

# Access to Mental Health Services Among California Women

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CHAPTER

14

## Introduction

Both racial/ethnic and socioeconomic disparities in mental health status are gaining increasing national attention (*National Healthcare Disparities Report*, 2004). Utilization of specialty mental health services varies significantly by race/ethnicity and socioeconomic status. (For the purposes of this chapter, specialty mental health services are defined as those obtained from a social worker, psychiatrist, psychologist, or counselor). Disparate access to care is thought to be a major factor in mental health outcomes. This chapter examines demographic predictors of access to specialty mental health services including race/ethnicity and poverty as well as associated factors such as education, marital status, and health insurance status. Access is examined as a function of perceived need for mental health services in the past year, attempts to obtain those services, and utilization of specialty mental health services in the past year.

## Methods

Using data from the 2001 California Women's Health Survey (CHWS), the California Department of Social Services (DSS) analyzed data from 3,571 women for the current study. All women were asked about their perceived need for specialty mental health services in the past year. Women who reported having a perceived need were asked if they tried to obtain mental health services. Those who responded affirmatively were asked if they obtained the mental health services they thought they needed in the past year. Mental health status was measured using the "frequent mental distress" (FMD) variable<sup>1</sup> from the "Healthy Days" measure, a reliable and valid set of four items

developed by the Centers for Disease Control and Prevention that is widely used to assess health-related quality of life.<sup>2</sup> FMD is characterized by reports of 14 or more days of poor mental health ("including stress, depression and problems with emotions") in the past 30 days.

## Data Analysis

Data were analyzed using SPSS for windows version 11.0. Bivariate relationships were examined using odds ratios (OR); logistic regression equations were used to examine multivariate models and to obtain adjusted ORs. Confidence intervals (CIs) of 95 percent were calculated for all ORs. An OR compares the probability of a certain event (e.g., obtaining mental health care) in two different groups. An OR of one suggests that the event is equally likely in both groups; an OR greater than one suggests that the event is more likely in one group than another. An OR smaller than one indicates that the event is less likely in the group of interest. If the range of values for the 95 percent CI includes one, the OR is not statistically significant at the  $p < .05$  level. All analyses are weighted to California's 1990 female population by age and ethnicity.

## Results

A total of 31.1 percent of women reported a perceived need for mental health services, and 56.7 percent of these women made attempts to obtain mental health services. The majority of women who attempted to obtain services were successful: 86.7 percent of these women utilized specialty mental health services in the

past year. A total of 14.7 percent of women reported frequent mental distress. Women reporting frequent mental distress were more likely to report a perceived need for mental health services than were women who did not report frequent mental distress, OR=4.5 (95 percent CI 3.7, 5.4). Frequent mental distress was not associated with the likelihood of trying to obtain mental health services, OR=0.9 (95 percent CI 0.7, 1.2), or of actually obtaining these services, OR=0.7 (95 percent CI 0.5, 1.2).

Several correlates for the three indicators of access to care: perceived need, efforts to obtain services, and utilization of services, were examined. The correlates included ethnicity, age, education, marital status, poverty, frequent mental distress, and having a health insurance plan. Table 11-1 illustrates the associations between these factors and access to care.

### Perceived Need

The strongest correlate of perceived need for mental health services was frequent mental distress. Women who reported frequent mental distress were over four times as likely as other women to report a need for mental health services in the past year. Ethnicity, age, and marital status also correlated with perceived need for mental health services despite the level of mental distress. Hispanic and Asian women were less likely to perceive a need for mental health services, while women 40 years of age and over as well as separated or divorced women were more likely to report a need for mental health services.

### Attempts to Obtain Services

Frequent mental distress was also the strongest correlate of attempts by women to obtain mental health services when they perceived a need. Women who reported frequent mental distress were less likely to try to obtain the mental health services they felt they needed. Ethnicity, age, and marital status were also associated with women's attempts to obtain mental health services above and beyond reports of mental distress. Hispanic and Asian women were more likely

to try to obtain services, as were women 40 years of age and over. Separated or divorced women, however, were less likely to try to obtain services.

### Service Utilization

Among women who tried to obtain the mental health services they felt they needed, ethnicity, age, and insurance status were associated with utilization of these mental health services. Black/African American, Hispanic, and Asian women were all less likely to access the services they tried to obtain. Women 40 years of age and over were more likely to access services, as were women with a health insurance plan.

### Discussion

A total of 15.2 percent of California women utilized specialty mental health services in the past year. However, approximately twice as many women, or 31.1 percent, reported a perceived need for mental health services. The discrepancy between the proportion of women that need mental health services and those that ultimately receive services suggests that significant barriers to mental health care exist.

Our analyses identified distinct characteristics that describe women who may lack access to services. For example, women 40 years of age and over were less likely to perceive a need for mental health services but more likely to try and eventually obtain services. Separated or divorced women were more likely to perceive a need for services but less likely to try and obtain them. Being able to ultimately obtain services was not associated with either marital status or age.

Ethnicity, however, was consistently associated with all indicators of access to care, including the ability to ultimately obtain mental health services. Black/African American, Hispanic, and Asian women were less likely to obtain the services they felt they needed despite being as or more likely than other women to try and get these services. Much of the literature concerning racial disparities and access to mental health services has focused on cultural differences

*White women were more likely to receive the mental health services they felt they needed than non-White women.*

in acceptance of specialty mental health services or differences in rates of insurance coverage. However, we controlled for those factors in these analyses, and non-White women were still less likely than other women to get the mental health services they felt they needed and tried to obtain. These results suggest that the unmet need for mental health services in California

falls disproportionately on non-White women. The mental health service system must devote continued attention towards cultural competence as well as outreach. Support for California’s overburdened public mental health system is necessary in order to ensure equitable mental health care for all California women.

**Table 14-1: Correlates of access to mental health services**

	Perceived Need Adjusted Odds Ratio (95% Confidence Interval (CI))	Tried to Obtain Adjusted Odds Ratio (95% Confidence Interval (CI))	Utilization Adjusted Odds Ratio (95% Confidence Interval (CI))
<b>Ethnicity</b>			
White	Referent		
Black/African American	1.1 (0.9, 1.6)	0.8 (0.6, 1.2)	0.3 (0.2, 0.6)*
Hispanic	0.7 (0.6, 0.9)*	1.3 (1.1, 1.6)*	0.6 (0.4, 0.9)*
Asian/Pacific Islander	0.5 (0.4, 0.7)*	2.0 (1.4, 2.8)*	0.4 (0.3, 0.8)*
Native American	1.0 (0.6, 1.5)	1.0 (0.6, 1.6)	0.6 (0.3, 1.2)
Other	1.9 (0.1, 39.3)	0.5 (0.3, 10.8)	**
<b>Age</b>			
18-29	Referent		
30-39	0.9 (0.7, 1.1)	1.1 (0.9, 1.3)	2.6 (1.8, 3.6)*
40-49	0.7 (0.6, 0.9)*	1.3 (1.0, 1.7)	2.9 (1.9, 4.3)*
50-59	0.5 (0.4, 0.7)*	1.8 (1.4, 2.4)*	1.7 (1.1, 2.7)*
60+	0.2 (0.1, 0.2)*	6.3 (4.4, 9.2)*	1.6 (0.8, 3.1)
<b>Marital Status</b>			
Married or Partnered	reference		
Separated or Divorced	1.7 (1.4, 2.2)*	0.6 (0.5, 0.7)*	1.4 (1.0, 2.1)
Single	1.5 (0.9, 2.4)	0.7 (0.5, 1.1)	1.1 (0.5, 2.7)
Widowed	1.2 (0.9, 1.4)	0.9 (0.7, 1.1)	1.2 (0.8, 1.6)
Education Less than High School	0.8 (0.6, 1.0)	1.3 (1.0, 1.7)	0.8 (0.5, 1.3)
At or Below Federal Poverty Level	0.9 (0.7, 1.1)	1.1 (0.9, 1.5)	1.1 (0.2, 1.8)
Have Health Insurance Plan	0.9 (0.7, 1.1)	1.2 (0.9, 1.5)	1.8 (1.2, 2.5)
Frequent Mental Distress	4.5 (3.7, 5.6)*	0.2 (0.2, 0.3)*	0.9 (.7, 1.2)

\* Indicates significant findings

\*\* cell size too small to calculate

Source: California Women’s Health Survey (CWHS)

## References

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