Bridging the Gap between Common Mental Disorders and Service Use: The Role of Self-Rated Mental Health among African Americans

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Objective: *The unmet need for mental health care in racial/ethnic minorities has been a major public health concern. Using a sample of African Americans, this study questioned whether self-rated mental health (SRMH), an individual's subjective assessment of personal mental and emotional status, modifies the link between mental disorders and service use.* **Design:** *Cross-sectional analyses of the Milwaukee African American oversample of the Midlife Development in the United States (MIDUS II) study, 2005–2006.* **Setting:** *In-home personal interviews.* **Participants:** *Self-identified African American/black participants aged 40 to 85 years (N = 460).* **Measurements:** *Participants were assessed if they met the diagnostic criteria for three common mental disorders (major depression, generalized anxiety disorder, and panic disorder) in the prior 12 months, using the Composite International Diagnostic Interview (CIDI). Response to a single-item SRMH was dichotomized (excellent/very good/good or fair/poor). Service use was indicated by the use of any services in the past year (mental health specialist, general doctor, and clergy).* **Results:** *Multivariate analyses identified a significant interaction between mental disorder and SRMH in predicting service use. The likelihood of service use increased substantially when individuals with a disorder reported their mental health to be fair/poor.* **Conclusions:** *Reflecting its subjective nature, SRMH enhances our understanding of individual variations in self-recognition and help-seeking behaviors. Findings suggest that interventions that enhance an individual's self-awareness of mental health problems may help bridge the gap between mental health care needs and service use in African Americans.* (Am J Geriatr Psychiatry 2014; ■:■–■)

Key Words: Mental disorder, service use, self-rated mental health, African Americans

A gap between the presence or severity of mental disorder ("need") and mental health service use has persisted over the past decades. According to findings from the National Comorbidity Survey Replication, fewer than half (41.1%) of individuals with any 12-month DSM-IV disorder received

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http://dx.doi.org/10.1016/j.jagp.2014.02.010

treatment.[1] Although this reflects an improvement from the 25% receiving treatment at the baseline National Comorbidity Survey conducted a decade earlier,[2] the discrepancy between disorder and mental health care continues to be a major public health concern. The unmet need for mental health care is particularly pronounced among racial/ethnic minorities.[3–5] Although findings may vary by types of disorders and services considered, African Americans in general show a lower rate of mental health service use than non-Hispanic white patients.[1,6,7] It is also notable that non-specialty care such as religious and spiritual advisors often serves as the major source of mental healthcare.[4,6]

Over the past few decades, a sizable body of literature has accumulated on barriers to mental health care in both general and racial/ethnic minority populations. Examples of identified service barriers include individual-level and contextual factors such as low socioeconomic status, lack of health insurance, stigma associated with mental illness, low mental health literacy, disbelief in mental health treatment, and limited availability of culturally competent mental health providers.[1,4,6–11] One potentially influential factor that has not received much attention is self-assessment of mental health. Although an individual's awareness of the presence and severity of symptoms has been suggested as an initiator of service use in the transtheoretical model of behavioral change[12] and the help-seeking decision-making model,[11,13] there is a lack of empirical studies addressing its role particularly with racial/ethnic minorities. As an indicator of "perceived need for mental health care," self-rated mental health (SRMH) may play a key role in the process by making individuals recognize the need and seek help.

A single SRMH item asking "How would you rate your overall *mental* health?" has recently received attention in mental health research and services.[14,15] A strong association of SRMH with mental health symptom measures[14,16] and mental disorder[17,18] has been demonstrated, and it has been validated as an efficient mental health indicator.[18] Studies have also reported a connection between SRMH and mental health service use.[18–21] Unlike the conventional mode of assessment, which focuses either on the predictors of SRMH[14,16,17] or on its implications for service use,[21] the present study examines its role both in response to mental disorder and in seeking mental health care. The assessment of this simultaneous dynamic involves the interactive or combinational function of mental disorder and SRMH. Our assumption is that service use is most likely when the awareness of mental disorder is reflected in one's subjective assessment of overall mental health. In other words, unrecognized mental health problems may pose a barrier to service use.

Using a sample of African Americans, a group known to have mental health care disparities,[1,5–7] the present study examined how the link between mental disorder and service use may be affected by SRMH. We hypothesized that the likelihood of service utilization among individuals with mental disorder would be increased when they rated their mental health as fair/poor rather than as excellent/very good/good. Reflecting its subjective nature, SRMH is expected to enhance our understanding of individual variations in self-recognition and help-seeking behaviors, where the presence of mental disorder does not always eventuate in the use of appropriate services.

METHODS

Data

The data were from the Milwaukee African American oversample of the Midlife Development in the United States (MIDUS II) study, 2005–2006.[22] Using a stratified area probability sampling, data were collected from 79 census tracts with populations at least 40% African American in Milwaukee County, Wisconsin. The census blocks were stratified by income, with roughly half coming from tracts in which the median household income was $40,000 or greater, and the remainder coming from tracts in which the median household income was below $40,000. Information was gathered via in-home interviews using a Computer Assisted Personal Interview protocol and subsequent self-administered mail surveys. The overall response rates for the in-home interviews and mail-surveys were 70.7% and 67.2%, respectively. All variables used in the present investigation came from the data collected through in-home interviews. Among the total of 592 participants, the present investigation was based on 460 self-identified African American/black participants aged 40 to 85 years. None of them had more than 5% missing information on the variables used in the present