



THE UCLA CENTER FOR HEALTH POLICY RESEARCH



Identifying Mental Health Needs in California: A Public Health Approach

D. Imelda Padilla-Frausto, PhD, MPH
Ninez Ponce, PhD, MPP

Stay informed:

Get copies of today's slides: healthpolicy@ucla.edu

View recent recorded seminars:

www.healthpolicy.ucla.edu/newsroom

Follow us on Facebook [@UCLACHPR](https://www.facebook.com/UCLACHPR)

and Twitter [@UCLAchpr](https://twitter.com/UCLAchpr)

Overview

- Background
- Conceptual Framework
- Methods
- Preliminary Results
 - Identifying Adults with Mental Health Needs
 - Consequences on Work and Life Impairment
 - No Access to Mental Health Care
- Discussion
- Q & A

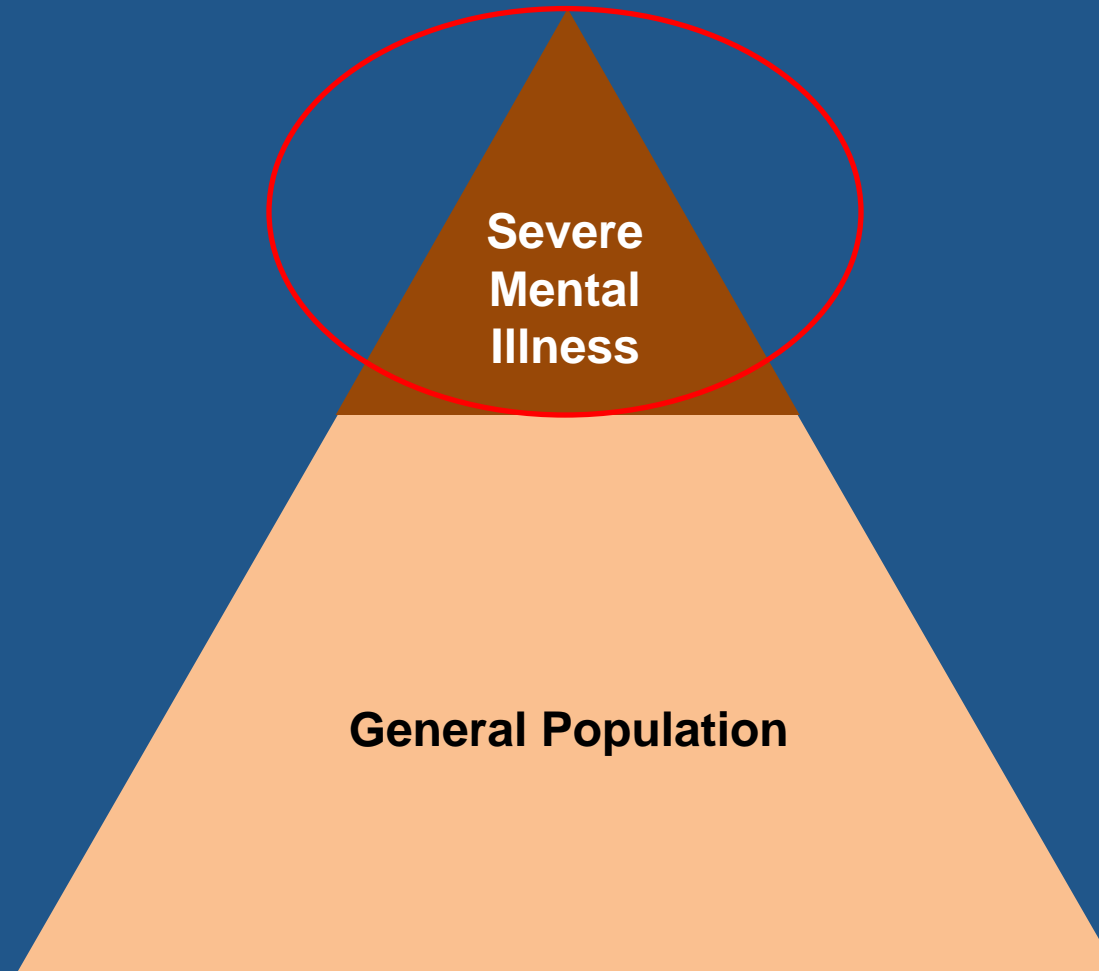
Acknowledgments

- Mental Health Services Division - CA Dept. of Health Care Services
- Communications Team
- IT Team
- Ninez Ponce, Director
- Steven P. Wallace, Associate Director

Significance of Mental Health Disorders

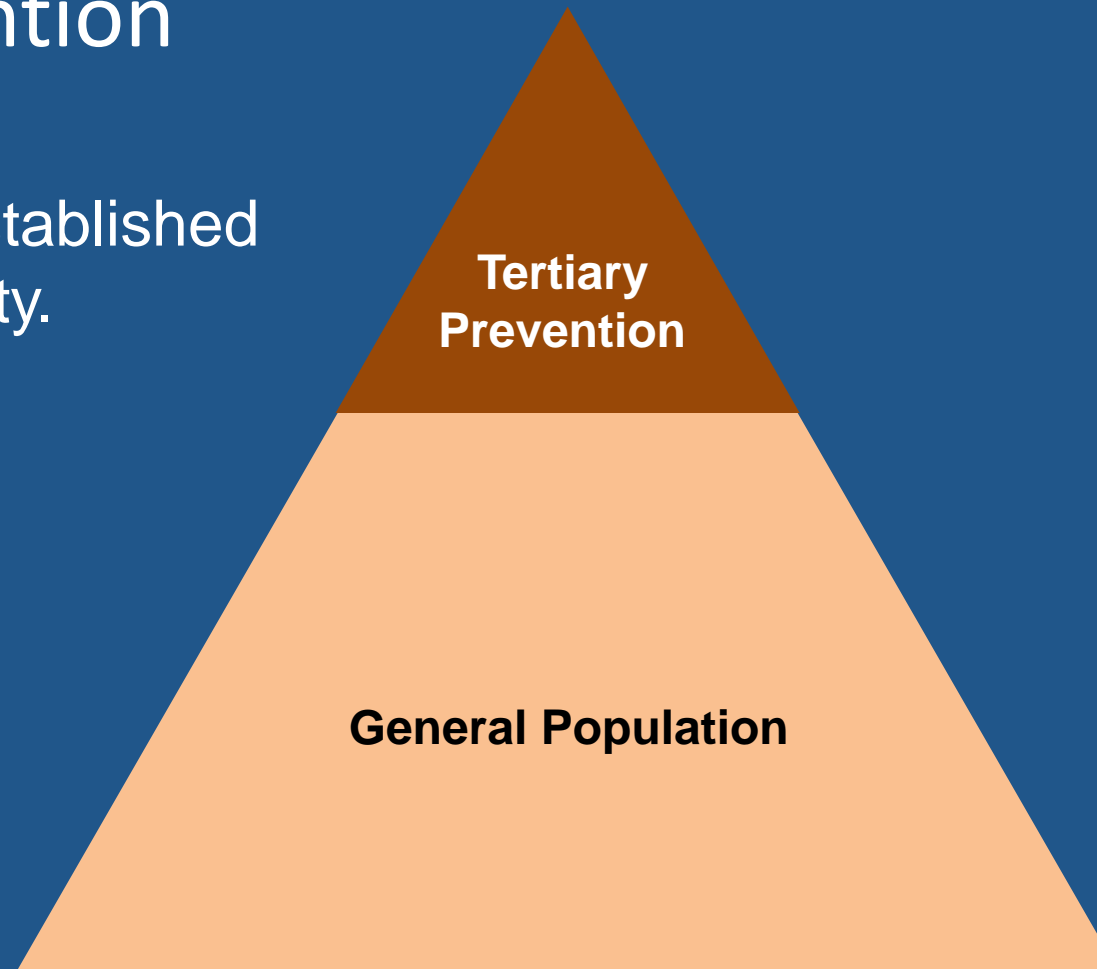
- 1 in 4 people will have a mental health disorder in their lifetime
 - Significant burden on health and productivity
 - 15% of disease burden, exceeding disease burden for all cancers
 - Leading cause of disability in U.S. ages 15-44 (NIMH)
 - Costliest condition in the US ~\$200 billion in 2013 (Roehrig, Health Affairs 2016)
- 1 in 2 people with a mental disorder will not receive care
- Effective treatment for mental health disorders
- Effective interdisciplinary strategies for prevention and early intervention
 - Reducing risk factors; increasing protective factors

Who Receives Mental Health Services?



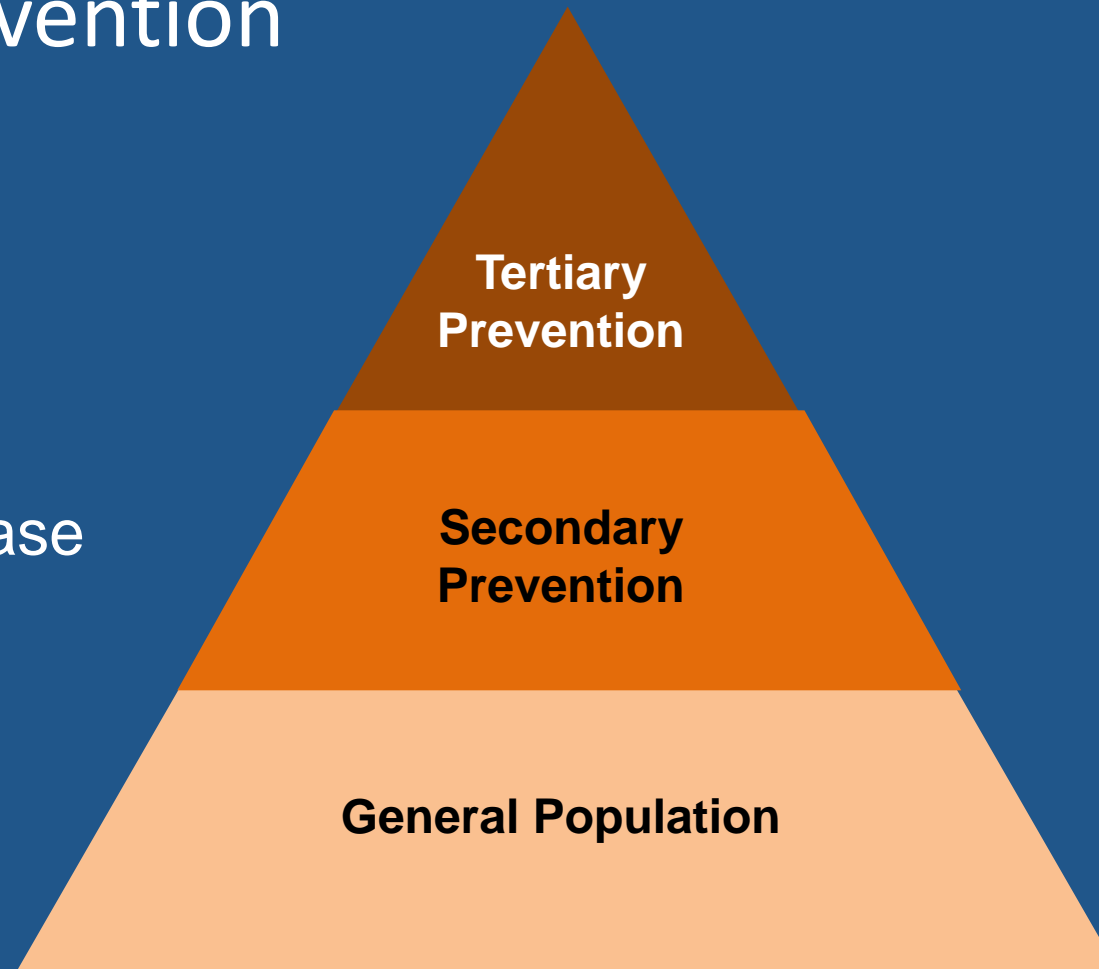
Public Health Framework: Tertiary Prevention

Aims to reduce the consequences of established disease and disability.

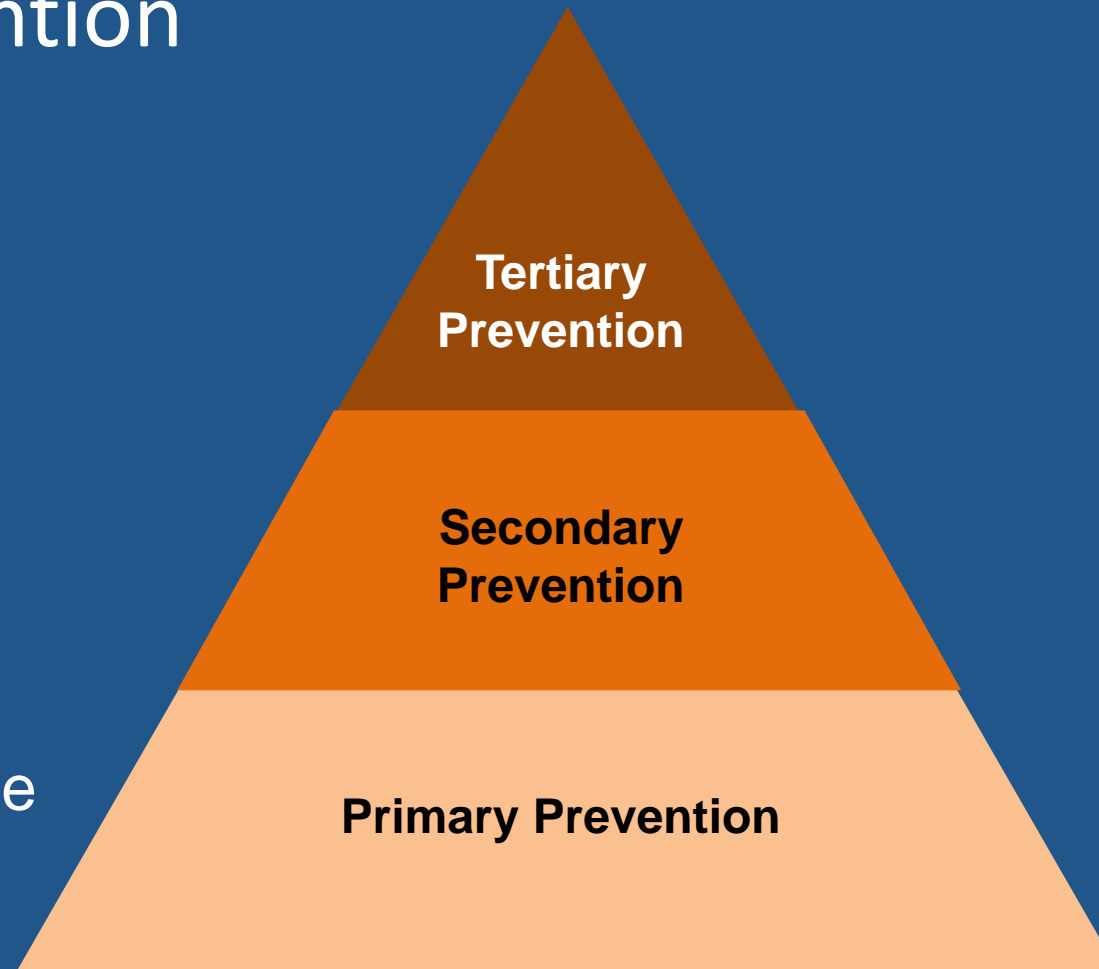


Public Health Framework: Secondary Prevention

Aims to prevent the progression of disease and disability.



Public Health Framework: Primary Prevention



Aims to limit the incidence of disease and disability in the population.

Mental Health Services Act (MHSA)

- Prop 63 passed in November 2004
 - Provide increased funding, personnel, and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families.
 - The act addresses a broad continuum of
 - **Prevention,**
 - **Early Intervention, and**
 - **Treatment service needs.**

Conceptual Framework:

MHSA

Treatment:

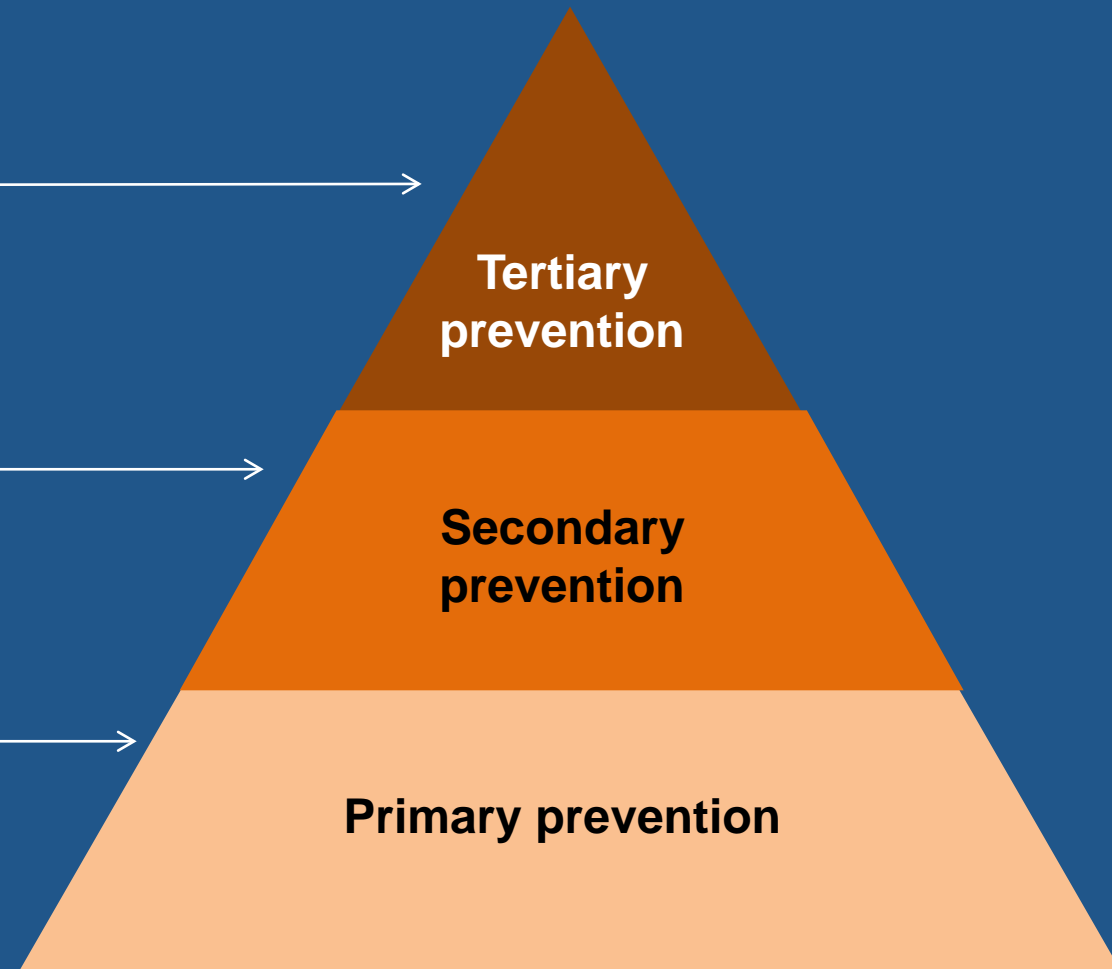
Aim is to reduce the consequences of established mental health disorders.

Early intervention:

Aim is to prevent the progression of mental health disorders.

Prevention:

Aim is to limit the incidence of mental health disorders in the population.



Identifying Mental Health Need

- Kessler-6 in the California Health Interview Survey (CHIS)
 - How often did you feel nervous?
 - How often did you feel hopeless
 - How often did you feel restless or fidgety?
 - How often did you feel depressed that nothing could cheer you up?
 - How often did you feel that everything was an effort?
 - How often did you feel worthless?
- Responses
 - All of the time (4), Most of the time (3), Some of the time (2), A little (1), None of the time (0)
- Summed and Scored (Range = 0-24)
 - **Serious Psychological Distress** **Score = 13 or greater**
 - **Moderate Psychological Distress** **Score = 9 through 12**
 - **Low Psychological Distress** **Score = 1 through 8**
 - **No Psychological Distress** **Score = 0**

Conceptual Framework:

MHSA

Treatment:

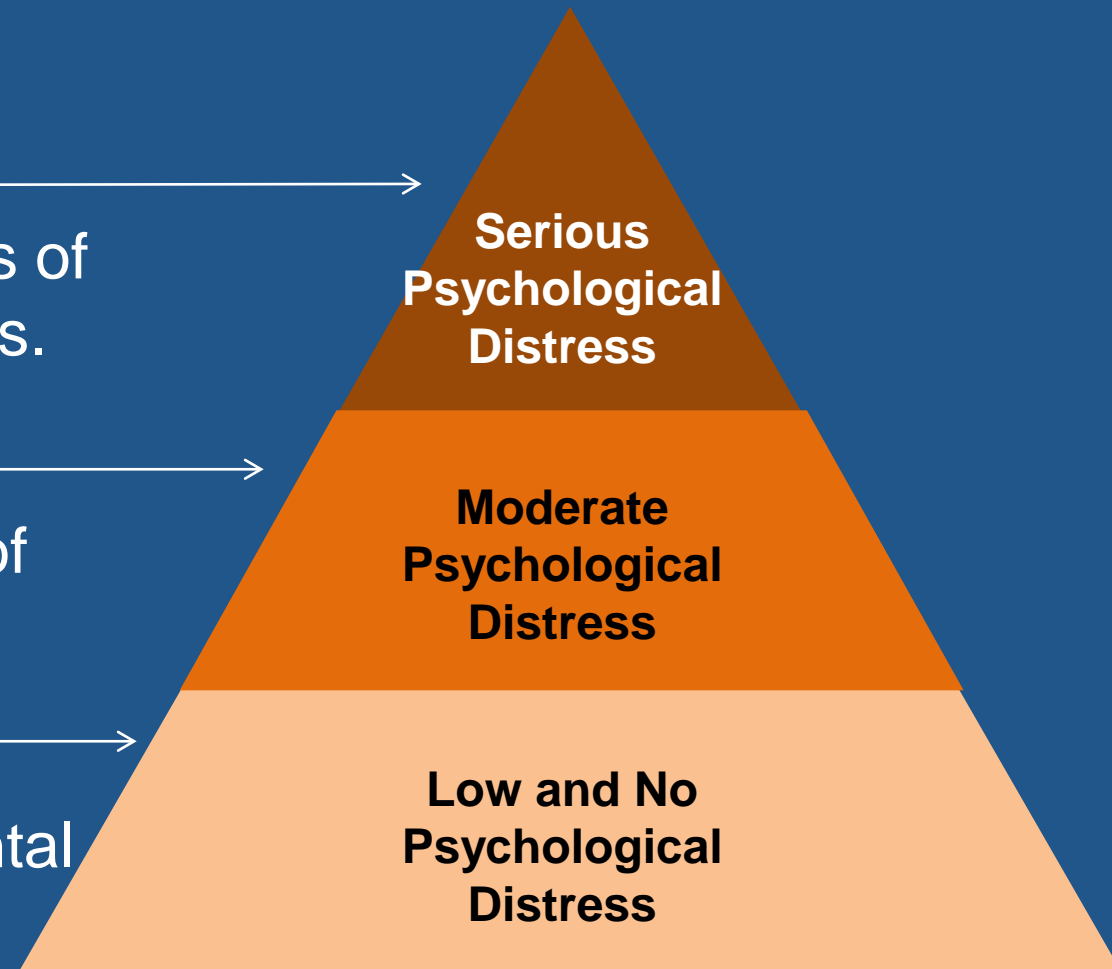
Aim is to reduce the consequences of established mental health disorders.

Early intervention:

Aim is to prevent the progression of mental health disorders.

Prevention:

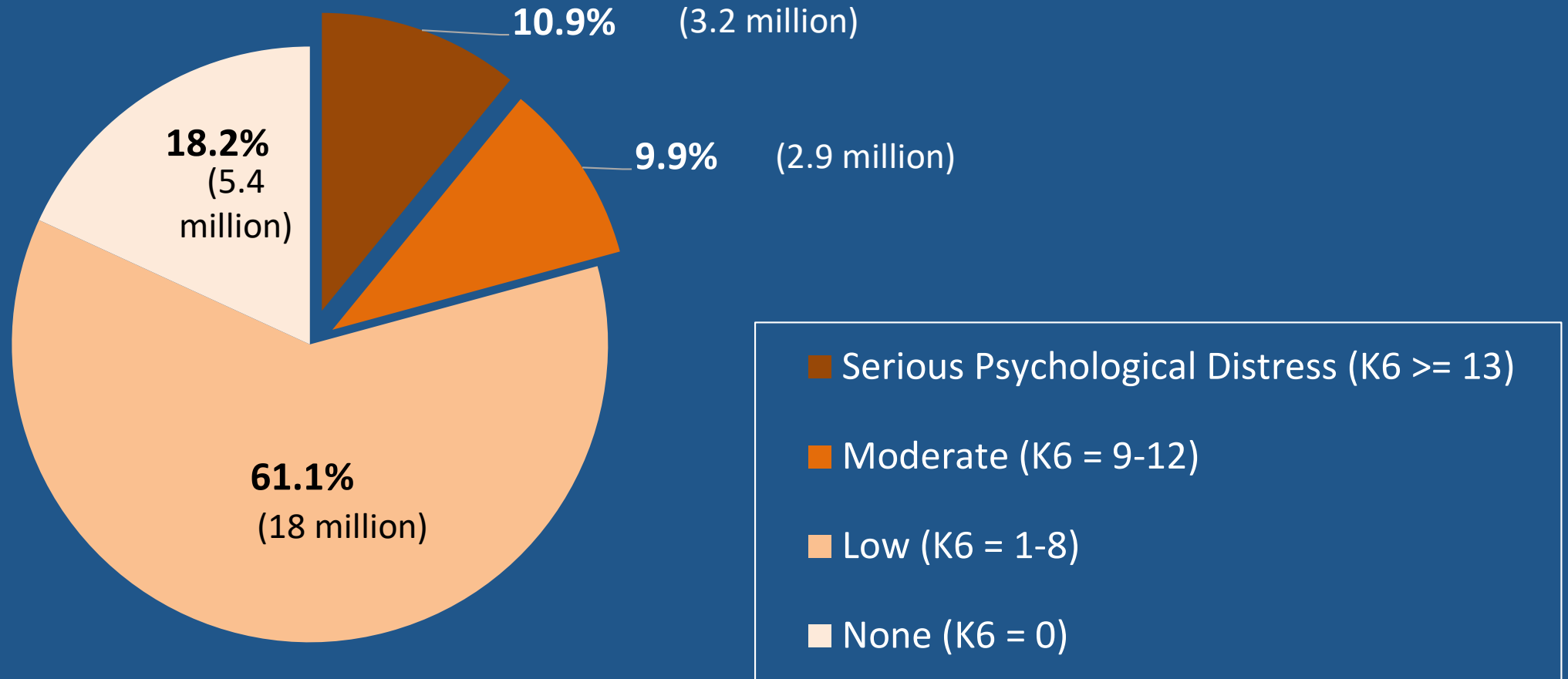
Aim is to limit the incidence of mental health disorders in the population.



Methods

- California Health Interview Survey (CHIS) 2018
- Household Survey
- Robust Sample and Survey Weights
- 7 Languages
 - English
 - Spanish
 - Chinese (Mandarin and Cantonese)
 - Korean
 - Vietnamese
 - Tagalog

Psychological Distress, CA Adults, age 18 and over, CHIS 2018

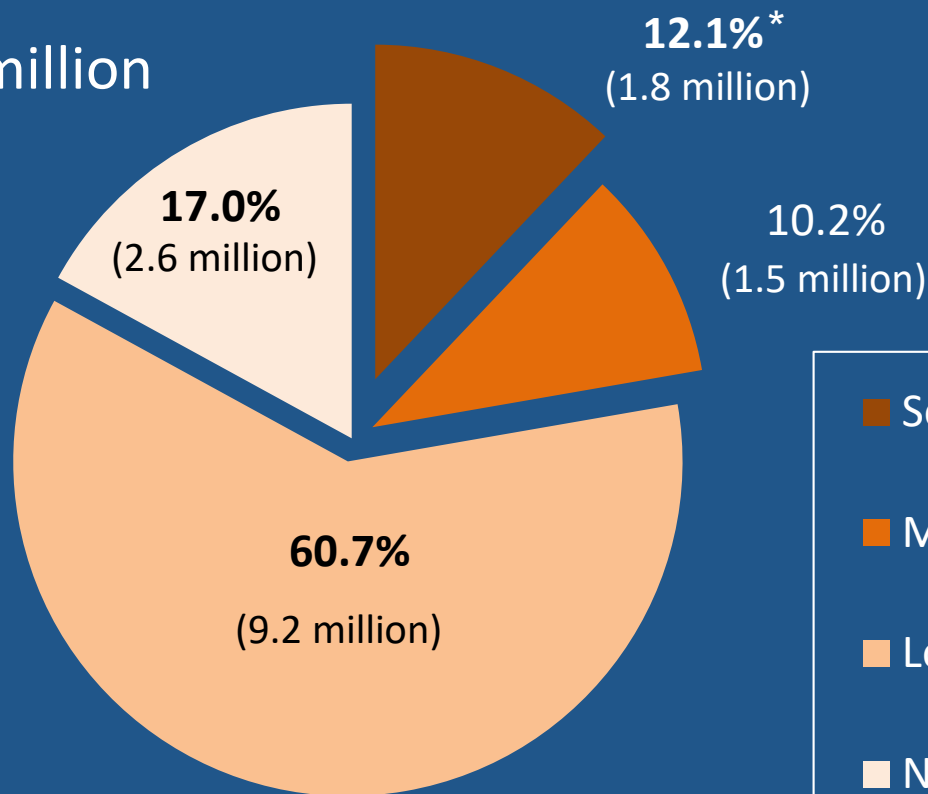


Gender

Psychological Distress Past Year among California Adults, age 18 +, by: CHIS 2018

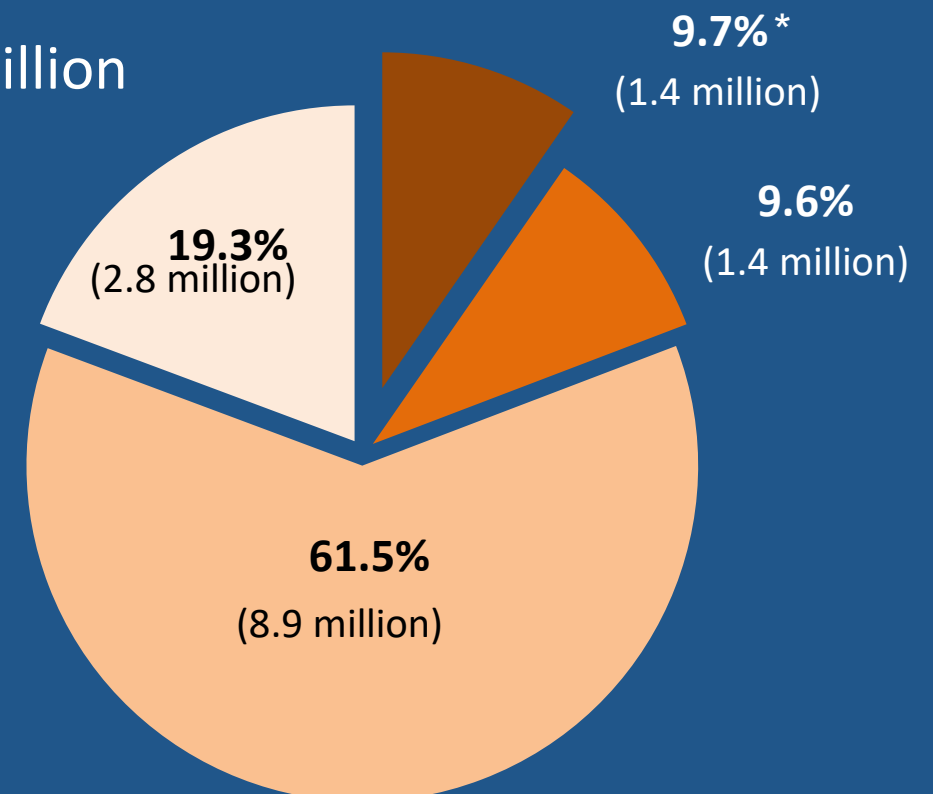
Female adults:

15 million



Male adults:

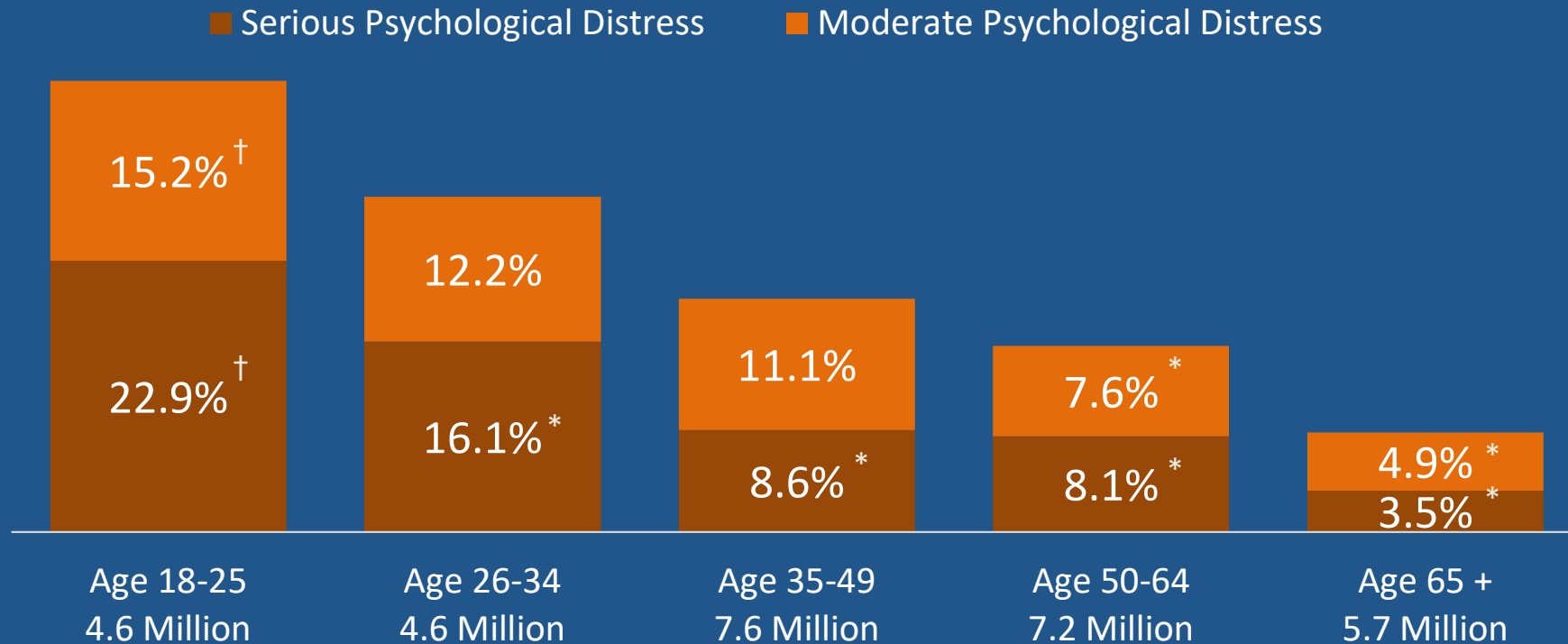
14 million



* Statistically significant difference by gender; Numbers may not add up to total population due to rounding

Age

Percent of CA Adults, age 18 +, with Moderate or Serious Psychological Distress Past Year by : CHIS 2018



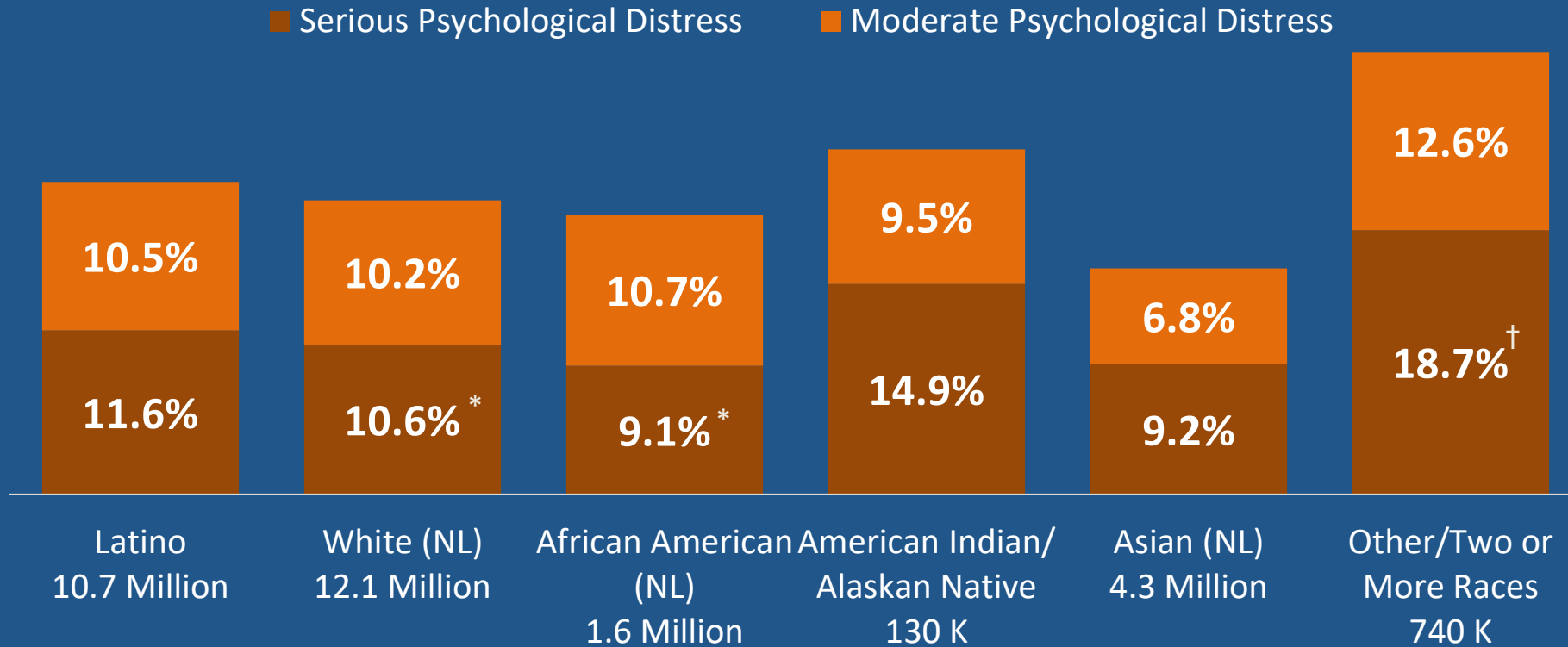
† Reference group

*Statistically significant difference from reference group

Population numbers may not add to total due to rounding

Race/Ethnicity

Percent of CA Adults, age 18 +, with Moderate or Serious Psychological Distress Past Year by: CHIS 2018



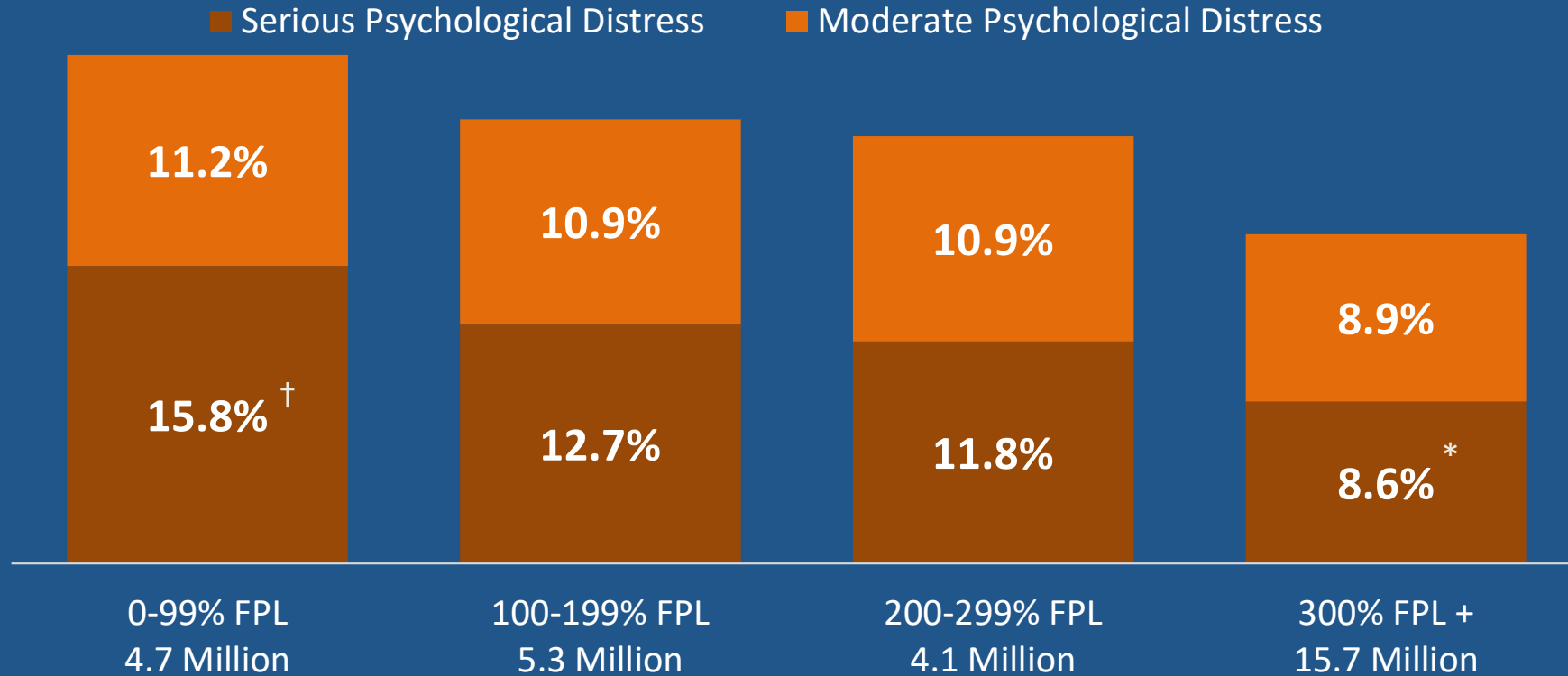
† Reference group

*Statistically significant difference from reference group

Population numbers may not add to total due to rounding

Poverty Level

Percent of CA Adults, age 18 +, with Moderate or Serious Psychological Distress Past Year by : CHIS 2018



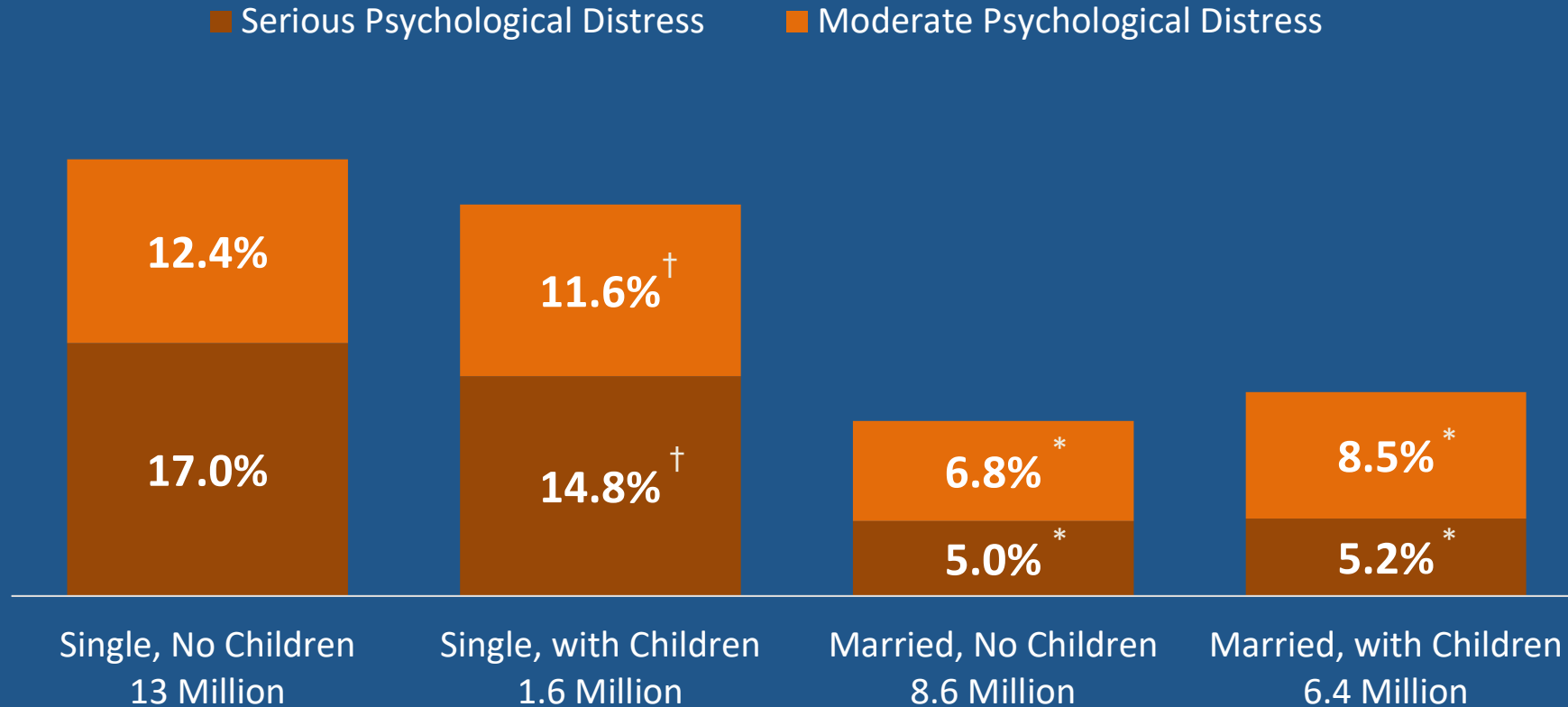
† Reference group

*Statistically significant difference from reference group

Population numbers may not add to total due to rounding

Family Type

Percent of California Women with Moderate or Serious Psychological Distress Past Year by : CHIS 2018



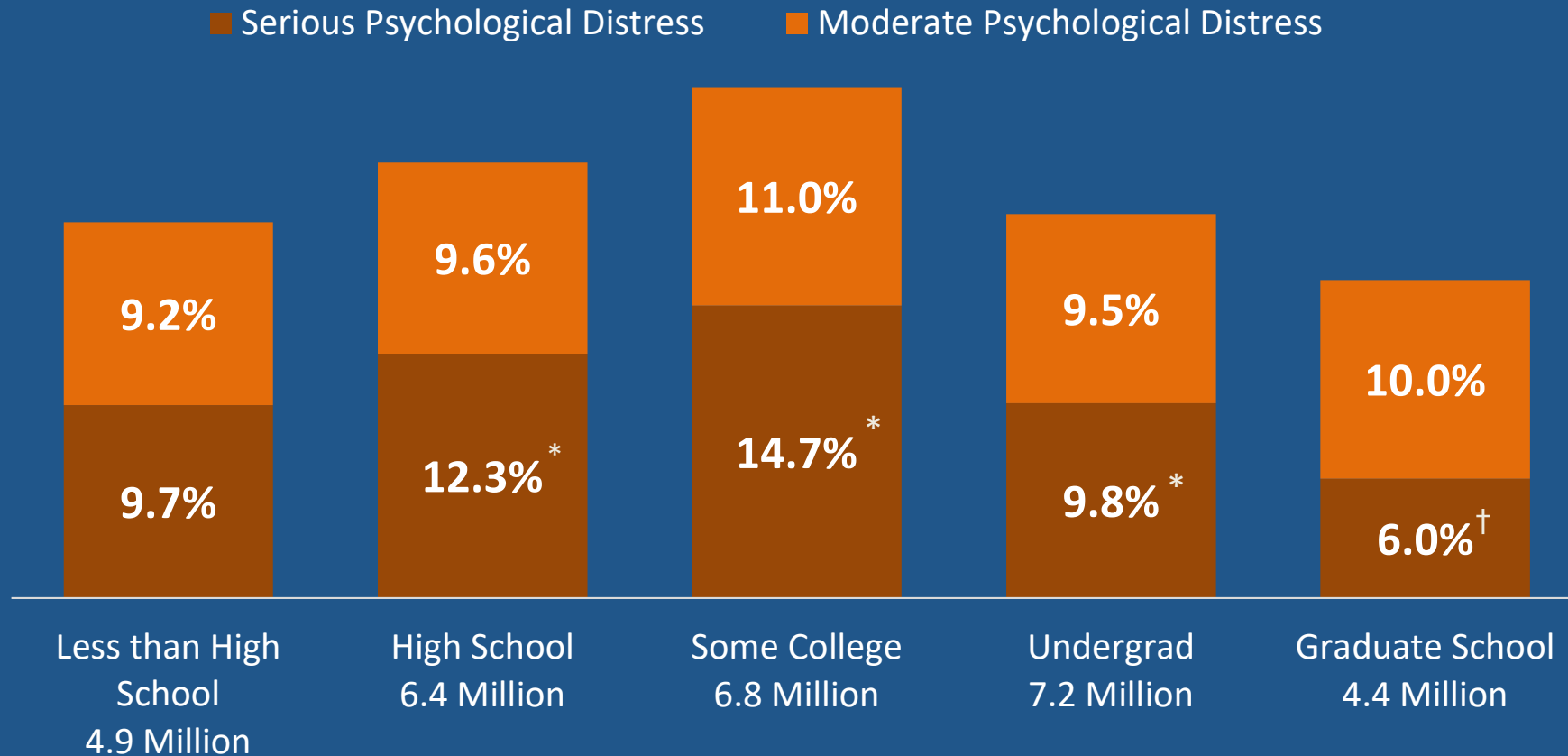
[†] Reference group

^{*} Statistically significant difference from reference group

Population numbers may not add to total due to rounding

Education – All Adults

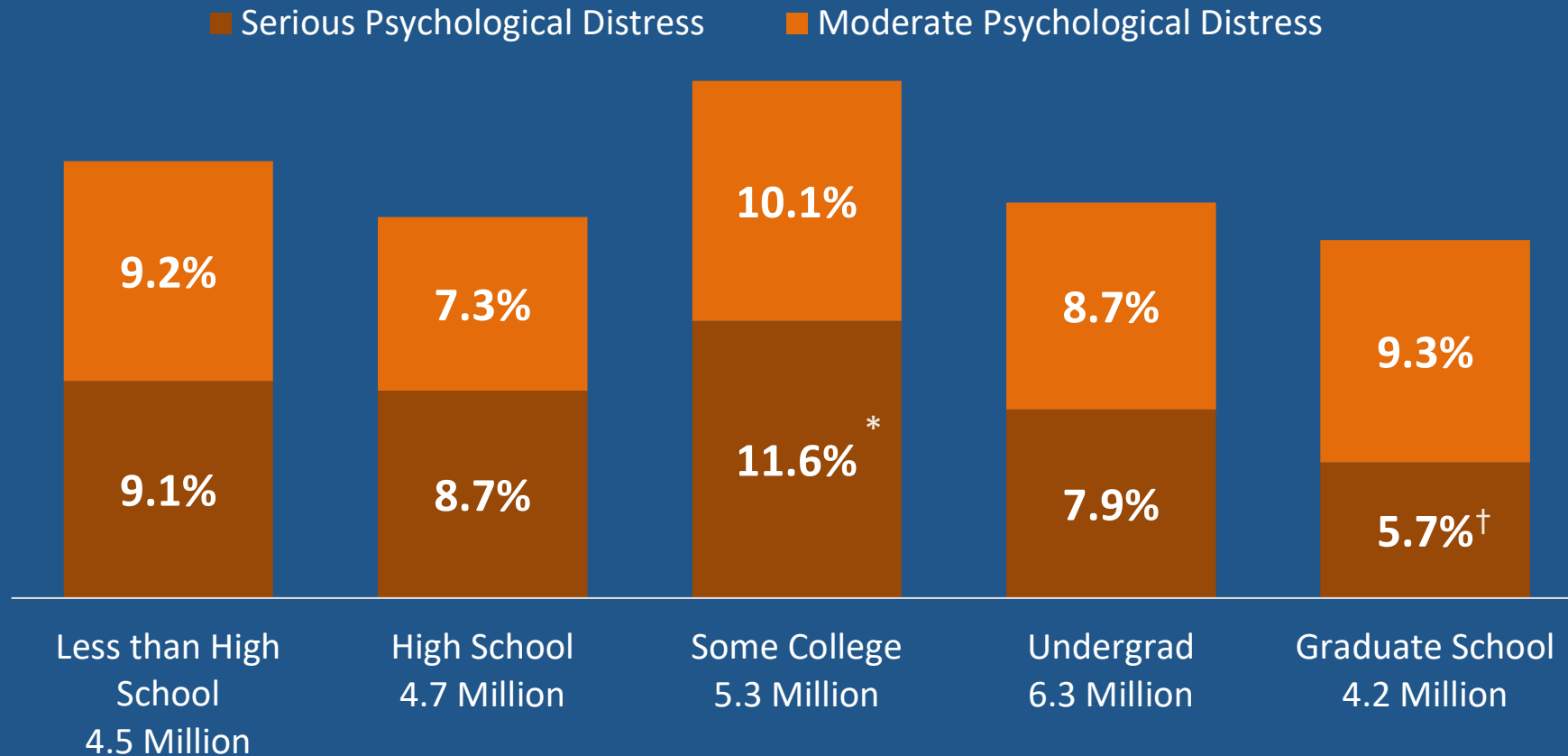
Percent of CA Adults, age 18 +, with Moderate or Serious Psychological Distress Past Year : CHIS 2018



† Reference group; *Statistically significant difference from reference group; Population numbers may not add to total due to rounding

Education – Adults Age 26 and over

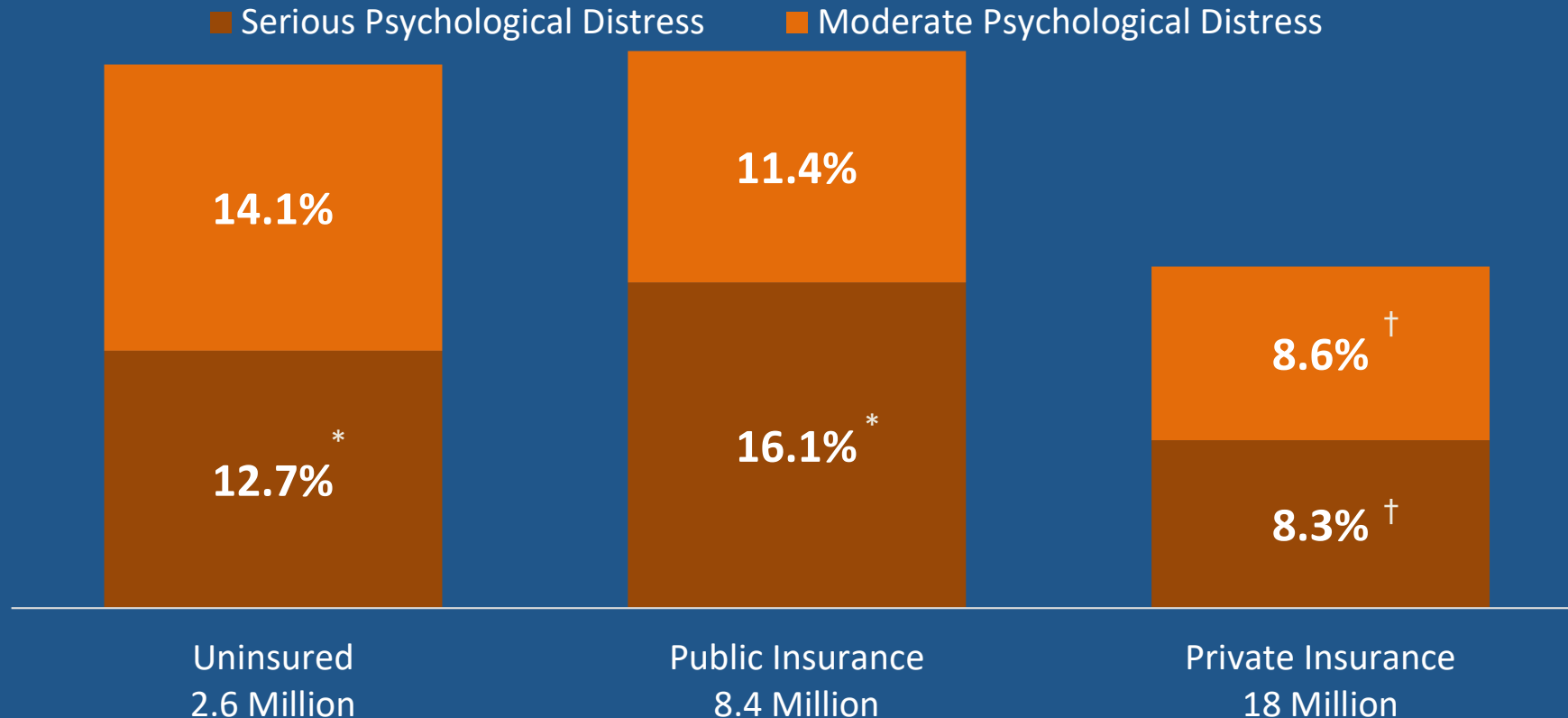
Percent of CA Adults, age 26+, with Moderate or Serious Psychological Distress Past Year : CHIS 2018



† Reference group; *Statistically significant difference from reference group; Population numbers may not add to total due to rounding

Health Insurance

Percent of CA Adults, age 18 +, with Moderate or Serious Psychological Distress Past Year: CHIS 2018



† Reference group; *Statistically significant difference from reference group;
Population numbers may not add to total due to rounding

Summary: Socio-demographic/Health Insurance Groups most At-Risk for Moderate and Severe Psychological Distress

- Young Adults ages 18-34, especially under age 26
- Multi-racial population (a group that consists mostly of American Indian/Alaska Native) and African Americans
- Adults living in poverty suffer most but also up to 300% FPL
- Single adults especially those without children
- Adults with less than high school but also adults with some college
- Adults with Public health insurance coverage, uninsured

CHIS 2018

CONSEQUENCES OF MODERATE AND SEVERE PSYCHOLOGICAL DISTRESS: WORK AND LIFE IMPAIRMENT

Measuring Life and Work Impairment

- Main Metric: Sheehan Disability Scale
- Asked only of those scoring as Moderate or Serious Psychological Distress (K6 > 8)
 - Think about the month in the past 12 months when you were at your worst emotionally.
 - Did your emotions interfere with your performance at work?
 - Asked only of those who are working
 - Did your emotions interfere with your household chores?
 - Did your emotions interfere with your social life?
 - Did your emotions interfere with your relationship with friends or family?
 - Response: A Lot (2), Some (1), Not at all (0)

Up to 8 in 10 adults with **psychological distress** are **impaired at work**

Percentage of working adults who say they are impaired at work, by level of psychological distress

 **Severe Impairment at work**

 **Moderate Impairment at work**



**2.6 million adults with
Serious Psychological Distress**

**2.4 million adults with
Moderate Psychological Distress**

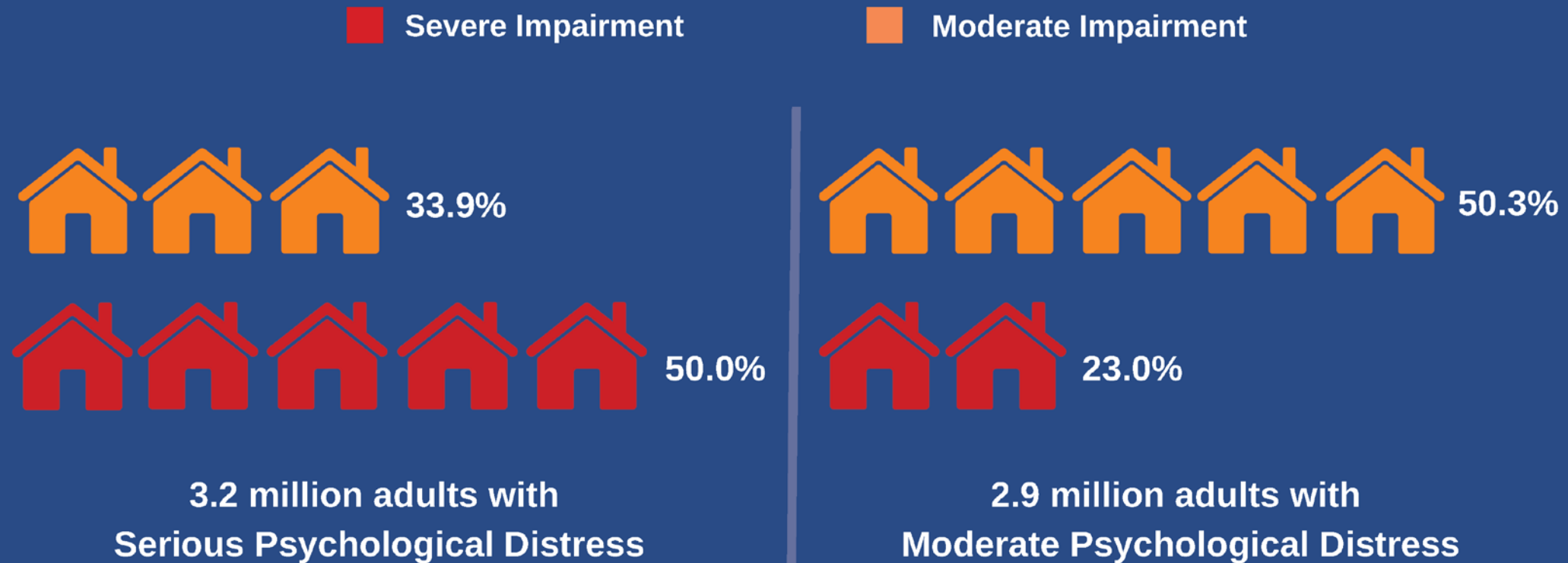
Population numbers for work impairment include only those who are working.

All differences in impairment levels by psychological distress levels are all statistically significant

Source: 2018 California Health Interview Survey

Up to 8 in 10 adults with **psychological distress** are **impaired at home**

Percentage of working adults who say they are impaired at home, by level of psychological distress.

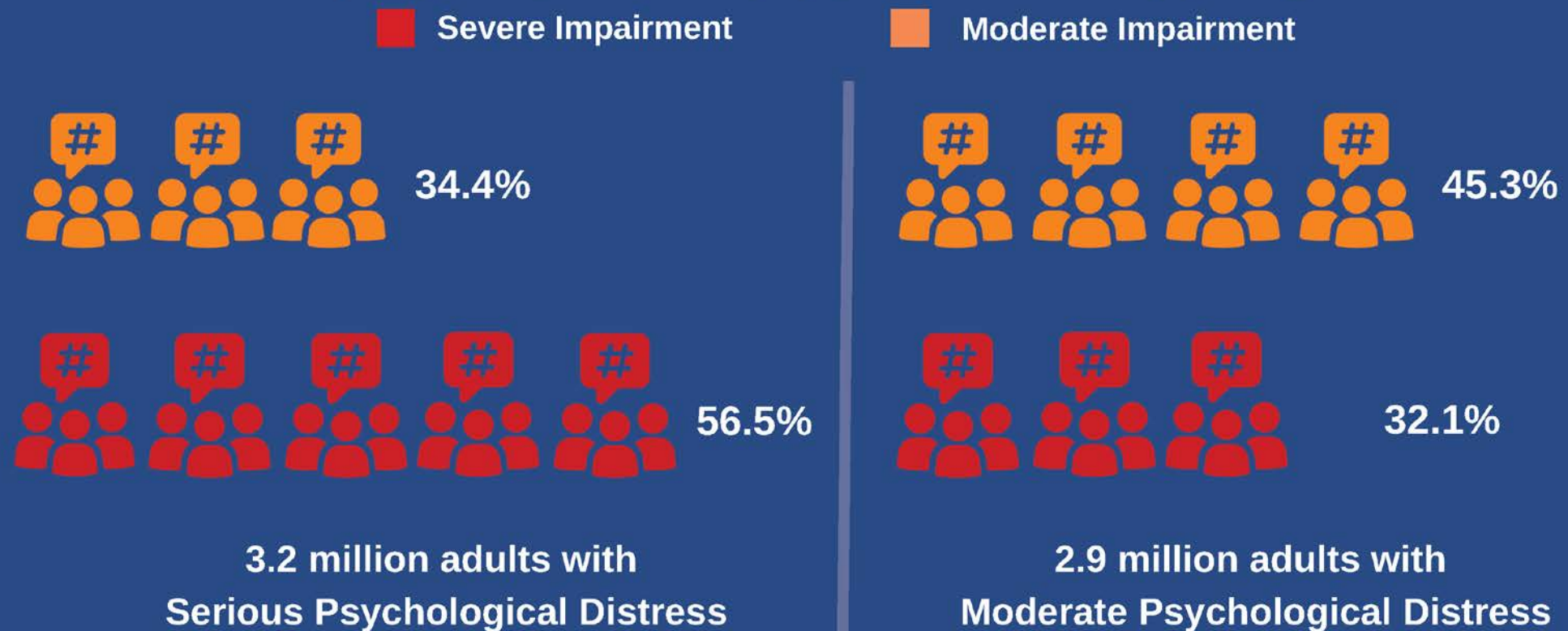


All differences in impairment levels by psychological distress levels are all statistically significant

Source: 2018 California Health Interview Survey

Up to 9 in 10 adults with **psychological distress** are **socially impaired**

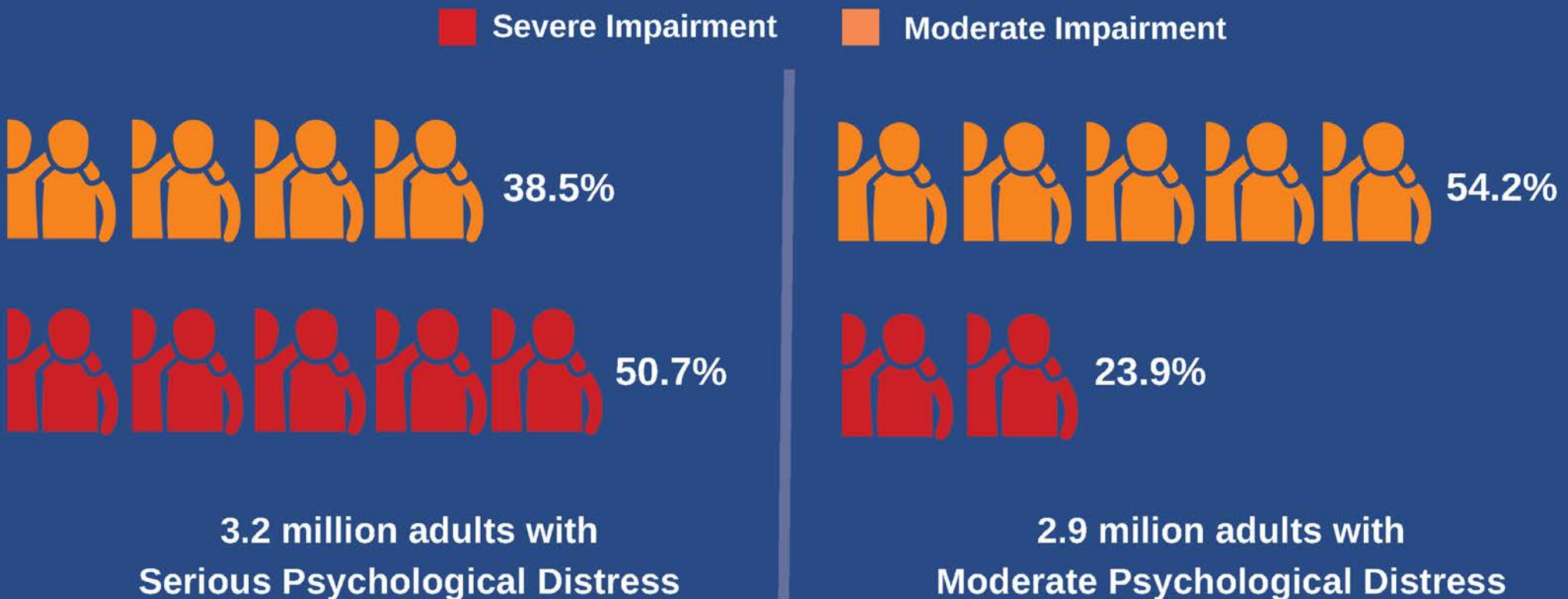
Adults who say they are impaired socially, by percent and level of psychological distress.



All differences in impairment levels by psychological distress levels are all statistically significant
 Source: 2018 California Health Interview Survey

Up to 9 in 10 adults with **psychological distress** have **impaired relationships**

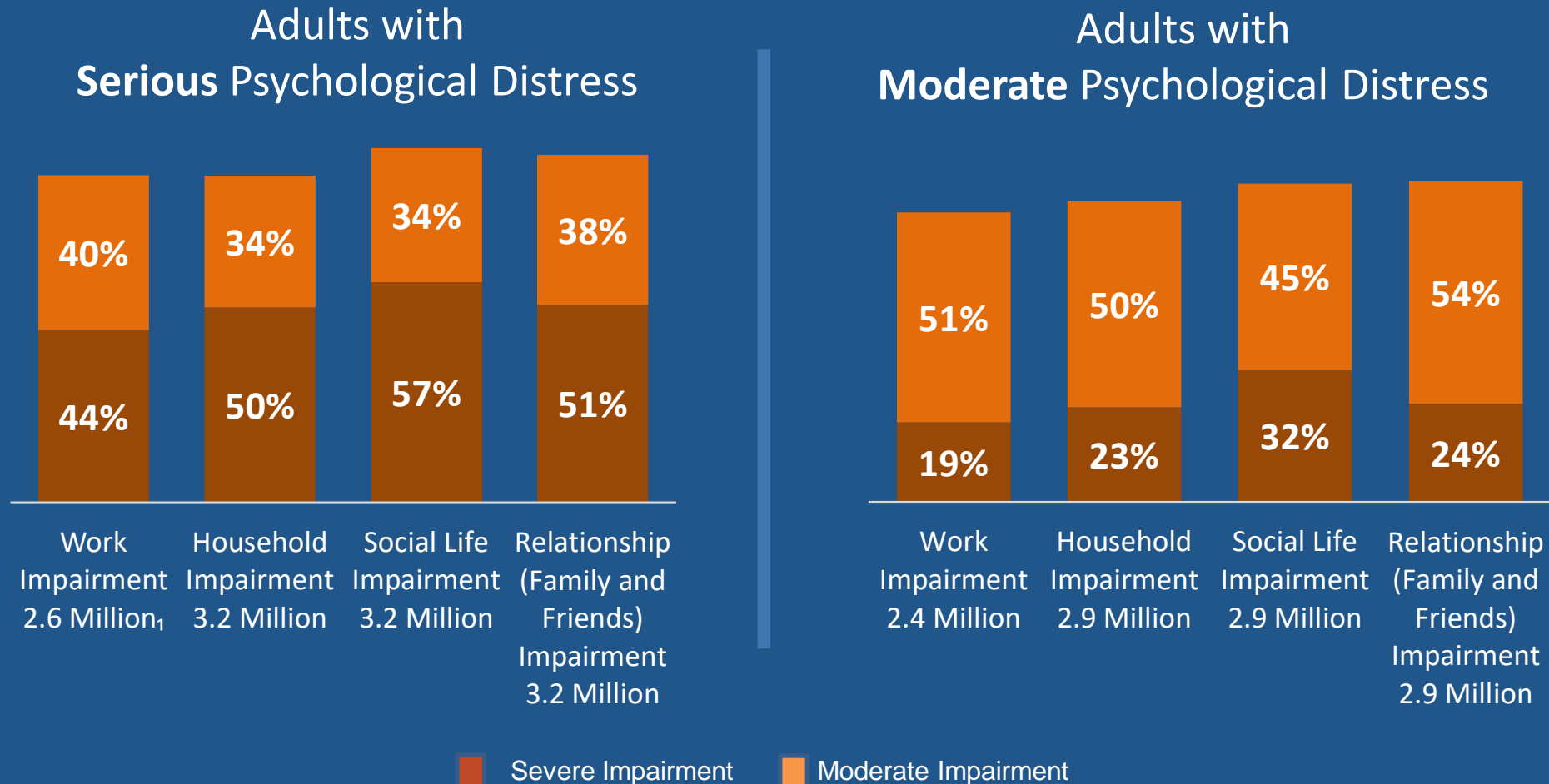
Adults who say they have impaired relationships, by percent and level of psychological distress.



All differences in impairment levels by psychological distress levels are all statistically significant
Source: 2018 California Health Interview Survey

Summary: Level of Severe or Moderate Impairment Past Year

Among Adults, age 18 +, by Level of Psychological Distress and Life and Work Domain: CHIS 2018



*All differences in impairment levels by psychological distress levels are all statistically significant.

₁ Population numbers for Work Impairment include only those who are working

CHIS 2018

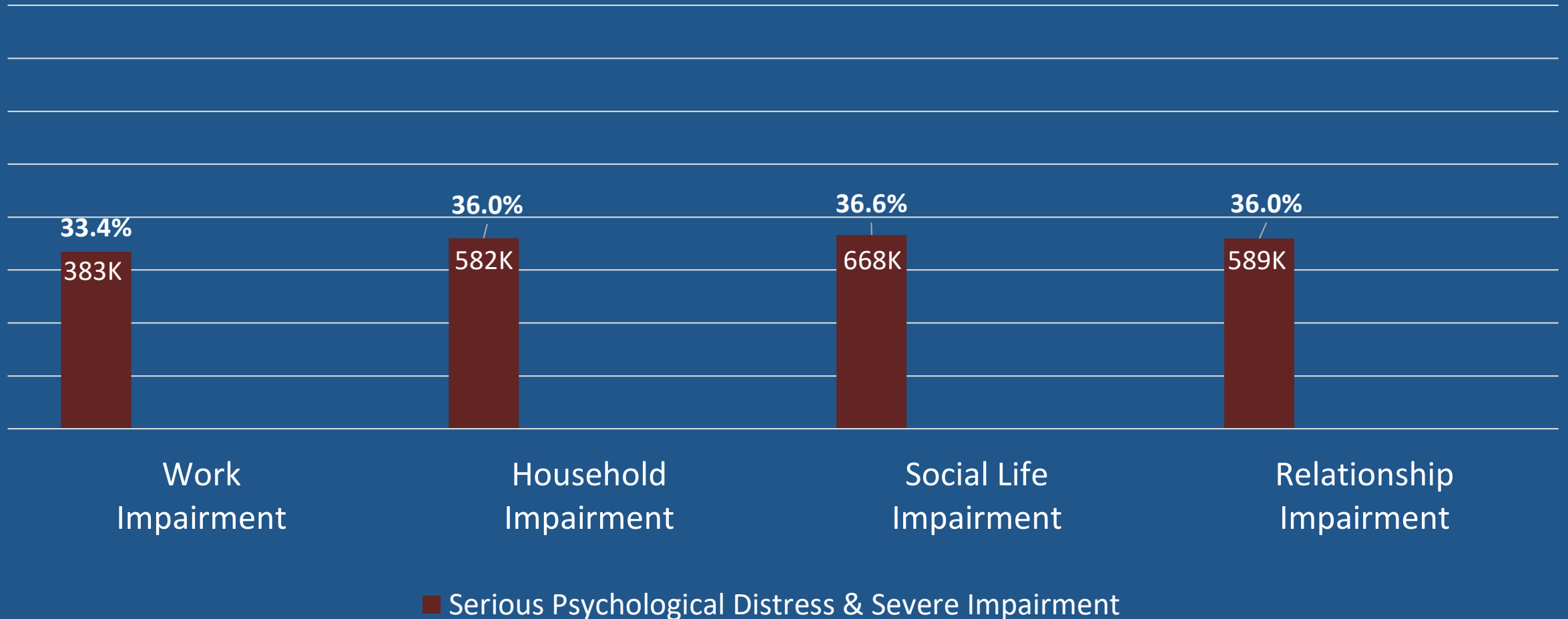
MENTAL DISORDERS → IMPAIRMENT → ACCESS TO CARE

Measuring Access to Mental Health Care

- Mental Health Care by Both Medical and Mental Health Professionals
 - "In the past 12 months have you seen your primary care physician for problems with your mental health, emotions, nerves or your use of alcohol or drugs?"
 - "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?"
- "No" responses to both of these questions = Did Not See Any Type of Professional Provider for Mental Health, Emotions, Nerves, Alcohol or Drug Use Past Year

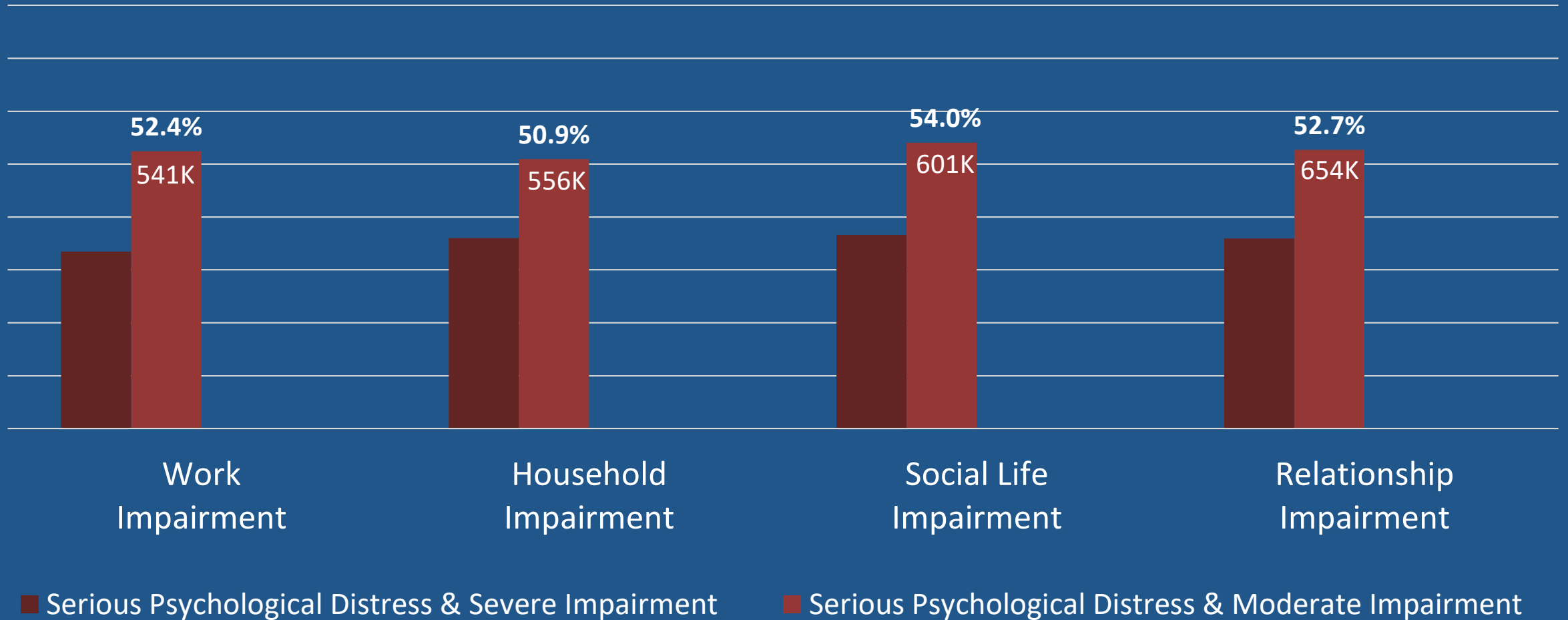
No Provider Visit for Mental Health Past Year

Percent of Adults, Age 18 + , by Level of Psychological Distress and Level of Impairment and by Work and Life Domains: CHIS 2018



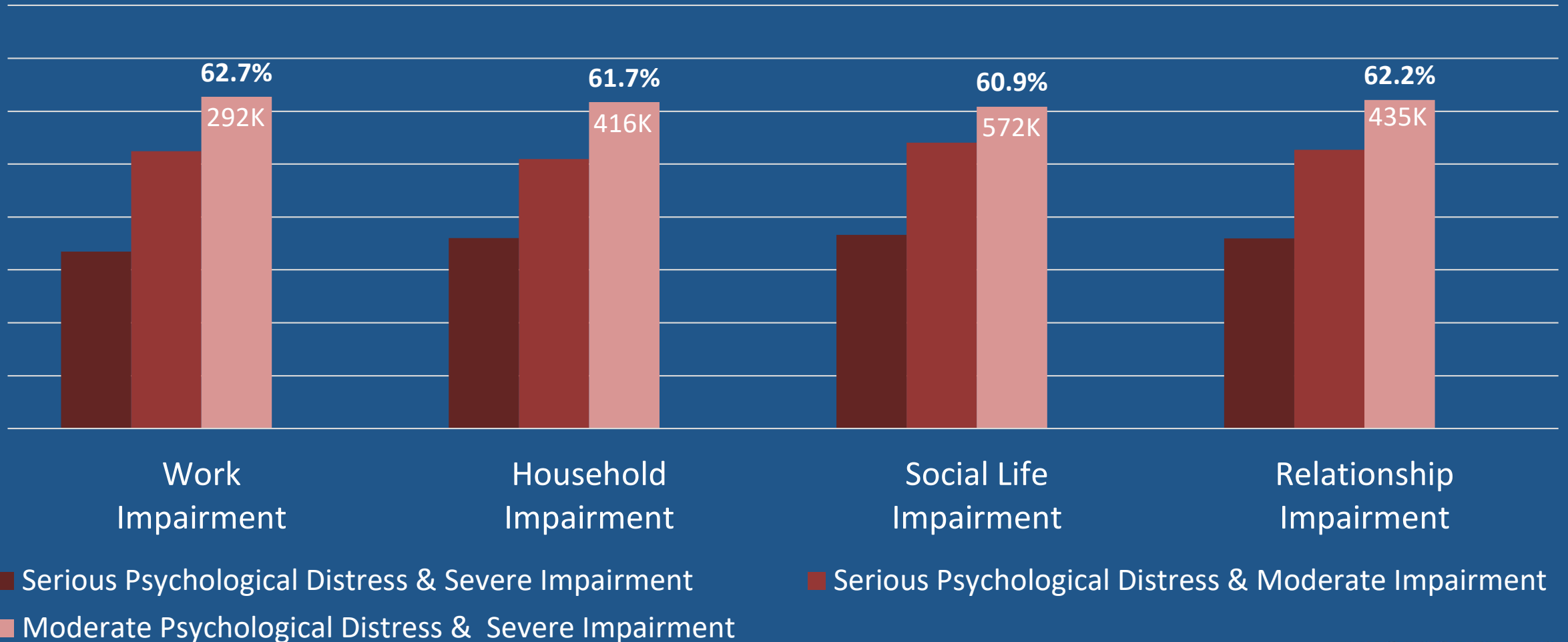
No Provider Visit for Mental Health Past Year

Percent of Adults, Age 18 + , by Level of Psychological Distress and Level of Impairment and by Work and Life Domains: CHIS 2018



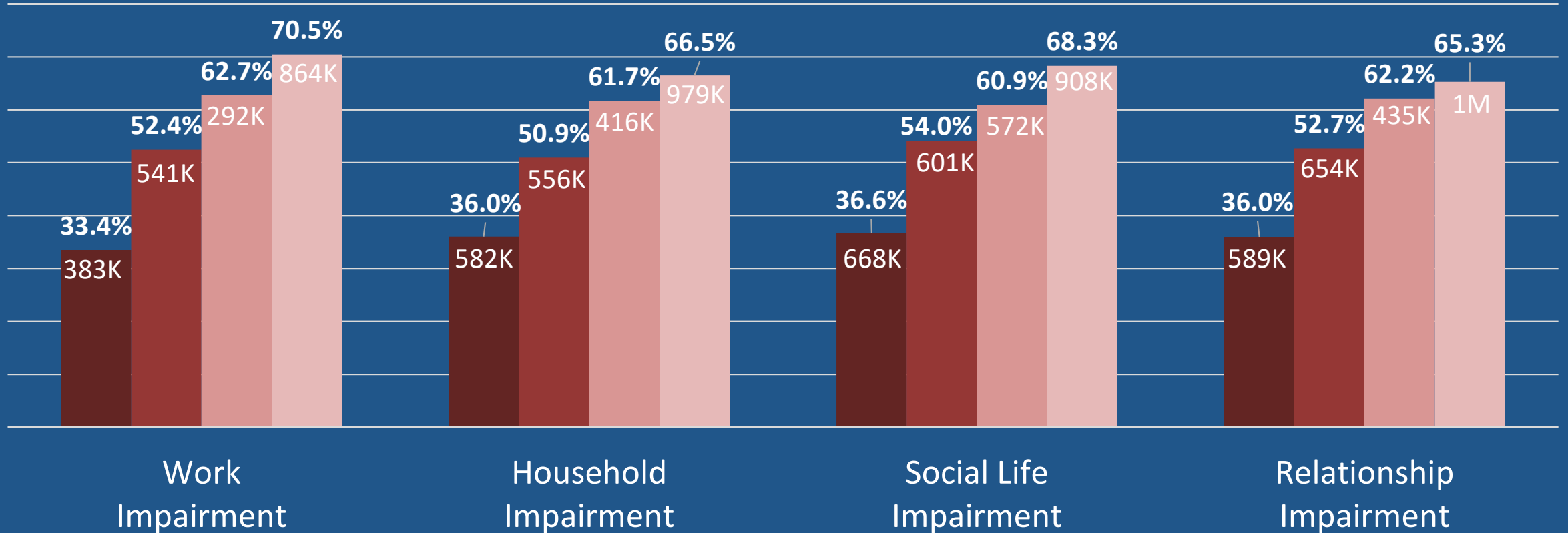
No Provider Visit for Mental Health Past Year

Percent of Adults, Age 18 + , by Level of Psychological Distress and Level of Impairment and by Work and Life Domains: CHIS 2018



No Provider Visit for Mental Health Past Year

Percent of Adults, Age 18 + , by Level of Psychological Distress and Level of Impairment and by Work and Life Domains: CHIS 2018



■ Serious Psychological Distress & Severe Impairment
■ Moderate Psychological Distress & Severe Impairment

■ Serious Psychological Distress & Moderate Impairment
■ Moderate Psychological Distress & Moderate Impairment

Summary

- Mental Health Needs for CA Adults
 - 3.2 million Serious Psychological Distress
 - 2.9 million Moderate Psychological Distress
- Consequences of Mental Health Needs
 - Up to 8 in 10 adults with psychological distress are
 - Impaired at work
 - Impaired with household chores
 - Up to 9 in 10 adults with psychological distress are
 - Impaired in social life
 - Impaired in relationships with family and friends

Summary Continued

- No Access to Care
 - Serious Psychological Distress
 - 1 in 3 with severe impairment
 - 1 in 2 with moderate impairment
 - Moderate Psychological Distress
 - Almost 2 in 3 with severe impairment
 - About 7 in 10 with moderate impairment

Discussion

- Statewide
 - Mental Health Surveillance
 - MHSA Funding
 - Address Workforce Shortages
- MHSA County Plans and Updates
 - Program planning
 - Resource allocation
 - Innovative programs and services for those with moderate psychological distress

Thank You!!

Q&A

Contact Imelda Padilla-Frausto @
ifrausto@ucla.edu