

# Using the CHIS to Identify Barriers to Mental Health Care for California Racial/Ethnic Groups

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# Scope of the Problem

- National estimates suggest that only a third of adults with diagnosable mental disorders receive treatment.
- Racial/ethnic minorities are far less likely to receive needed services.
- Understanding and decreasing these barriers are particularly important in California.

# Study Goals

- Use California Health Interview Survey (CHIS) data to understand the scope of unmet mental health need in California.
- Determine salient barriers to treatment.
- Compare impact of removing these barriers using predictive policy models.
- Examine variation in the ways in which different racial/ethnic and linguistic groups report mental health needs

# Study Sample

- Adults 18-64
- N= 43,713
- Variables of Interest
  - Race/Ethnicity
  - Language
  - Mental Health Care Need
  - Mental Health Care Use

# Race/Ethnicity Variables

- Race/Ethnicity
  - 49% Non-Latino White
  - 31% Latino
  - 11% Asian/Pacific Islander
  - 5% African American
  - 4% Other
- Other Options
  - Native Americans/Alaskan Natives
  - Asian/Pacific Islander and Latino subgroups

# Language Variables

- Language of interview (confidential)
  - 89% English
  - 9% Spanish
  - 2% Other
- Language spoken at home
  - 58% English Only
  - 8% Spanish Only
  - 19% Spanish and English
  - 2% Asian Lang Only
  - 2% Asian Lang and English
  - 3% Other Lang
  - 7% Other Lang and English

# Language Variables, cont.

- **English proficiency**
  - 74% Very Well
  - 11% Well
  - 15% Not Well/Not at All
- **Bilingual (combination)**
  - 58% English only
  - 27% Bilingual
  - 15% No English

# Mental Health Need Variables

- **Direct Mental Health Need**
  - “During the last 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, blue, anxious, or nervous?”
- **Indirect Mental Health Need**
  - SF-12 Mental Health Component Score
  - “During the past 4 weeks, did you feel downhearted and sad?”
  - “...did you do LESS than you would have liked because of any kind of emotional problem?”
  - “...did you NOT do your work or other activities as well as usual because of emotional problems such as feeling depressed or anxious?”

# Mental Health Use Variables

- **Got Needed Services**

- “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?”

- **Other Use Variables**

- “In the past 12 months, did you take prescription medications, such as an antidepressant or sedative, almost daily for two weeks or more, for an emotional or personal problem?”
- “...did you talk with a health provider about mental health?”
- “...did you have difficulties or delays in getting mental health treatment?”
- “...did you receive care in an emergency room for emotional or mental health problems?”

# Control Variables

- Age
- Living below the poverty level
- US citizenship
- Marital status
- Gender
- Health status
- Education
- Living in an urban area
- Health insurance
- Mental health insurance

# Scope of Mental Health Need

	Direct Need
Whites	18%
African Americans	17%
Latinos	16%
Asian/Pacific Islanders	9%

# Percent Receiving Mental Health Services by Race/Ethnicity

Whites	53%
African Americans	42%
Asian/Pacific Islanders	31%
Latinos	24%

# Percent Receiving Mental Health Services by Language Proficiency

	Latino	A/PI
English Only	43%	56%
Bilingual	34%	31%
No English	8%	9%

# Barriers to Care

- **Race/Ethnicity**
  - Latinos, Asian/Pacific Islanders, and African Americans about 30% less likely.
- **English Language Proficiency**
  - Non-English speakers about 80% less likely.
- **Health Insurance**
  - Insured respondents 2xs more likely.
- **Mental Health Coverage**
  - Mental health coverage 2xs more likely.

# Policy Model Methods

- Looked at 4 policy options
  - 1) Insurance
  - 2) Insurance + minimizing language barriers
  - 3) Insurance with mental health coverage
  - 4) Insurance with mental health coverage + minimizing language barriers
- Made assumptions about variables
- Used representative groups to compare effectiveness of policies
- Useful as a tool for comparison
- Limited by
  - Model
  - Assumptions
  - Data

# Impact on Disadvantaged Groups

	Latinos	Asian/PI	African American	White
1. Insurance	9%	8%	90%	45%
2. Insurance + No Language Barriers	39%	47%	N/A	N/A
3. MH Coverage	25%	49%	86%	77%
4. MH Coverage + No Language Barriers	52%	74%	N/A	N/A

# Study Conclusions

- Great deal of unmet need in California.
- Significant barriers are amenable to policy action.
- Policy action may not equally benefit all groups.
- Groups are reporting different types of mental health needs.

# What to Know About the CHIS

- Great data set for questions of disparities and culture.
- CHIS people are very nice!
- Ask CHIS makes info easily available.
- Not everyone asked every questions.
  - Only asked about mental health insurance if had health insurance
  - Only asked specific mental health questions if said had mental health problem
- Small sample sizes for certain variables.
- Major problems with the 2001 SF-12 questions.
- Confidential variables.
- Data updates.

# Contact Information

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