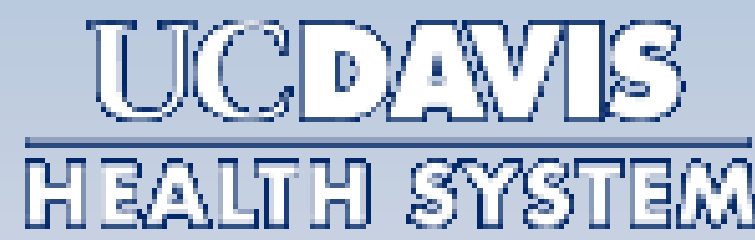


Disparities in Disability, Comorbid Medical Conditions, and Mental Health Treatment Among Adults with Mental Health Needs, California Health Interview Survey (CHIS 2007)

D. Imelda Padilla-Frausto, MPH^{1,2}, David Grant, PhD¹, May Aydin, PhD¹, Sergio Aguilar-Gaxiola, MD, PhD³

1 -UCLA Center for Health Policy Research, California Health Interview Survey, 2- UCLA Fielding School of Public Health Department of Community Health Sciences
3- Center for Reducing Health Disparities, University of California, Davis School of Medicine, Sacramento CA



Background

The World Health Organization documents the high rates of mortality and disease burden in the U.S. for chronic mental, physical, and behavioral health conditions. Disability and poor health are exacerbated among those who suffer from co-existing conditions.

Socio Demographic Characteristics

Table 1: Socio-Demographic Characteristics for All California Adults Age 18 and over and those with Mental Health Needs

	All adults in California 26.8 million (100%)	Adults in California with mental health needs 2.2 million (8.3%) (95% Confidence Interval) (7.8 – 8.8)
Gender		
Male	49.0%	37.8% (34.7 – 41.0)
Female	51.0%	62.2% (59 – 65.3)
Age		
18-24	13.8%	21.1% (18.4 – 24.2)
25-39	28.3%	32.3% (29.3 – 35.4)
40-64	43.7%	41.4% (38.5 – 44.4)
65+	14.2%	5.2% (4.5 – 6.1)
Poverty Level		
0-99%	14.0%	20.3% (17.8 – 23.1)
100-199%	16.9%	21.9% (19.5 – 24.5)
200-299%	13.8%	15.9% (13.7 – 18.5)
> 300%	55.4%	41.9% (38.9 – 45.0)
Educational Attainment		
< 9 th Grade	9.3%	8.3% (6.8-10.2)
9 th – 11 th Grade	7.2%	12.4% (10.4-14.7)
High School/Vocational	29.3%	33.2% (30.2-36.3)
Some College	21.9%	25.8% (23.1-28.7)
College	19.3%	13.8% (12.1-15.8)
Post Graduate School	13.0%	6.5% (5.5-7.8)
Ethnicity/Race		
Latino	31.6%	34.2% (31.1 – 37.4)
White	47.5%	45.9% (42.9 – 49.0)
African-American	5.7%	6.6% (5.1 – 8.4)
Am Indian/AK Native	0.6%	1.3% (0.8 – 2.1)
Asian	12.7%	9.1% (7.2 – 11.5)
Other**	1.9%	2.8% (2.2 – 3.8)
Nativity		
U.S. Born Latino	13.8%	19.4% (16.7-22.4)
Latino Born Abroad	17.8%	14.8% (12.7 – 17.3)
U.S. Born Asian	3.2%	2.4% (1.5 – 4.0)
Asian Born Abroad	9.5%	6.7% (5.0 – 8.8)

*Data for mental health needs are adjusted by age and gender. **Other race/ethnicity category includes Native Hawaiian/Pacific Islanders and multi-racial groups. **Bold Numbers** indicate difference from population distribution is statistically significant at p < .05

Methods

Mental health need in California is conceptualized to include both severity of psychological distress and level of impairment from psychological distress (1).

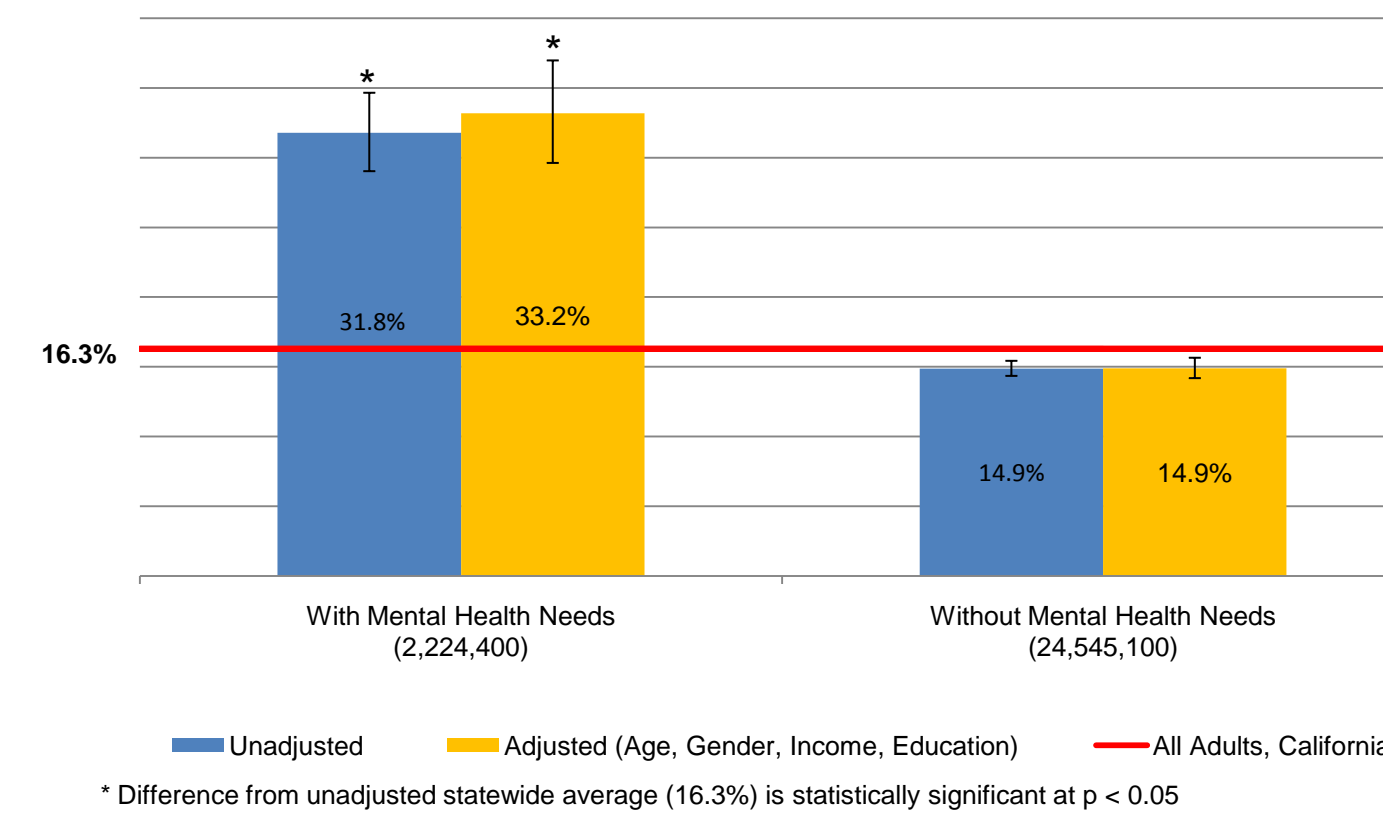
With a focus on adults with mental health needs, bivariate analyses reveals disparities in disability status, co-morbid health conditions and mental health treatment using data from CHIS 2007.

Results

Disability

Limited physical ability is commonly used to measure disability status. In 2007, approximately 16% of adults in California reported a condition that limits their basic physical activities, such as walking, lifting, or carrying objects.

Figure 1: Prevalence of Disability by Mental Health Needs, Adults ages 18 and over, CHIS 2007



Comorbid Medical Conditions

Figure 2: Prevalence of Multiple Chronic Conditions (2 or more) by Mental Health Needs, Adults ages 18 and over, CHIS 2007

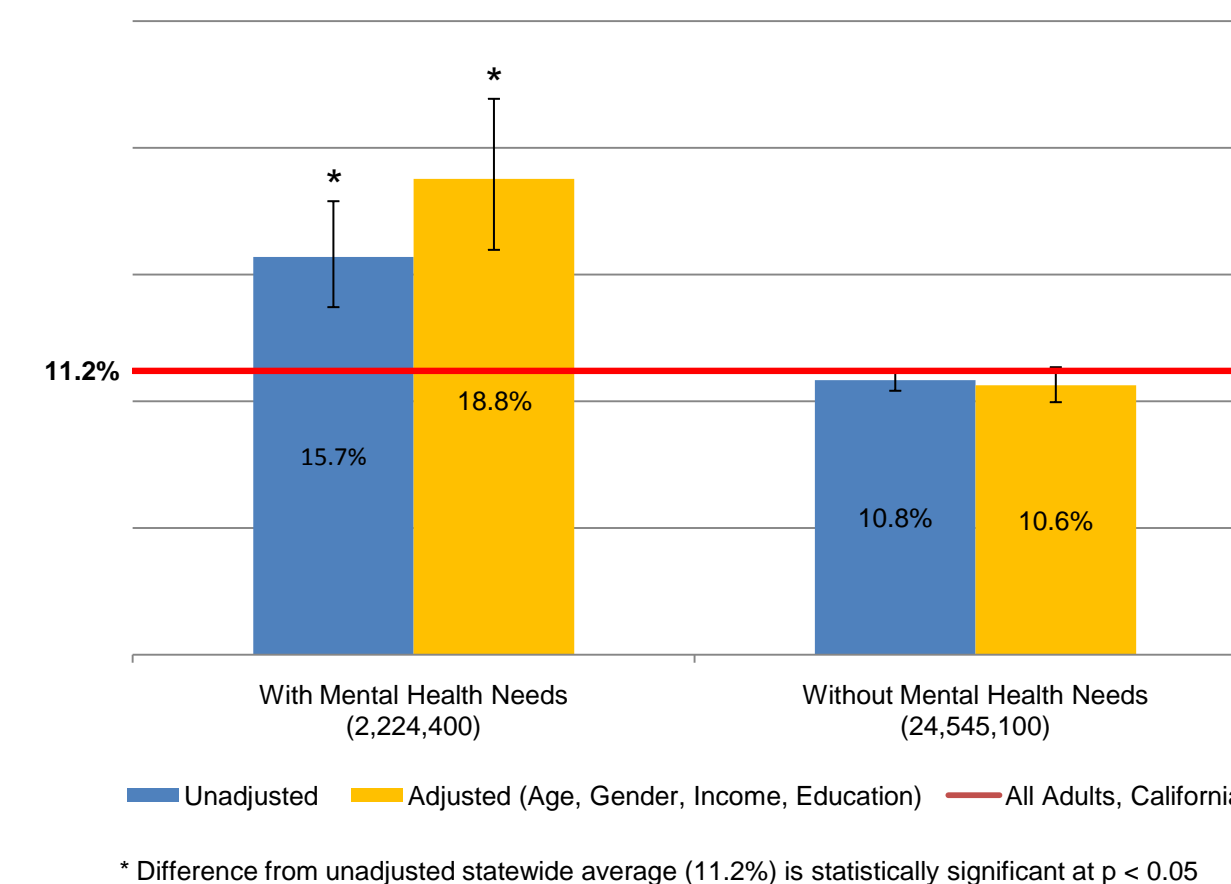


Table 2: Prevalence of Chronic Health Conditions and Poor Health Status by Mental Health Needs, Adults ages 18 and over, Unadjusted & (Adjusted), CHIS 2007

	All Adults	Adults with MHN	Adults without MHN
High Blood Pressure	25.9%	28.8% (34.9)	25.7% (25.2)
Asthma	13.0	21.3 (20.3)	12.3 (12.3)
Heart Disease	6.2	8.6 (11.7)	6.0 (5.8)
Diabetes	7.7	8.3 (9.6)	7.7 (7.6)
Poor Health	19.0	38.4 (39.2)	17.2 (17.2)

Bold indicates difference from unadjusted statewide average is statistically significant at p < 0.05

Results (Cont)

Mental Health Treatment

Among adults with mental health needs, those with a disability or comorbid chronic health conditions are **more likely** to receive mental health treatment.

Figure 3: Mental Health Treatment by Disability Among Adults 18 and over with Mental Health Needs, CHIS 2007

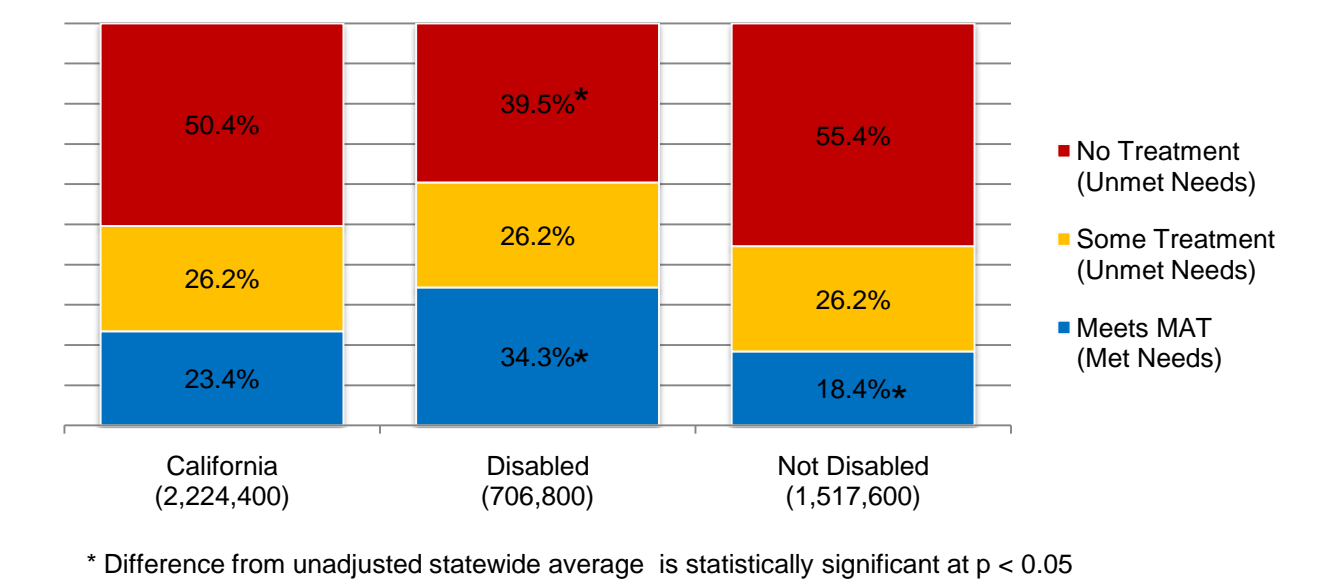
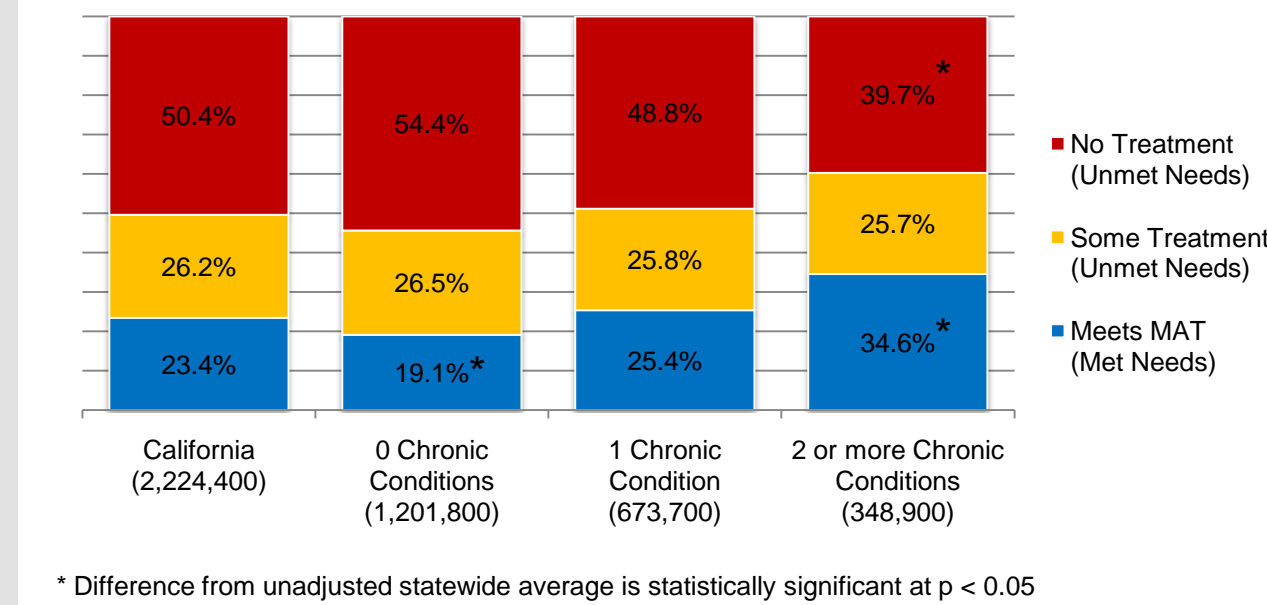


Figure 4: Mental Health Treatment by Chronic Conditions Among Adults 18 and over with Mental Health Needs, CHIS 2007



Why?

Discussion

Identifying the disparities in disability and comorbid medical conditions among adults with mental health needs can aid in the development of appropriate strategies to improve mental and physical well-being among adults in California.

Further investigation is needed to better understand why having a disability or chronic health condition facilitates receipt of mental health treatment. Has increased awareness about the association between poor mental health and chronic health conditions and disability status increased mental health screening among this populations? Has it become more acceptable to receive mental health treatment for a chronic condition or disability than having poor mental health only? What other factors are playing a role?

References/Acknowledgments

1 –Grant D, Padilla-Frausto DI, Aydin M, Streja Leanne, Aguilar Gaxiola S, Caldwell J. *Adult Mental Health Needs In California: Findings from the 2007 California Health Interview Survey*. Los Angeles: UCLA Center for Health Policy Research, 2011.

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