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Rutgers Center for State Health Policy

Unmet Mental Health Need in New Jersey's Urban Areas: The Case of New Brunswick

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ISSUE BRIEF

Mental Health Utilization in the United States

According to a 2000 survey on mental health in the United States (Center for Mental Health Services, 2001), the majority of adults who met the diagnostic criteria for a mental disorder (e.g., anxiety disorder) did not use mental health services. Furthermore, 11.7% of individuals surveyed recognized that they had a mental health need that could not be met because of cost. Among children, a similar pattern was seen. Twenty percent of children were in need of mental health services but only a small percentage actually received such services (U.S. Public Health Service, 2000).

Utilization of mental health services was found to be particularly low among racial and ethnic minorities. According to the Surgeon General Report *Mental Health: Culture, Race, and Ethnicity* (U.S. Department of Health and Human Services, 2001), racial and ethnic disparities exist in diagnosing mental illness, accessing mental health services, and obtaining quality treatment. Several reasons cited for these disparities included concern about stigma regarding mental illness and obtaining services; cultural differences in what is considered mental illness; a lack of or inappropriate health insurance; and low availability of providers, especially specialty providers.

Disparities in mental health service use can also be seen geographically. Urban areas have been found to have higher rates of utilization than rural areas (Burns, Costello, Angold, Tweed, Stangl, Farmer, & Erkanli, 1995; Slade, 2002). Several reasons have been suggested for these differences, but most noteworthy is the availability of providers. More providers are available in urban areas than in rural areas (Goldsmith, Wagenfeld, Manderscheid, & Stiles, 1997; Slade, 2003).

Mental Health Utilization in New Jersey

New Jersey ranks 28th nationally in the number of individuals in poor mental health, with 33.6% self-

Methods

New Jersey Family Health Survey

In 2001, Rutgers Center for State Health Policy conducted the New Jersey Family Health Survey. It included 2,265 households, consisting of 6,466 individuals. The survey was conducted with the most knowledgeable person in the household regarding the health care issues of all household members. The survey sample was designed to represent all New Jersey households. Questions regarding mental health included items about anxiety and depression symptoms, access and utilization, and self-reported unmet need. Questions about symptoms were asked only of adults 18 and over, and they referred to whether or not individuals experienced these symptoms in the last 3 months. Questions about mental health utilization and unmet need were asked to all age groups, including children. In regards to mental health utilization, questions in this survey referred to whether individuals used services within the last 12 months. Questions regarding unmet need focused on whether individuals had experienced "a time when they wanted mental health care and counseling but could not get it at that time" during the prior year. Analyses for this issue brief were conducted on total NJ (N=6466) and urban NJ (N = 1070), which was defined as areas with populations greater than 25,000 and density greater than 9,000 people per square mile (excluding New Brunswick).

Healthier New Brunswick Community Survey

In 2004, Rutgers Center for State Health Policy conducted the Healthier New Brunswick Community Survey. The survey included 595 households in the New Brunswick area (including the 2 census tracts of neighboring Somerset township directly bordering on New Brunswick), yielding data collection on 1,572 individuals. The survey excluded persons living in the area primarily to attend a higher education institution. The format of the Healthier New Brunswick Survey was similar to the New Jersey Family Health Survey, and the questions about mental health symptoms, utilization, and unmet need on the two surveys were identical. All analyses for this issue brief were done on unweighted data.

Table 1: Self-reported Unmet Need and Actual Unmet Need[a] by Several Resident Characteristics: Adults in New Brunswick, 19 to 64 years old

	Self Reported Unmet Need (%) N = 27	Actual Unmet Need (%) N = 113
Sex		
Female	74.1	73.5
Male	25.9	26.6
Age		
19 to 44	68.0	74.8
45 to 64	32.0	25.2
Insurance Status		
Publicly Insured	15.4	16.1
Privately Insured	46.2	41.1
Uninsured	38.5	42.8
Poverty Level		
Poor (< / = 200% FPL)	44.4	54.0
Not Poor (> 200% FPL)	55.6	46.0
Immigration Status		
Not U.S. Born	22.2	53.1
U.S. Born	77.8	46.9
Language		
Non-English Speaker	29.6	51.3
English Speaker	70.4	48.7
Education Level		
High School and Above	76.9	57.7
Less than High School	23.1	42.3
Family Structure		
With Children	37.0	47.8
Without Children	63.0	52.2

[a] Actual unmet need is defined as adults with reported anxiety and depression symptoms who did not use mental health care.

reporting poor mental health (CDC, 2004). State expenditures for mental health services are quite high, with New Jersey ranking 7th nationally in total state expenditures (CDC, 2004). Yet, in 2004, only 28% of mental health service units were provided to children living in New Jersey's cities (e.g., Newark, New Brunswick, Camden), a drop from 1998 (Association for Children of New Jersey, 2004).

New Jersey Family Health Survey

The 2001 NJFHS found that 12.1% of New Jersey residents over the age of 17 reported that they experienced anxiety or depression in the past 3 months. Looking only at New Jersey's urban areas, the proportion of residents who reported anxiety or depression is slightly larger, with 12.9% of individuals reporting these symptoms. However, only about 5.0% (n = 34) of adults used mental health services in New Jersey's urban areas, and about 3.8% (n = 15) of children. Urban residents more likely to use services were English speaking, publicly insured, Hispanic, poor women, individuals living with children and other adults, and those individuals between the ages of 19 and 44. Compared to the general urban population in NJ, these individuals were less likely to be English speaking and living with children but more likely to be on public insurance, poor, less educated, Hispanic, and women (see Figure 1).

A number of New Jersey residents (approximately 2.1% of residents overall and 2.8% of urban residents) also reported wanting mental health care but not being able to obtain the services. When unmet need (defined as looking at individuals with reported symptoms of depression or anxiety who did not use mental health care)

Figure 1: Major Characteristics of People Who Used Mental Health Services in New Jersey's Urban Areas (N=49) Compared to the Total NJ Urban Population (N=1070)

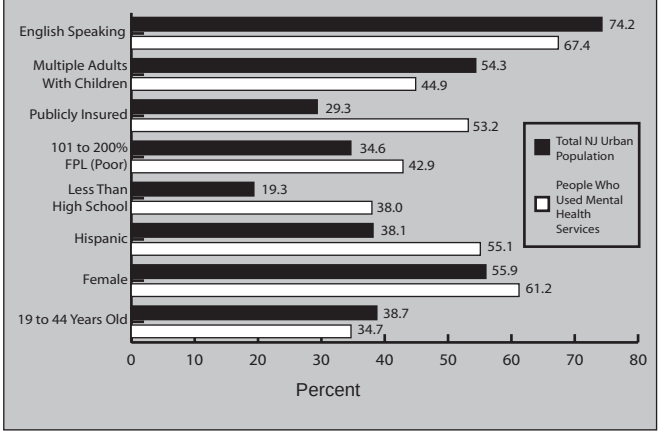


Figure 2: Major Characteristics of People Who Used Mental Health Services in New Brunswick (N=71) Compared to the Total New Brunswick Population (N=1572)

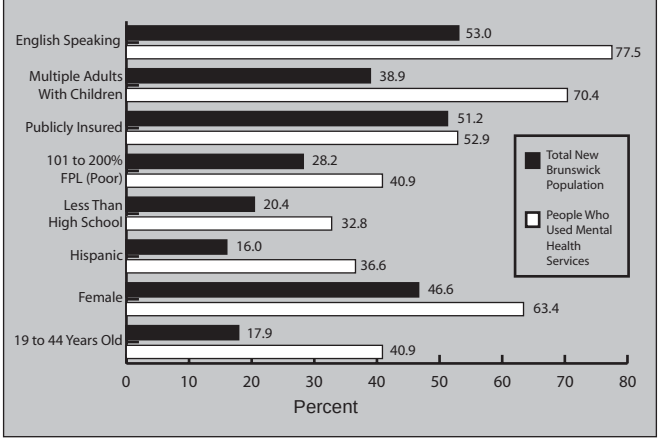


Figure 3: Proportion of New Brunswick Residents With Anxiety or Depression Symptoms Who Did Not Use Mental Health Services, by Race and Ethnicity

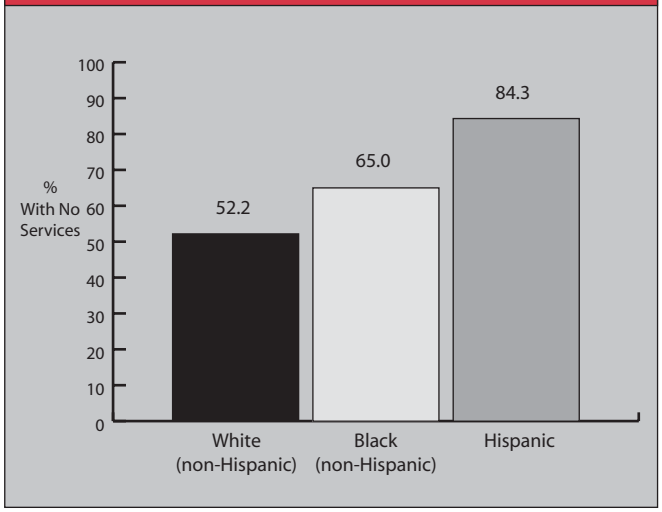
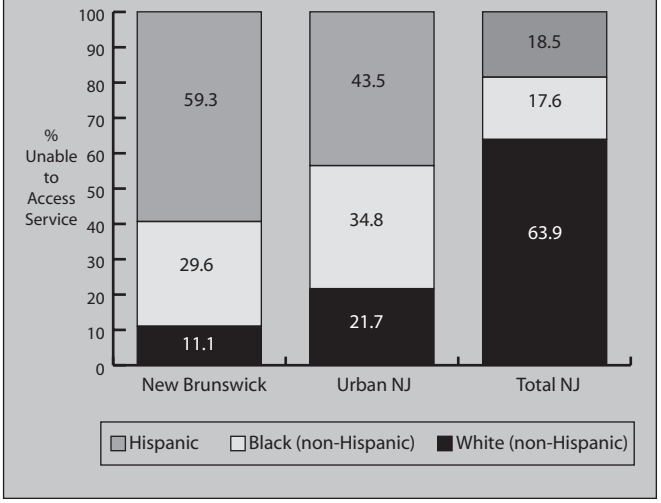


Figure 4: Proportion of Residents Who Reported Not Being Able to Access Mental Health Services



was examined, we found that only a small proportion of these individuals actually accessed services. Among those with reported symptoms, only 27.5% of the entire New Jersey sample and 24.7% of New Jersey's urban residents reportedly used such care.

Healthier New Brunswick Community Survey

New Brunswick is unique in comparison to other New Jersey urban areas due to the city's large number of health care providers. New Brunswick is home to two major hospitals, three community clinics, and a number of research institutes including The Cancer Center of New Jersey and the Child Health Institute. Yet, only 4.5% of its New Brunswick-area residents used mental health care in 2004, lower than New Jersey's overall urban areas (5.7%). Additionally, approximately 14% of New Brunswick residents reported symptoms of anxiety or depression. This is a larger proportion than the one reported by residents of New Jersey's urban areas (12.9%).

The demographics of the New Brunswick residents who use mental health care were very different from those in other urban areas. These individuals were most likely to be privately insured, white non-Hispanic, between 45 and 64, and in families with no children (see Figure 2). Given that the demographic composition of New Brunswick is largely Hispanic and between the ages of 19 and 44, these findings suggest that those who access mental health services in New Brunswick are not typical of New Brunswick residents. Additionally, a large proportion of residents who reported experiencing depression or anxiety symptoms in the last 3 months did not access mental health services over the past year. Over three-fourths of residents who expressed anxiety symptoms and 73% of residents who mentioned they experienced symptoms of sadness, hopelessness, depression, or frequent crying did not obtain mental health care. Additionally, as compared to white residents, Hispanic and African-American residents with anxiety or depression symptoms were less likely to access mental health services (see Figure 3).

Unfortunately, when residents were specifically asked whether there ever was a time when they or someone they knew needed mental health services but could not get it, the results were just as discouraging. About 2% of the New Brunswick residents surveyed said that there was such a time. Of these respondents, the majority of them were Hispanic residents. Similar results were found for urban New Jersey, while for overall New Jersey, the majority of individuals who reported unmet mental health services were white non-Hispanic (see Figure 4).

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Most New Brunswick residents who reported unmet mental health need were disproportionately female,

privately insured, and above the 200% federal poverty level (i.e., not poor). Those who experienced symptoms (i.e., anxiety or depression) but did not obtain mental health care (i.e., what we termed "actual unmet need"), were disproportionately immigrant, female, between the ages of 19 and 44, uninsured, poor, and without children (see Table 1).

Interestingly, when directly asked about having experienced unmet mental health need, the individuals who reported being most in need were those who were insured and not poor; however, when unmet need was derived by examining use of care by those with symptoms, those who emerged as actually in need of mental health care were more likely to be poor and uninsured. Self reporting unmet need is apparently problematic for the most vulnerable populations and only when measures of symptoms and lack of care are examined can a clearer picture of need be gleaned for these individuals.

Conclusions and Implications

Residents in New Jersey's urban areas, particularly in New Brunswick, are confronted with unmet mental health needs. Racial and ethnic minorities as well as the poor and uninsured are not being served appropriately. Although cost and insurance coverage were found to be significant barriers in access to care in national surveys, other barriers were also reported including stigma, the feeling that the problem could be handled without treatment, and the challenge of not knowing where to go for services. A greater understanding of the treatment and counseling barriers in these urban areas would facilitate the development of targeted interventions.

For example, well designed public awareness campaigns focusing on the fact that mental illness may not go away untreated, or that there is no shame in admitting to a mental health problem, could help address many of the beliefs about mental illness. These kinds of programs may be particularly important to Hispanic individuals, who comprise the largest group in New Brunswick and some other urban areas, and who may have a more difficult time in overcoming the stigma about mental illness and in believing that mental illness is a condition that should be treated the same as any other medical condition.

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