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

Peter Lee¹, Lauren Chastain¹, and W. Bogan Brooks, MD¹,²

¹University of South Alabama College of Medicine
²PsychSIGN, Psychiatric Services of Gulf South, Inc.

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 awareness towards mental health awareness. Knowing more people get to the medical attention they need to receive, there is still room for improvement. A study from the National Institute Mental Health suggested that in 2018, approximately 55.3% 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 healthcare 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 ("SA quickfacts," 2017). Studying the barriers to receiving mental health as well as the necessity of increased mental health care in the Mobile 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 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" meaning "never/hardly ever." The twenty-three questions represent thirteen psychiatric domains, any rating of 2 or more on any question within a domain flag it for further inquiry—the exceptions are domains VI (suicidal ideation), VII (apathetic), and XIII (substance use) in which a question of 1 or more flags it 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 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 providers.

Methods Continued

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, 16, 19, and 22 revealed statistically significant 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), II (sleep problems, XII: personality functioning, and XIII: substance use). Bogan et al., (2017).

Barriers to Care:
- 74.3% of the Salvation Army group had no health insurance compared to the control (Flea Market) and Salvation Army, respectively.
- 51.4% of those in the Salvation Army have a prior diagnosis of a mental illness.
- 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 (45.9%). Lack of access and time constraints were the third most common barriers (36%).

Results

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

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, not causation, as there is some overlap (depression, sleep problems, personally 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: