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Changes in percentages of perceived met needs for care over time in a Canadian longitudinal cohort

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ABSTRACT

There is a paucity of research on determinants associated with changes in perceived met needs for care over time. This study used a longitudinal cohort to explore changes in percentages of perceived met needs over time and to identify its related determinants. Data analyzed was from a longitudinal community-based survey. A total of 150 participants received at least one type of help both at baseline and a 2-year follow-up. Multivariate analyses were used. Perceived met needs of the study sample slightly increased over time. People who had a higher percentage of met needs at baseline were less likely to have an increase in percentage of perceived met needs at the 2-year follow-up, whereas, those who had a higher value of wellbeing and an increase in the value of mental wellbeing over time, were associated with an increase in the percentage of met needs at the 2-year follow-up. Determinants associated with changes in percentages of perceived met needs could be the target for improving perceived need for mental health care. Findings of this study indicate the need for longitudinal studies in perceived need for mental health services.

1. Introduction

Despite there is a considerable degree of variability by country and region, it is clearly evidenced by many epidemiological surveys that mental disorders are highly prevalent across the worldwide (Kessler and Wang, 2008; Whiteford et al., 2013; Wittchen et al., 2011). Many countries are also challenged by low rates of receiving necessary mental health care or treatment (Andrews et al., 2001; Prins et al., 2009). A US study, based on 2011 National Survey on Drug Use and Health, reported that 62% of adults with any mental illness and 41% of adults with severe mental illness received neither mental health care nor treatment in the previous year (Walker et al., 2015). Notably, there is a difference between the number of people who meet diagnostic criteria of mental disorders in population surveys and the number of people who actually need mental health services for their mental health problems (Han et al., 2017; Mack et al., 2014; Maske et al., 2017; Mechanic, 2003).

Without minimally adequate treatment, individuals, who suffer from mental disorders, are at the increased risk of disease deterioration and functional impairment (Kessler and Price, 1993; Thornicroft et al., 2017). In addition, a better understanding of barriers to treatment contributes for health services planning and allocating limited health resources (Prince et al., 2007). It is essential to identify and overcome barriers to adequate treatment for effectively reducing the burden caused by mental disorders (Stolee et al., 2009).

Perceived needs for care is seen as an important indicator to identify barriers to mental health services use among people suffering from mental disorders (Andersen, 1995). Perceived needs could be categorized into the followings: met needs (receiving help meeting all the expectations), partially met needs (receiving help partially meeting all the expectations), and, unmet needs (receiving no help or the help not meeting the expectations). Data from the WHO World Mental Health Surveys found that unmet or partially met needs and attitudinal barriers (e.g. negative health beliefs, misinterpretations about consequences of treatment, etc.) were major obstacles for seeking new services and staying in treatment among people with mental disorders worldwide (Andrade et al., 2014).

The importance of exploring the prevalence rate of unmet needs and identifying barriers to treatment are generally acknowledged, but most of these studies were cross-sectional, so they cannot derive causal inferences. Over 15% of populations (aged 15 and more) reported having a mental health need in the past 12 months (Sunderland and Findlay, 2013), and up to 40% of people had unmet needs for care (Dezetter et al., 2015). In addition, age differences were reported in terms of perceived needs for mental health care, with older adults having less needs and more likely to have met needs (Forbes et al., 2017). The affordability of psychotherapy and psychosocial

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intervention services were significantly associated with unmet needs for care (Dezetter et al., 2015). Although Germany has a comprehensive mental health services system that can offer psychotherapy free of charge to patients, their utilization rates were not substantially higher than other comparable European countries (Mack et al., 2014).

There is a lack of research on change in perceived needs for care over time. Many mental disorders tend to be chronic and require ongoing care for substantial periods (McLaughlin, 2004). Understanding the change in perceived needs and determinants associated with the variation can help to identify major barriers to care and treatment among individuals having mental disorders, especially those more vulnerable individuals facing multiple stressors. However, there has been limited data on association between determinants and changes in perceived needs among people received needs for help.

To fulfill this knowledge gap and lay the ground for change in percentages of perceived met needs, we aimed to explore change in percentages of perceived met needs and its associated determinants over time by using a longitudinal community-based cohort. This research will help to plan mental health services, especially for long-term planning, to triage determinants according to their associations with change in percentages of perceive met needs, and to provide appropriate mental health services to people who need.

2. Methods

2.1. Context

Canada has a publicly funded health care system. Provincial and territorial governments are responsible for most health services delivered within their geographical boundaries. Under the Canada Health Act, the national health insurance program aims to provide all eligible residents of Canada with reasonable access to insured health services on a prepaid basis, without direct charges at the time of service for such services. These services including hospitals, physicians services, prescription drugs, public health, etc. Residence in a province or territory of Canada is the basic requirement for provincial/territorial health insurance coverage. Each province and territory determines its own minimum residence requirements with regard to the eligibility for benefits under its health insurance plan. More details are available from https://www.canada.ca/en/health-canada/services/canada-health-care-system.html.

2.2. Data source

The Montreal South-West Longitudinal Catchment Area Study—Zone d' Épidémiologie Psychiatrique du Sud-Ouest de Montréal (ZEPSOM), is a longitudinal population-based cohort study. In 2007, a total of 2,433 participants (aged 15 ~ 65 years) were randomly selected to assess the prevalence and incidence of psychological distress, mental disorders, and quality of life and to understand the impact of the social, economic and physical aspects of neighbourhoods on mental health. The cohort represented a population of 269,720 living in the five neighbourhoods of Montreal, with regard to geographical location, population density, and socioeconomic status (Caron et al., 2012). It was based on an ecological model, which makes it unique. A geographic information system (GIS) using different data banks from municipal, provincial and federal instances allowed for more in-depth analysis of inter-relations between mental health and mental disorders as well as several environmental factors from ecological contexts within the study area. The ZEPSOM cohort has comprehensive information on psychological and sociological environmental factors for mental health and mental health problems.

An initial cohort (N = 2,433) was followed through four cycles (2007 to 2015) and a second cohort compensating for attrition of the first cohort (N = 1,000) was followed through two cycles (2013–2015). The total sample size of these cohorts at each cycle are T1 = 2,433, T2 = 1,823, T3 = 2,331, and T4 = 1,871. The cooperation rate was 48.7% at T1. The response rate of this longitudinal cohort at T2 was 74.9%, 72% for T3, and 80% for T4. These response rates were little higher than other longitudinal epidemiological studies (69% ~76% for two to five year study (Kosidou et al., 2011; Torvik et al., 2012).

The study was approved by the Douglas Mental Health University Institute Ethics Committee. All participants of the longitudinal study provided a written informed consent to take part in the study. At each wave, all the interviewers received a 1-week training before the data collections, and were closely monitored by a research coordinator during the data collection for interview quality control. The interviewers conducted a scheduled face-to-face meeting either at participant' home or in a research office. The interview generally ranged from 1.5 to 3 hours, depending on whether a mental disorder was discovered. There was a wide range of standard questionnaires in the data collections, including socio-demographic and economic factors, psychological distress, a set of common mental and behavioral problems, instruments on impulsivity, aggression, cognitive functioning, life satisfaction, social support, residents' perception of their neighborhood. More detailed information about this study could be found in the literature (Caron et al., 2012; Fleury et al., 2012; Meng et al., 2017).

2.3. Study sample and design

Because the Perceived Need for Care Questionnaire (PNCQ) was only introduced at the third and fourth waves of this longitudinal community-based study, therefore this present study analyzed the data from these two waves. In this study, we used baseline for the third wave and a 2-year follow-up to indicate the fourth wave.

All participants of the longitudinal cohort were asked to complete the PNCQ questionnaire. Interviews were computer-assisted personal interviews. A total of 1795 participants had complete data on the questionnaire of PNCQ in the past 12 months for problems with emotions, mental health or use of alcohol and drugs at baseline and the 2-year follow-up. Among them, most of participants didn't receive any help either at baseline (81.4%), or the 2-year follow-up (83.2%). This study selected a total of 150 participants (150/163, 92%) who received at least one type of help both at baseline and the 2-year follow-up.

2.4. Dependent and independent variables

The PNCQ was used to gather past 12-months prior to interview information about five categories of perceived needs for mental health care (information need, counseling need, medication need, social intervention need, and skills training need) (Meadows et al., 2000a). It assesses help received by individuals who had perceived needs in terms of mental health and/or alcohol, drug and emotional problems. The PNCQ has been extensively used in the field of met needs for care among populations with mental disorders and has shown acceptable reliability and validity, with inter-rater reliabilities greater than 0.6 for kappa (McNab and Meadows, 2004; Meadows et al., 2000b).

The dependent variable - changes in percentages of perceived met needs, was computed by subtracting the percentage of perceived met needs over the number of types of help received at baseline from the percentage of perceived met needs over the number of types of help received at the 2-year follow-up.

Table 1 provides a full list of characteristics examined in this study. Table 2 provides a detailed summary of questionnaires/scales used for selected independent variables. For time-variant independent variables, their changes were calculated by applying the difference between measurements at baseline and the 2-year follow-up, whereas time-constant variables, such as gender, and variables that remain constant for all participants, such as age, we used their measures at baseline.