



Barriers to Mental Health Care for California Racial/Ethnic Groups

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Of the more than 4 million California adults who are estimated to need mental health services each year, as many as 60% are members of racial/ethnic minority groups. National estimates suggest that in any given year only one-third of adults with a diagnosable mental disorder receive treatment. In California that would mean almost 3 million people may go without needed mental health care, a burden that falls particularly hard on racial and ethnic minority groups, who are about as likely to need mental health care as whites but significantly less likely to receive it.¹

Study Design

We used the 2001 California Health Interview Survey (CHIS) dataset to determine the scope of unmet mental health need in California and to identify barriers that keep California adults in general, and from racial/ethnic and linguistic groups in particular, from receiving needed mental health services. We then projected and compared the impact that four potential policy actions would have on reducing these barriers and ultimately decreasing disparities in mental health treatment: (1) providing health insurance, (2) providing health insurance and minimizing language barriers, (3) providing health insurance with mental health coverage, and (4) providing health insurance with mental health coverage and minimizing language barriers.

To get a better sense of which policy choice would be likely to produce the greatest increase in the use of needed services, we estimated the results of these four predictive models for Californians most likely to need, and least likely to receive, mental health care (e.g., those who were poor, had little formal education, and had limited English proficiency). By permitting hypothetical comparisons based on a representative sample of California adults, these models offer some sense of the comparative leverage different sets of policy actions might have in reducing mental health disparities by race/ethnicity.

Key Findings

- Less than half (42%) of the Californians who reported needing help for an emotional problem received mental health services.
- Sixteen percent of California's adults reported needing help for a mental or emotional problem in the past year; 13% did less activities in the previous month than they would have liked because of a mental or emotional problem; and 16% were unable to do their work or other activities "as well as usual" in the last month because of a mental or emotional problem.
- Some populations are more affected by psychological distress than others. Twenty percent of both Latinos and African Americans reported not being able to do their work or activities as well as usual in the past month because of emotional problems, compared to 15% of Asian/Pacific Islanders and 14% of non-Latino whites.
- Race/ethnicity itself posed a significant barrier to obtaining mental health care: African Americans, Asian/Pacific Islanders, and Latinos were all about 30% less likely to have received care than non-Latino whites, even when controlling for other factors, such as poverty, English language proficiency, and insurance status.
- Limited English-language proficiency was also a significant barrier: Californians who did not speak English were almost 80% less likely to have received needed services than those who spoke English, when other factors were controlled.
- Lack of health insurance was a significant barrier: adults with health insurance were twice more likely to have received needed mental health care than those who were uninsured, when other variables were controlled for.

Projected Effects of Potential Policy Actions on Disadvantaged Californians

To analyze the following policy models, we created

equations to identify certain barriers and manipulated them to see the effect of removing the barriers. This method illustrates the relative effectiveness of each policy across racial/ethnic groups, but is limited by the assumptions on which it is based, the inability to account for every factor that predicts the receipt of mental health treatment, and the limitation of the CHIS data that we used to create this model.

- Policy action 1—providing health insurance—increased receipt of needed mental health services dramatically for African Americans, but did not greatly benefit Latinos or Asian/Pacific Islanders.
- Policy action 2—providing health insurance and minimizing language barriers—increased receipt of needed mental health services among Latinos and Asian/Pacific Islanders to 39% and 47% respectively.
- Policy action 3—providing insurance with mental health coverage—increased receipt of needed mental health services for Asian/Pacific Islanders to rates similar to those achieved with policy action 2 (49%), but did not benefit Latinos as dramatically.
- Policy action 4—providing health insurance with mental health coverage and minimizing language barriers—had the greatest benefit both for Asians/Pacific Islanders (74%) and Latinos (52%) specifically. Overall, it increased receipt of mental health services by all disadvantaged Californians from less than 20% to 67%.

Policy Implications and Recommendations

- *Make health insurance more available and continue innovative efforts to decrease language barriers.* These policy actions appear to reduce racial/ethnic disparities in meeting the need for mental health services, and indicate that seeking mental health treatment, though a deeply personal choice, can be influenced by large-scale, systemic changes that are amenable to policy action.
- *Consider adopting one or more of these policy actions through legislation.* The tested policy actions in these models appear to decrease disparities

among those who need mental health care. Although the actions do not equally benefit all racial/ethnic groups, they appear of particular benefit to Asian/Pacific Islanders. Fewer than 10% of disadvantaged Asian/Pacific Islander CHIS respondents received needed mental health services, but under the final hypothetical policy action an estimated 74% would receive needed care.

- *Further studies are required to determine the barriers that perpetuate disparities among Latinos.* Although the tested policy actions increase the receipt of needed services among disadvantaged Latinos from less than 10% to 52%, even with these helpful policy actions almost half of Latinos would still have unmet mental health needs.

State policy action to increase insurance coverage in general, to increase mental health coverage specifically, and to reduce language barriers to obtaining mental health care would help millions of Californians, many of whom are poor, disenfranchised, and suffering in silence. It would also provide residual benefits to employers, families, and the State of California.

¹ Background information from Little Hoover Commission (2000) *Being There: Making A Commitment to Mental Health*; US Census Bureau (2000) *Results from 2000 Census*; and USDHHS (1999). *Mental Health: A Report of the Surgeon General*.

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Funding for this project was provided by the California Program on Access to Care and the UCLA Center for Health Policy Research. CPAC and UCLA wish to recognize the support of The California Endowment in funding this research.

This CPAC Findings was prepared for CPAC policy briefing "Understanding Ethnic Health Disparities: CPAC/UCLA CHIS Reports," held in Sacramento on February 10, 2005.

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