Archives of Gerontology and Geriatrics 59 (2014) 393–397

Contents lists available at ScienceDirect

Archives of Gerontology and Geriatrics

journal homepage: www.elsevier.com/locate/archger

The use of healthcare services for mental health problems by middle-aged and older adults

Daniela C. Gonçalves [a,b], Carlos M. Coelho [c], Gerard J. Byrne [b,d,*]

[a] Department of Primary Care Health Sciences, University of Oxford, New Radcliffe House, 2nd floor, Walton Street, Jericho OX2 6NW, UK
[b] School of Medicine, University of Queensland, Herston, QLD 4029, Australia
[c] Centro Algoritmi, University of Minho, Campus Azurém, 4800-058 Guimarães, Portugal
[d] Royal Brisbane & Women's Hospital, Herston, QLD 4029, Australia

ARTICLE INFO

Article history:
Received 12 December 2013
Received in revised form 16 April 2014
Accepted 24 April 2014
Available online 4 May 2014

Keywords:
Aged
Healthcare
Health services
Mental health
DSM-IV mental disorder

ABSTRACT

Although mental disorders occur commonly in later life, it has been reported that older adults are reluctant to seek help for their mental health problems. The purpose of this research study was to analyze the contact with healthcare professionals, self-perceived mental health problems and unmet needs, as reported by a nationally representative sample of community-dwelling adults. We report a cross-sectional analysis of all the respondents of the Australian National Survey of Mental Health and Wellbeing aged 55 years and older ($N = 3178$). Results indicated that 306 (9.6%) participants had a DSM-IV classifiable mental disorder based on self-identified symptoms over the preceding 12 months. Of these, 146 (48%) reported that they had not consulted a healthcare professional to deal with their mental health problems. Among those who consulted with a healthcare professional, the general practitioner was the main point of contact. Medication and psychotherapy/counseling were the most frequent form of help obtained. Informational and instrumental help, such as help to sort out practical problems and to look after oneself, were the most reported unmet needs. These results suggest a gap in the provision of healthcare services for mental health problems directed toward the specific needs of aging adults. The reported unmet needs might be met by increasing awareness amongst healthcare professionals regarding mental health problems in later stages of life and by improving the access of older people to the services commonly provided by multidisciplinary teams.

1. Introduction

Mental disorders occur commonly and are associated with adverse personal, social and economic impact (Demyttenaere et al., 2004). It has been previously suggested that the likelihood of receiving minimal adequate treatment decreases with age (Garrido, Kane, Kaas, & Kane, 2011; Mosier et al., 2010; Wang et al., 2005). de Beurs, Beekman, van Balkom Ajlm Deeg, van Dyck, and van Tilburg (1999), for example, reported that less than three per cent of those older adults diagnosed with an anxiety disorder consulted a psychiatrist for their mental health problems. This has been explained by factors associated both with the older person, who might be reluctant in disclosing the mental health symptoms, instead preferring to self-manage (Garrido et al., 2011), and with the healthcare professional, namely the general practitioner, who might consider that certain mood states become normative with increasing age (Burroughs et al., 2006). Additional characteristics of the healthcare system, such as availability of mental health services and reimbursement rates, can also constrain the extent to which older adults would seek help for their mental health problems (Knight, 2011). Finally, it is worth noting that the likelihood of comorbid medical illnesses or used medication that may cause, mask, interfere, mimic or distract the attention from mental disorders such as depression or anxiety, also increases with age (e.g., Roy-Byrne et al., 2008; Volkers, Nuyen, Verhaak, & Schellevis, 2004).

All these factors amount and contribute to the decreased use of mental health services in older adults. The main goal of the current study was to analyze the contact with healthcare professionals for mental health problems as reported by a representative sample of Australian community-dwelling middle-aged and older adults. Healthcare in Australia is universal, and subsidized by the federal

* Corresponding author at: Academic Discipline of Psychiatry, School of Medicine, University of Queensland K Floor, Mental Health Centre, Royal Brisbane & Women's Hospital, Herston, QLD 4029, Australia. Tel.: +61 7 3365 5572; fax: +61 7 3365 5488.
E-mail address: gerard.byrne@uq.edu.au (G.J. Byrne).

http://dx.doi.org/10.1016/j.archger.2014.04.013
0167-4943/

government (Department of Health and Ageing, 2013). An additional goal was to understand the main forms of help that participants received from their mental health providers. Finally, we explored the main perceived obstacles for not accessing healthcare services for mental health problems.

2. Methods

2.1. Sample and measures

The study sample was taken from the National Survey of Mental Health and Wellbeing (NSMHWB), conducted by the Australian Bureau of Statistics in 2007 (ABS, 2007). The survey methodology has been previously described (Slade, Johnston, Oakley Browne, Andrews, & Whiteford, 2009). Residents aged 16–85 years old living in private dwellings in urban and rural locations were selected through a multi-sampling procedure stratified for each Australian state and territory. The national response rate was 60%, with 8841 complete responses obtained (Mean age = 46 years, standard deviation = 19 years; 54% female). The *Composite International Diagnostic Interview* (CIDI 3.0, Kessler & Ustun, 2004) was administered face to face to participants by trained surveyors. The survey purposively oversampled older participants to improve the standard errors for prevalence estimates. All participants aged 55 years and older at the time of the interview ($n = 3178$) were considered for the present study. This cut-off point has been previously employed for ascertaining the prevalence and pattern of mental disorders in aging adults (e.g., Beekman et al., 1998).

Data were collected during a face-to-face interview focusing on socio-demographic characteristics and chronic physical health problems. Current diagnoses for mood, anxiety and substance abuse disorders were generated using criteria from the fourth edition of the *Diagnostic and statistical manual of mental disorders* (DSM-IV) (American Psychiatric Association, 2000). The use of healthcare services for mental health related problems over the past 12 months was established by asking participants the number of consultations they had had with seven types of healthcare professionals for self-perceived mental health problems. Participants could select from a list that included general practitioners; psychiatrists; psychologists; mental health nurses; other specialist doctors; other mental health professionals; and complementary therapists. Participants were also asked about the specific type of help received (e.g., information, tablets, and help with everyday life); whether they felt that their needs were met; and, if they did not receive that specific help, what was the main perceived reason.

2.2. Analyses

Data were analyzed through chi square tests. To control for Type I errors the significance level was established at $\alpha < 0.01$. All analyses were conducted through Stata 11.1 (StataCorp, 2009).

3. Results

Approximately one tenth of the participants fulfilled the criteria for a 12-month DSM-IV mental disorder ($n = 306$, 9.6%), whereas almost 8% of all participants ($n = 268$) reported having at least one consultation with a health provider for mental health problems over the past 12 months (results not tabulated). As expected, those participants who had consulted a healthcare provider for their mental health problems were also more likely to have a current mental disorder ($\chi^2(1) = 433.35$, $p < 0.001$). However, almost half of those participants who fulfilled the DSM-IV criteria for a current mental disorder reported not having had a consultation with any healthcare professional for their mental health problems ($n = 146$). There were no significant differences in the use of healthcare services for mental health problems by education, place of residence or chronic physical health problems. Table 1 presents the detailed findings.

Among those who consulted a healthcare professional for their mental health problems, about one third consulted two or more professionals ($n = 87$, 32%). The professional most frequently consulted was a general practitioner ($n = 195$), followed by a psychologist ($n = 57$). There was an inverse relation between age and the likelihood of seeking help for mental health problems ($\chi^2(2) = 43.48$, $p < 0.001$), and while 12% of the participants aged between 55 and 64 years old reported seeking help, only 5% of those aged between 75 and 85 did so. Those who consulted a healthcare provider for mental health problems were also more likely to be female ($\chi^2(1) = 15.86$, $p < 0.001$) and not married ($\chi^2(1) = 7.27$, $p < 0.01$).

The main type of help received by the participants was "medicine or tablets" (73%), followed by "psychotherapy/counseling" (54%), and "information about mental illness" (34%). General practitioners had a preponderant role in service provision, being the main providers in all types of help except "psychotherapy/counseling" and "help to meet people". Among those participants who were receiving specific types of help, the majority felt that their needs were being fulfilled, and the main reason for not seeking further help was a preference for self-management. However, almost one fourth of those who reported seeking and receiving information about mental illness reported not having received enough information even after asking. Furthermore, one

Table 1
Socio-demographic and clinical characteristics of the participants according to their healthcare services use status for a self-perceived mental health problem ($N = 3178$).

Variable (N, %)	No use in last 12-month ($n = 2910$)	12-month use ($n = 268$)	*test* (d.f.)=, p
Age			$\chi^2(2) = 43.48$, <0.001
55–64 years	1116 (38%)	157 (59%)	
65–74 years	1032 (35%)	72 (27%)	
75–85 years	762 (26%)	39 (15%)	
Gender			$\chi^2(1) = 15.86$, <0.001
Female	1498 (51%)	172 (64%)	
Education			$\chi^2(1) = 4.22$, 0.04
8 years or less	658 (23%)	46 (17%)	
Marital status			$\chi^2(1) = 7.27$, <0.01
Married	1628 (56%)	127 (47%)	
Residency			$\chi^2(1) = 0.32$, 0.57
City	1718 (59%)	163 (61%)	
Chronic physical health problems			$\chi^2(1) = 0.01$, 0.78
Yes	2391 (82%)	222 (83%)	
12-month mental disorder			$\chi^2(1) = 433.35$, <0.001
Yes	184 (6%)	122 (46%)	

d.f.: degrees of freedom; p: alpha level obtained for the test; t: Student's t-test; χ^2: chi square test; M: mean; SD: Standard deviation