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The nature and correlates of unmet health care needs in Ontario, Canada

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Abstract

Using data from the Canadian Community Health Survey (CCHS) Cycle 1.2, we examine the nature of unmet mental health care needs in Ontario, Canada and how this is associated with socio-demographic, social support, health status and mental health service use factors. Unmet mental health care needs result from experiencing barriers to three issues: acceptability, accessibility and availability. Unmet needs due to acceptability issues are the most frequent type; the largest proportion of people within this category report experiencing unmet needs because they "preferred to manage the problem themselves". Unmet needs are greater among the young and among females. Surprisingly, service users report higher rates of unmet needs than non-users. Some social support variables have associations with unmet needs. Based upon these results, unmet needs pose a major challenge to the health care system since they cannot be resolved solely by enhancing access to and availability of mental health services. Thus, to address unmet mental health care needs, efforts should be focused on the acceptability barriers that women and young people in particular face. Enhancing education and certain social support mechanisms are potential strategies.

Keywords: Canada; Unmet needs; Accessibility; Acceptability; Mental health care; Social support; Availability

Introduction

The context for treating mental disorders has shifted dramatically in the last several decades due to the increased therapeutic use of psychotropic drugs to control mental disorders and the preference for outpatient community-based services (CMHA, 2004; Healy, 2003; Ryan, Merighi, Healy, & Renouf, 2004). This move away from institutional care heightens the importance of understanding unmet needs within the community context. Persons with unmet needs are no longer an easily identifiable subset of a distinct vulnerable group (Jansson, Sonnander, & Wiesel, 2003). More people in communities now have greater risks of facing unmet needs of care. A community-based approach to mental health issues like unmet needs commands attention to a broad range of environmental factors including housing, income, community well-being and social supports (Bentley & Taylor, 2002). In a community setting, as opposed to an institutional care approach, people are more vulnerable to the risks of poverty, stigma and social exclusion (Ryan

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et al., 2004). Thus, community-based mental health care requires "a breadth of focus and complexity of tasks" (p. 412). In the analysis of unmet needs, various environmental variables should be considered.

Previous studies typically have assessed unmet need from a utilization model whereby unmet need is assessed as the proportion of those who do not use services from among the people with mental disorder (Andrade et al., 2000; Demyttenaere et al., 2004; Kessler et al., 2001). Defining unmet needs as an absence of service usage among those deemed to have a mental disorder may restrict a full expression of unmet needs among the general populace. If some individuals, despite their not being diagnosed with any mental disorder, feel their mental health care needs are unmet, that too is equally important. Meeting the care needs of such individuals with sub-threshold cases may prevent the incidence of more serious mental disorder.

Kessler (2000) finds that the coping strategies for dealing with mental problems are far more diverse than for physical illnesses. This includes alternative healing methods, social support networks, life style changes, and cognitive behavioural approaches. Some individuals with a need for mental health care would rely on these other methods. Though they do not use psychiatric services, their needs may be self-managed. Moreover, there is not a linear relationship between diagnosis and need for treatment, nor is there a clear definition of what need for service entails. Bebbington, Marsden and Brewin (1997) point out that the relationship between prevalence and treatment needs "remains undefined". Many factors may be considered in determining treatment including the etiology of the symptoms and their duration, level of distress, degree of social functioning and the views of the clients (p. 822). Therefore, service non-use for a person with a mental disorder may or may not indicate unmet needs. The shortfall of a utilization model is that unmet needs are interpreted as mere prevalence and no service.

Moreover, we cannot assume that using service is an accurate measure of meeting mental health care needs. Especially when there is no specific information on the quality of services, mere reception of services should not be considered as needs being met. It is quite possible that individuals who use services find their needs not met due to their increasing awareness of limitations of the services they received. Roth and Crane-Ross (2002) find that service use is not a good predictor of whether clients report their needs are met. There is even some evidence that professional help does not always provide effective treatment (Barr, 2000; Jorm et al., 1997).

Research confirms that addressing unmet mental health needs is a complex issue (Gold, 1998; Katz, Kessler, Lin, & Wells, 1998; Lin & Parikh, 1999). To capture the whole picture of unmet need within community-based care, it is informative to listen to what individuals have to say. Whether they have a disorder or not and use services or not, their needs are met (or not met) only when they really feel so. Capturing the expression of people's subjective feelings and relying on self-reports of unmet needs will help expand current knowledge of these needs. Moreover, the identification of factors that distinguish those with unmet need within the general population may be critical to a better understanding of how unmet needs are best addressed (Flisher et al., 1997). Through a population health approach, this study shifts the focus from service utilization predictors of unmet need to identification of correlates of perceived unmet needs. Thus, we can address one important limitation of many studies based on correlates with service utilization (Aoun, Pennebaker & Wood, 2004). Through this approach, our research complements and brings breadth to research of unmet mental health care needs.

The first aim of the current study is to shed light on the magnitude and underlying reasons for perceived unmet mental health needs and their relation to gender and age. Second, we use multivariate analysis to investigate associations between the indicators of unmet needs and selected characteristics including socio-demographic variables, types of social support, community belonging, health status, and service use.

Methods

Data

The data used for this analysis are from the Canadian Community Health Survey (CCHS) cycle 1.2: Mental Health and Well-being, which began in May 2002 and was conducted over 8 months (Statistics Canada, 2003). The sample was selected using the area frame designed for the Canadian Labour Force Survey. A multi-stage stratified cluster design was used to sample dwellings within