



Differences in People Receiving Mental Health Treatment vs. Those Not Receiving Mental Health Treatment, BRFSS 2007

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Abstract

Objectives: To assess differences in demographic and health related risk factors among South Carolinians who reported being treated for a mental health condition.

Methods: A ten question mental health and stigma module, included in the 2007 SC BRFSS survey, was analyzed to determine both mental health status and perception of mental health in SC residents.

Results: Approximately, 10.9% of South Carolinians indicated they were taking medicine or had received treatment for some type of mental health condition. These individuals were associated with higher percentages of adverse health behaviors and conditions, adverse quality of life indicators, and serious psychological distress when compared to those who had not received treatment.

Background

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest annual health survey of non-institutionalized adults. It is conducted by all 50 states and surrounding US territories, including the District of Columbia, in cooperation with the CDC. The survey collects information on health risk behaviors, preventive health practices, health care access, and chronic diseases. Data is obtained from a representative sample of adults who are contacted randomly by telephone and then weighted to represent the entire SC adult population. In 2005, the Center for Mental Health Services (CMHS) and the Centers for Disease Control (CDC) entered into an agreement to include relevant mental health questions in the survey.

The South Carolina Department of Mental Health and the South Carolina Department of Health and Environmental Control, Office of Public Health Statistics and Information Services, have worked together since 2006 to analyze health and related data collected from the surveys.

References:

1. National Center for Chronic Disease Prevention and Health Promotion Behavioral Risk Factor Surveillance System, Centers for Disease Control

Methods

In 2007, a ten question mental health and stigma module was included in the Behavioral Risk Factor Surveillance System (BRFSS) survey. This module collected data on serious psychological distress (using the Kessler 6 or K-6), the prevalence of mental health treatment and the stigma that people associate with mental illness. In South Carolina, 10,395 telephone interviews were conducted during the year. Prevalence estimates for these and the other health related variables were calculated along with their corresponding 95 percent confidence intervals using SAS procedures. Significance was determined by observing the overlap of the confidence intervals between the prevalence estimates.

Demographics of South Carolinians Indicating They were Taking Medicine or Receiving Treatment for Some Type of Mental Health Condition			
		Receiving MH Treatment	Not Receiving MH Treatment
Gender	Male	32.0%	49.3%
	Female	68.0%	50.6%
Age	<29	11.1%	18.7%
	30-49	40.5%	40.1%
	50-69	40.3%	29.7%
	70+	8.2%	11.3%
Race	White	83.4%	69.5%
	African American	14.7%	27.3%
	Other	1.9%	3.2%
Education	< HS	13.6%	12.1%
	HS Grad	32.8%	30.5%
	Some College	26.8%	25.7%
	College Grad	26.7%	31.7%
Employment	Employed	44.4%	63.6%
	Unemployed	6.7%	5.0%
	Retired/Not in WF	25.10%	26.1%
	Unable to Work	23.7%	5.3%
Income	<\$15K	14.0%	7.9%
	\$15K- \$34,999	33.2%	28.6%
	\$35K- \$49,999	13.5%	17.8%
	\$50K+	39.4%	45.7%

Responses to the Survey Stigma Questions Based on Mental Health Status				
Mental Health Treatment Can Help People Lead Normal Lives				
	Respondents Who ARE Receiving Mental Health Treatment		Respondents Who are NOT Receiving Mental Health Treatment	
	Percent	CI	Percent	CI
Agree Strongly	76.30%	(72.5-80.0)	63.20%	(61.6-64.8)
Agree Slightly	16.30%	(13.5-19.1)	29.60%	(28.1-31.1)
Neither	0.70%	(0.2-1.2)	1.20%	(1.0-1.5)
Disagree Slightly	5.40%	(3.3-7.5)	4.50%	(3.8-5.3)
Disagree Strongly	1.30%	(0.6-2.0)	1.50%	(1.1-1.9)
People are Generally Caring Toward People with Mental Illness				
	Respondents Who ARE Receiving Mental Health Treatment		Respondents Who are NOT Receiving Mental Health Treatment	
	Percent	CI	Percent	CI
Agree Strongly	18.20%	(15.4-21.1)	26.10%	(24.8-27.5)
Agree Slightly	30.90%	(27.2-34.5)	37.30%	(35.8-38.8)
Neither	0.90%	(0.4-1.4)	1.30%	(1.0-1.6)
Disagree Strongly	20.20%	(16.8-23.7)	10.30%	(9.3-11.3)

Results

- 10.9% of the survey population indicated they were taking medicine or receiving treatment for some type of mental health condition, and females were nearly twice as likely to be receiving treatment as males.
- The differences in Adverse Health and Quality of Life Factors between those who were receiving Mental Health Treatment and those who were not, were found to be significant.
- Those receiving treatment were more likely to be female, white, older than 29, unable to work, and have income less than \$15,000.
- Those receiving treatment were more likely to believe that mental health treatment can help people lead normal lives and less likely to believe that people are generally caring toward people with mental illness.
- Those receiving treatment were more likely to have adverse health factors including smoking, obesity, physical inactivity and diabetes.
- Those receiving treatment were more likely to have adverse quality of life factors including poor health, sometimes/rarely or never having emotional support, to be dissatisfied or very dissatisfied with life, and to have serious psychological distress.

Conclusions

Overall, there were significant differences between South Carolinians who report being treated for a mental health condition and those who did not. Those being treated are more likely to have adverse health factors and a poor quality of life based on income, employment, and other quality of life indicators, including serious psychological distress. In addition, those being treated have a different perception of the stigma associated with having a mental illness. These findings underscore the relationship between physical and mental health overall, and the importance of including physical health considerations in the provision of mental health treatment. This project also highlights the need for future research regarding other issues of co-morbidity for people who have mental illnesses and how intervention or prevention activities could be of benefit.

