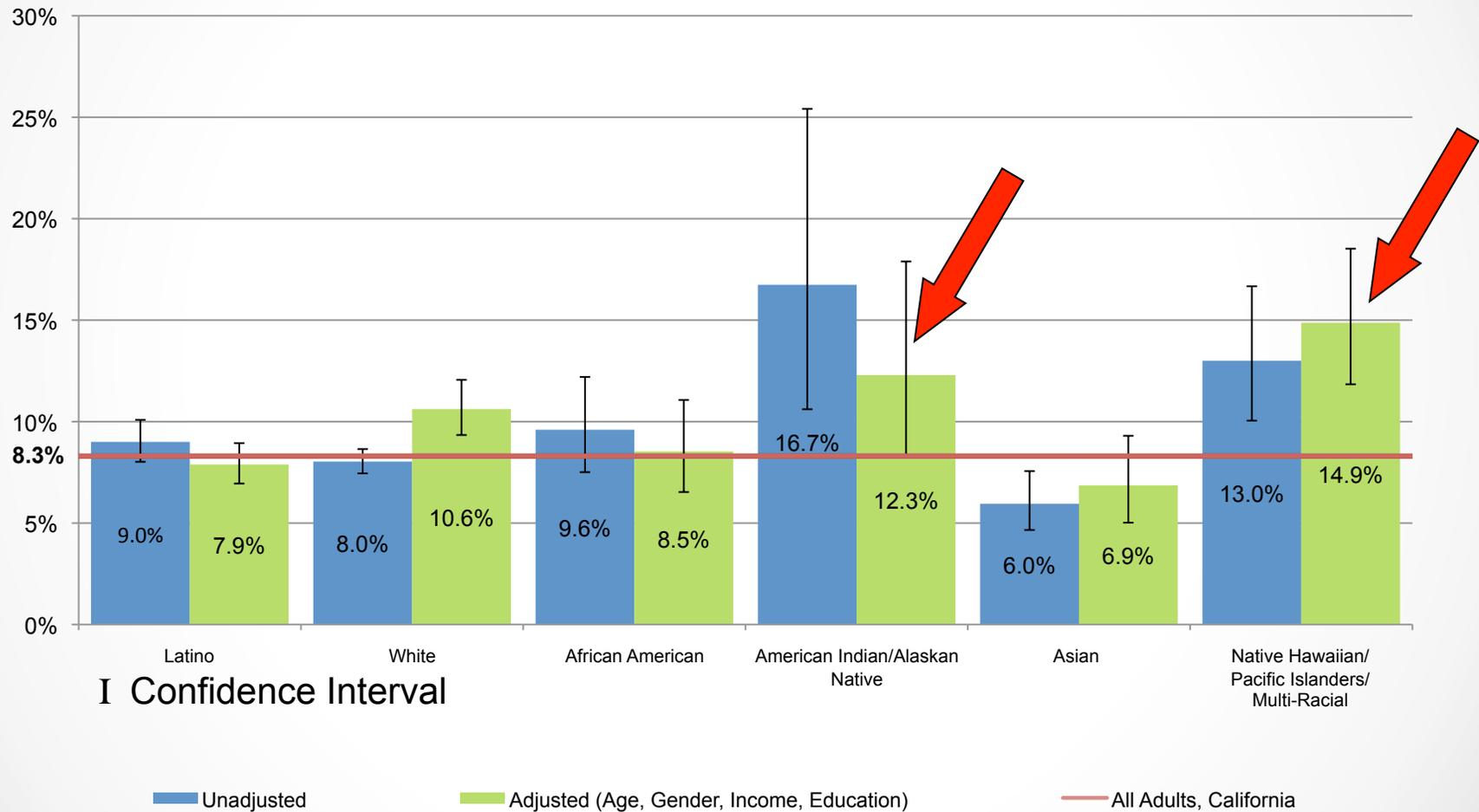
I Confidence Interval

\* Adjusted for age and sex

Source: CHIS 2007

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

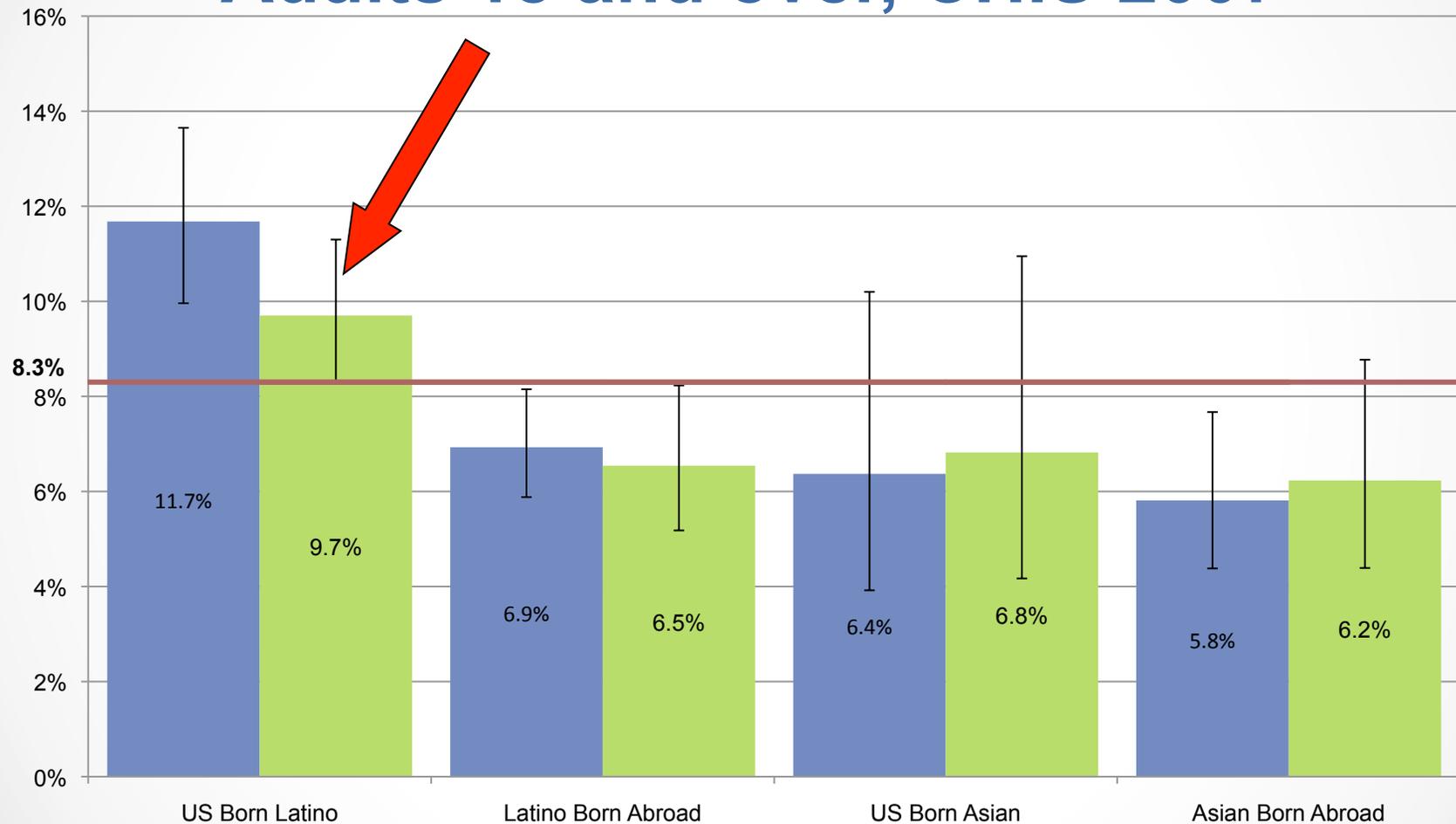
# Prevalence of Mental Health Need by Race/Ethnicity, Adults 18 and over, CHIS 2007



Source: CHIS 2007

Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Prevalence of Mental Health Need by Nativity Status for Latino and Asian, Adults 18 and over, CHIS 2007



I Confidence Interval

■ Unadjusted

■ Adjusted (Age, Gender, Income, Education)

— All Adults, California

Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Discussion of CHIS Mental Health Findings

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- Findings are preliminary and need further analysis
- In California, mental health status (as measured by SPD) differs by age, gender, income, insurance, and race/ethnicity and nativity, and other factors ... but
  - Serious psychological distress (SPD) is in large part a function of economic position
    - Latino immigrants
  - Economic status is important, but just one of many factors associated with mental health outcomes

Source: Modified from Grant, 2011

# Mental Health Treatment

## Measures

**QA07\_F20**

In the past 12 months have you seen your primary care physician or or general practitioner for problems with your mental health, emotions, nerves or your use of alcohol or drugs?

**AF74**

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

**QA07\_F21**

In the past 12 months have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, nerves or your use of alcohol or drugs?

**AF75**

YES ..... 1  
NO ..... 2  
REFUSED ..... -7  
DON'T KNOW ..... -8

# Mental Health Treatment Findings

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- Among those identified as having a mental health need, about half (49.6%) reported that they received treatment by either a primary care physician or mental health professional

# Mental Health Need

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- The concept of *need* is fundamental to understanding, planning and tracking mental health services in California
- Individuals with a “mental health need” are those with serious psychological distress (K6  $\geq$  13) and at least a moderate level of impairment in one or more domains (SDS  $\geq$  1)
- Those without a mental health need are all others who do not meet this threshold of combined symptoms and impairment

# Met and Unmet Need

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- ***Met need*** is defined as the proportion of people with a disorder who see a health professional.
- ***Unmet need*** is the proportion of people who meet a threshold for problems with their mental health, emotions, nerves, or use of alcohol or drugs and did not received *minimally adequate treatment* (MAT).
- The concept of ***unmet need*** is of critical importance in assessing whether or not people with mental health needs are accessing and receiving adequate mental health services.

# Minimally Adequate Treatment (MAT)

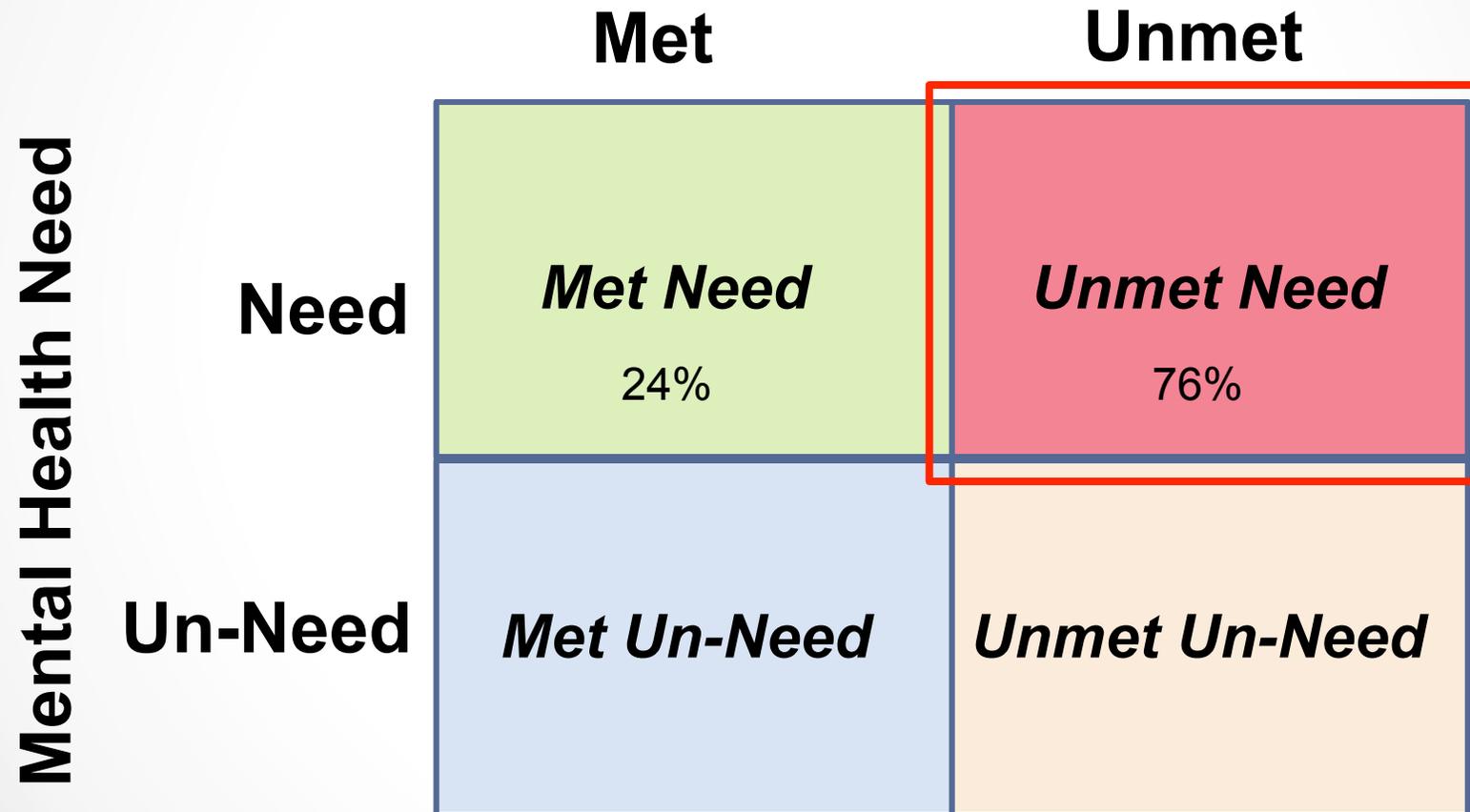
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- **Minimally Adequate Treatment (MAT)** is from evidence-based guidelines for the treatment of a serious mental illness (SMI).
- Evidence-based MAT includes either 1) four or more visits with a health professional and at least two months of prescribed medication, or 2) eight visits of psychotherapy lasting at least thirty minutes.
- CHIS doesn't capture the duration of prescription medication use nor the duration of psychotherapy sessions.

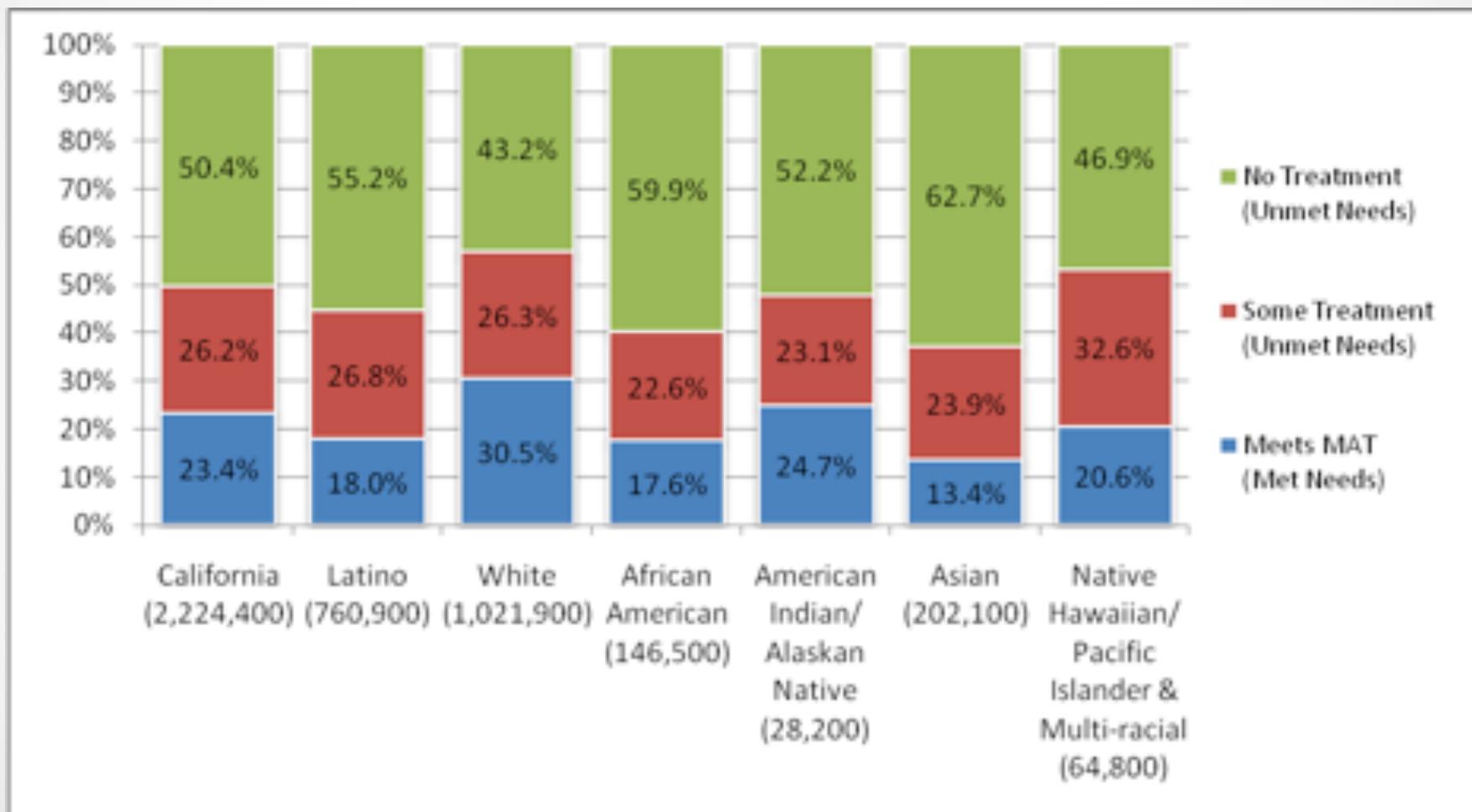
Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Met and Unmet Need

## Mental Health Treatment

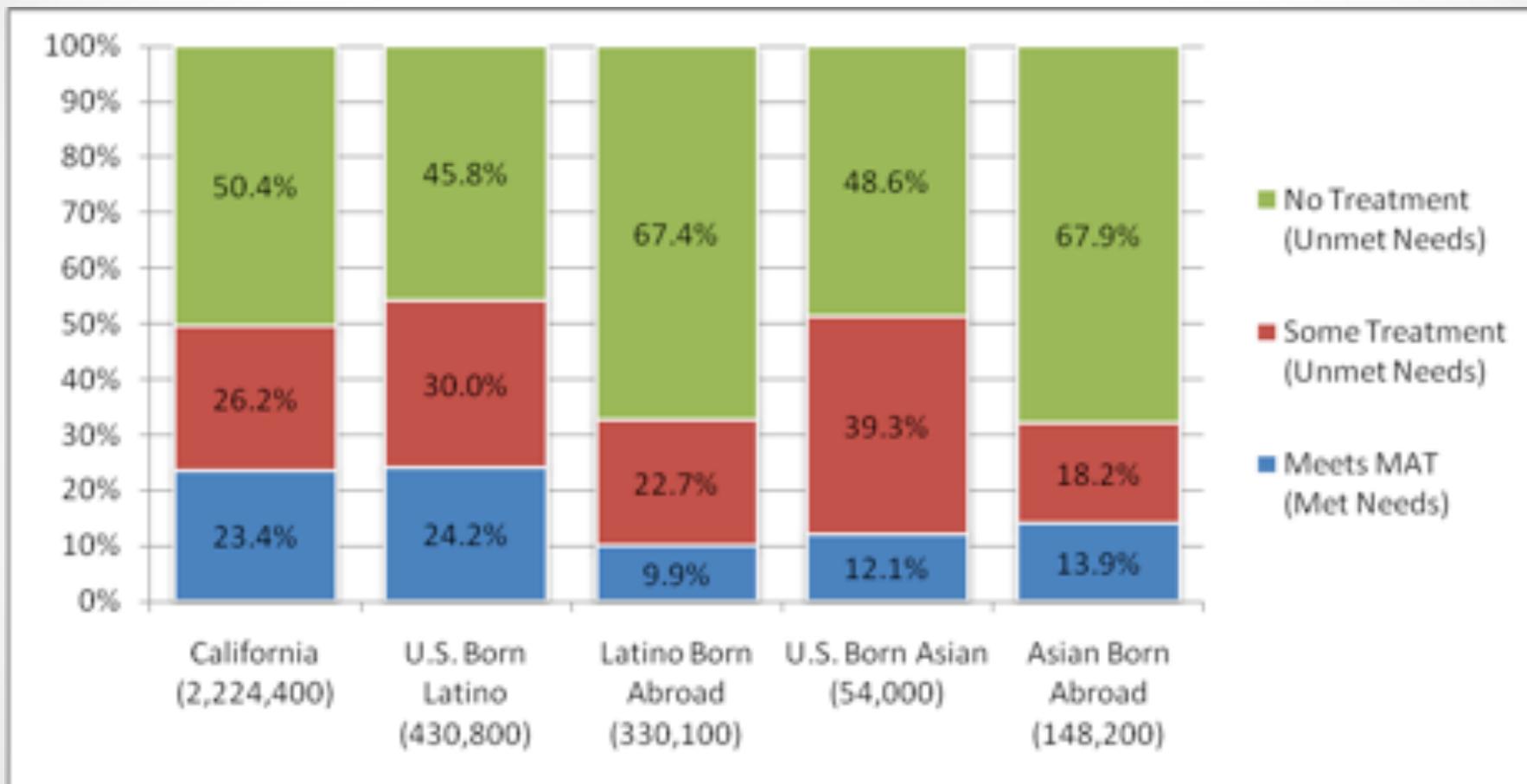


# Unmet Needs by Race/Ethnicity



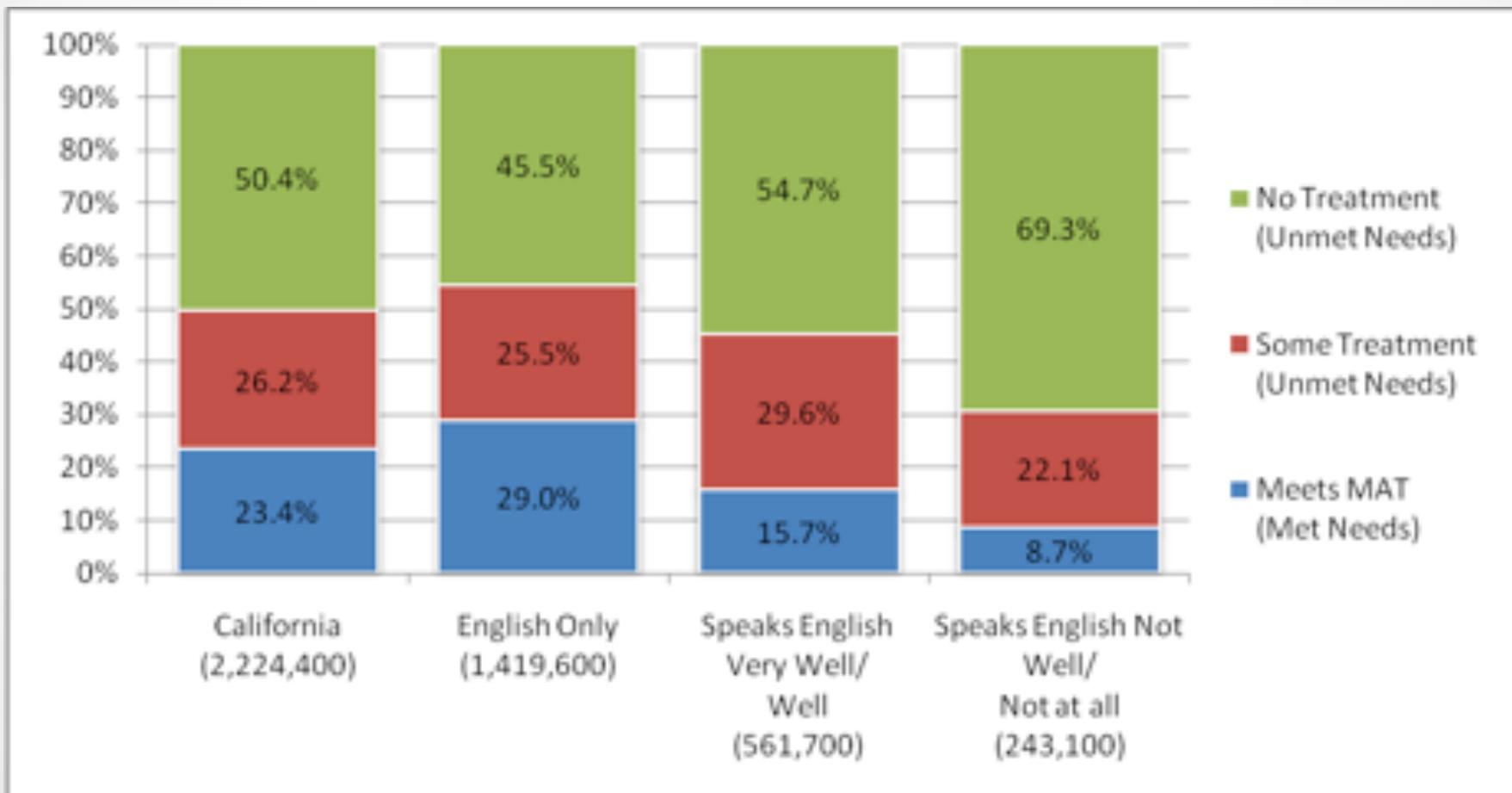
Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Unmet Needs by Nativity



Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Unmet Needs by English Proficiency



Source: Grant, Padilla-Frausto, Aydin, Streja, Aguilar-Gaxiola, Caldwell, 2011

# Discussion (2)

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- Improving mental health in California's increasingly diverse population will require diverse approaches and serious consideration of factors such as:
  - Language
  - Culture
  - Stigma and discrimination
  - Health insurance coverage
  - Comprehensive resources to address economic and other sources of stressors:
    - Job training
    - Housing
    - Parenting and childcare resources
    - Other

Source: Modified from Grant, 2011

# Discussion and Recommendation

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- **MHSA and healthcare reform provide new opportunities to address and improve mental health services and outcomes, and to do so more efficiently**
- **Data and evidence can and should be part of the decision-making process**
  - CHIS
  - DMH and Medi-Cal administrative data
  - County data (CSI)
  - Hospitalization and law enforcement data
  - California Behavioral Health Services Needs Assessment

Source: Modified from Grant, 2011; BHSNA, 2011

# Recommendations for an Enhanced CHIS Mental Health Survey

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**Purpose: to obtain an accurate “Baseline” assessment of mental health services need and treatment utilization in California.**

1. Incorporate a follow-up study to validate the estimates of SMI/SPD and calibrate the cut point of the K-6 in a state-wide population (rather than the national population).
  - a. To be done with a random sample of CHIS respondents who scored moderate to high on the K6 scale (SPD) using a diagnostic interview tool like the WHO-CIDI.

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

# Recommendations for an Enhanced CHIS Mental Health Survey (2)

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2. Increase the CHIS sample size for low-income persons by oversampling households with incomes below 200% of the federal poverty level.
  - a. A subset of randomly selected telephone numbers (stratified by region, gender, age, and race/ethnicity) from the Medi-Cal database would also be included in the enhanced survey.
3. Increase CHIS sample size for key subpopulations such as diverse race/ethnicity/nativity subpopulations, the institutionalized, the homeless, etc. CHIS is a household survey and does not capture the prevalence of mental health needs among those who live in group quarters or homeless.

Source: Padilla-Frausto, Grant, Aguilar-Gaxiola, 2011

# Conclusion

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- **California policy makers, decision makers, consumers and their families, providers, researchers need to know:**
  - **Who needs (prevalence) and receives (current users) services?**
  - **How much of this need is met (met need) and how much need is unmet (unmet need)?**
  - **What are the gaps? What changes will the health system need to implement in order to improve access to and the quality and effectiveness of care?**
- **What should the service population look like?**

# Acknowledgements

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