Assessing Barriers to Mental Health Care and the Necessity of Mental Health Screening in Mobile, AL

Peter Lee[1], Lauren Chastain[1], and W. Bogan Brooks, MD[1,2]

[1]University of South Alabama College of Medicine PsychSIGN [2]AltaPointe Health, Mobile AL, USA

Introduction

Mental health disorders have long carried the heavy burden of being misunderstood and dismissed, and access to mental health has long been neglected and restricted. Over recent years, there has been increasing amount of awareness towards mental health, allowing more people to get the medical attention they need. However, there is still room for improvement. Data from the National Institute Mental Health suggested that in 2016 approximately 56.9% of U.S. adults with any mental illness did not receive appropriate medical treatment. Furthermore, 35.2% of U.S. adults with serious mental illness, defined as a "mental, behavioral, or emotional disorder resulting in serious functional impairment," did not receive medical treatment (U.S. Census Bureau, 2017).

Our project focused on necessity of mental health screening and assess barriers to receiving mental health care in Mobile, Alabama. With a population of over 190,000 people, 23.1% are living in poverty and 15.8% of those under the age of 65 live without health insurance ("QuickFacts, Mobile City, AL", 2017). Studying the barriers to receiving mental health as well as the necessity of increased mental health screening in the Mobilian population may provide insight and understanding of the disparity of mental health care in other urban areas in the United States. Furthermore, this project may highlight specific mental health concerns more associated with a specific population of study.

Methods

Two surveys were handed out to subjects. The first was the "DSM-5 Level 1 Cross-Cutting Symptom Measure" consisting of twenty-three questions assessing frequency of psychiatric symptoms for the past two weeks. Each subject answers on a scale from 0 to 4 with 0 being "none/ not at all" and 4 meaning "severe/nearly every day." The twenty-three questions represent thirteen psychiatric domains; any rating of 2 or more on any question within a domain flags it for further inquiry—the exceptions are domains VI (suicidal ideation), VII (psychosis), and XIII (substance use) in which a question of 1 or more flags the domain for further inquiry.

The second survey was a questionnaire concerning participant demographic information, history of and current mental illness and mental health care, and barriers to assessing mental health care.

The questionnaires were given to participants at the Mobile Flea Market, which represented those with currently stable housing and acted as a control, and residents of the Mobile Salvation Army, representing a population currently without stable housing.

Participants signed a consent stating they knew information was to be used for research purposes. No identifying or contact information was included with the surveys, but participants were given contact information for local mental health resources.

Methods Continued

DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult

Name: _____ **Age:** ____ **Sex:** ❑ **Male** ❑ **Female** **Date:**_____

If this questionnaire is completed by an informant, **what is your relationship with the individual?** _____
In a typical week, approximately how much time do you spend with the individual? _____ **hours/week**

Instructions: The questions below ask about things that might have bothered you. For each question, circle the number that best describes how much (or how often) you have been bothered by each problem during the **past TWO (2) WEEKS**.

		During the past **TWO (2) WEEKS**, how much (or how often) have you been bothered by the following problems?	**None** Not at all	**Slight** Rare, less than a day or two	**Mild** Several days	**Moderate** More than half the days	**Severe** Nearly every day	**Highest Domain Score** (clinician)
I.	1.	Little interest or pleasure in doing things?	0	1	2	3	4	
	2.	Feeling down, depressed, or hopeless?	0	1	2	3	4	
II.	3.	Feeling more irritated, grouchy, or angry than usual?	0	1	2	3	4	
III.	4.	Sleeping less than usual, but still have a lot of energy?	0	1	2	3	4	
	5.	Starting lots more projects than usual or doing more risky things than usual?	0	1	2	3	4	
IV.	6.	Feeling nervous, anxious, frightened, worried, or on edge?	0	1	2	3	4	
	7.	Feeling panic or being frightened?	0	1	2	3	4	
	8.	Avoiding situations that make you anxious?	0	1	2	3	4	
V.	9.	Unexplained aches and pains (e.g., head, back, joints, abdomen, legs)?	0	1	2	3	4	
	10.	Feeling that your illnesses are not being taken seriously enough?	0	1	2	3	4	
VI.	11.	Thoughts of actually hurting yourself?	0	1	2	3	4	
VII.	12.	Hearing things other people couldn't hear, such as voices even when no one was around?	0	1	2	3	4	
	13.	Feeling that someone could hear your thoughts, or that you could hear what another person was thinking?	0	1	2	3	4	
VIII.	14.	Problems with sleep that affected your sleep quality over all?	0	1	2	3	4	
IX.	15.	Problems with memory (e.g., learning new information) or with location (e.g., finding your way home)?	0	1	2	3	4	
X.	16.	Unpleasant thoughts, urges, or images that repeatedly enter your mind?	0	1	2	3	4	
	17.	Feeling driven to perform certain behaviors or mental acts over and over again?	0	1	2	3	4	
XI.	18.	Feeling detached or distant from yourself, your body, your physical surroundings, or your memories?	0	1	2	3	4	
XII.	19.	Not knowing who you really are or what you want out of life?	0	1	2	3	4	
	20.	Not feeling close to other people or enjoying your relationships with them?	0	1	2	3	4	
XIII.	21.	Drinking at least 4 drinks of any kind of alcohol in a single day?	0	1	2	3	4	
	22.	Smoking any cigarettes, a cigar, or pipe, or using snuff or chewing tobacco?	0	1	2	3	4	
	23.	Using any of the following medicines ON YOUR OWN, that is, without a doctor's prescription, in greater amounts or longer than prescribed (e.g., painkillers (like Vicodin), stimulants (like Ritalin or Adderall), sedatives or tranquilizers (like sleeping pills or Valium), or drugs like marijuana, cocaine or crack, club drugs (like ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed))?	0	1	2	3	4	

Domain	Domain Name	Threshold to guide further inquiry	DSM-5 Level 2 Cross-Cutting Symptom Measure available online
I.	Depression	Mild or greater	LEVEL 2—Depression—Adult (PROMIS Emotional Distress—Depression—Short Form)[1]
II.	Anger	Mild or greater	LEVEL 2—Anger—Adult (PROMIS Emotional Distress—Anger—Short Form)[1]
III.	Mania	Mild or greater	LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale)
IV.	Anxiety	Mild or greater	LEVEL 2—Anxiety—Adult (PROMIS Emotional Distress—Anxiety—Short Form)[1]
V.	Somatic Symptoms	Mild or greater	LEVEL 2—Somatic Symptom—Adult (Patient Health Questionnaire 15 Somatic Symptom Severity [PHQ-15])
VI.	Suicidal Ideation	Slight or greater	None
VII.	Psychosis	Slight or greater	None
VIII.	Sleep Problems	Mild or greater	LEVEL 2—Sleep Disturbance - Adult (PROMIS—Sleep Disturbance—Short Form)[1]
IX.	Memory	Mild or greater	None
X.	Repetitive Thoughts and Behaviors	Mild or greater	LEVEL 2—Repetitive Thoughts and Behaviors—Adult (adapted from the Florida Obsessive-Compulsive Inventory [FOCI] Severity Scale [Part B])
XI.	Dissociation	Mild or greater	None
XII.	Personality Functioning	Mild or greater	None
XIII.	Substance Use	Slight or greater	LEVEL 2—Substance Abuse—Adult (adapted from the NIDA-modified ASSIST)

[1]The PROMIS Short Forms have not been validated as an informant report scale by the PROMIS group.

Results

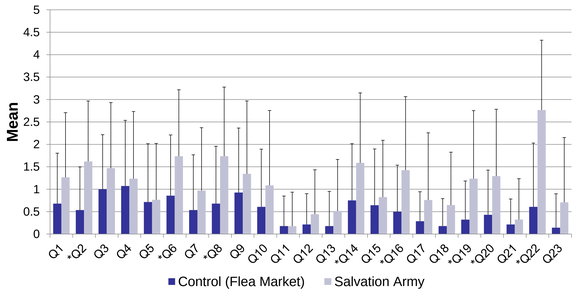
DSM-5 Cross-Cutting Symptom Measure:

- Study samples were N = 28 and N = 37 for the control (Flea Market) and Salvation Army, respectively
- Responses to questions 2, 6, 8, 14, 16, 19, 20, and 22 revealed statistically significantly increased overall severity ratings in the Salvation Army population
- The percentage of subjects who need follow-up in psychiatric domains were found to be significantly increased in the Salvation Army group in the domains I- depression, VIII- sleep problems, XII- personality functioning, and XIII- substance use

Barriers to Care:

- 74.3% of the Salvation Army group had no health insurance compared to the control (10.7%) (Fischer's exact test; 2-tail; $p < 0.0001$)
- 51.4% of those in the Salvation Army have a prior diagnosis of a mental illness as compared to 21.4% of those from the control group (Fischer's exact test; 2-tail; $p < 0.0204$); 91.2% of Salvation Army subjects reported abusing alcohol and/or drugs currently or in the past
- Out of the 29 subjects of the Salvation Army group, 75.9% reported barrier(s) to mental health care
- The most common barrier was cost/lack of health insurance (54.7%) with stigma being the second most common (40.9%). Lack of access and time constraints were the third most common barriers (36.4%)

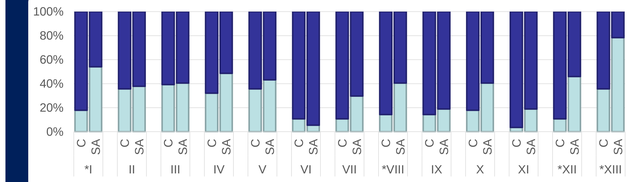
Comparison of Means on DSM-5 Symptom Measure for Control versus Salvation Army



p-values: Q2: p=0.0006, Q6: p= 0.0083, Q8: p= 0.0032, Q14: p= 0.0217, Q16: p= 0.0177, Q19: p= 0.0090, Q20: p= 0.0060, Q22: p= <0.0001

Results Continued

Domains Requiring Further Investigation in Control versus Salvation Army



C= Control (Flea Market)
SA= Salvation Army

*p-values: I: p= 0.0044, VIII: p= 0.0282, XII: p= 0.0027, XIII: p=0.0008

Domains:

I- Depression
II- Anger
III- Mania
IV- Anxiety
V- Somatic Symptoms
VI- Suicidal Ideation
VII- Psychosis
VIII- Sleep Problems
IX- Memory
X Repetitive Thoughts and Behaviors
XI- Dissociation
XII- Personality Functioning
XIII- Substance Use

Conclusions

Based on the results of our study, we can postulate that being homeless may be associated with increased prevalence of mental illnesses, including increased substance use and a host of psychiatric symptoms that is significantly more severe than those who have stable housing. We stress that our results only suggest an association rather than causation. Of note, some psychiatric symptoms (depression, sleep problems, personality functioning, and substance abuse) may be within the normal response of a life stressor as severe as uncertainty of one's living situation.

Whatever the case, it is evident that to improve population mental health, one must improve the psychosocial as well as increase access to mental health care. This is strongly supported by the lack of health care access in the homeless as well as the barriers section of our survey. Furthermore, it is evident that stigma still affects a significant portion of our unstable housing population. This is quite worrisome in a population where there are already many factors impeding access to mental health care and threatening mental health. Therefore, reform in health care needs to continue to occur at a national level aimed at increasing access while raising awareness of necessity and acceptance towards mental health.

REFERENCES:

1. Mental Illness. (2017). Retrieved August 8, 2018, from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml
2. U.S. Census Bureau QuickFacts: Mobile city, Alabama. (2017). Retrieved August 8, 2018, from https://www.census.gov/quickfacts/fact/table/mobilecityalabama/PST045217#viewtop