

Unmet mental health need among Chinese and Latino primary care patients

Maria E. Garcia, MD, MPH, MAS

Assistant Professor

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General Internal
Medicine

Department of Medicine

No disclosures to report

Mental health conditions are common

- High burden of depression and anxiety in primary care
- Poor recognition of late-life depression
- Most older patients present with symptoms in primary care

Prior studies

- Population-based studies documented disparities:
 - Chinese and Latino
 - Limited English Proficiency
 - Gender
 - Intersection of factors?
- Few studies in primary care settings

Research Objective

Among older Chinese and Latino primary care patients:

Determine the prevalence of :

- 1) perceived mental health need
- 2) unmet mental health need

Investigate the individual contributions of ethnicity, gender, and English proficiency, and the interaction between these factors, to unmet mental health need.

Methods

Language Access and Systems Improvement Study:

- **Study Design:** Cross-sectional analysis
- **Setting:** Adult primary care practice
- **Eligibility criteria:**
 - Age \geq 40 years
 - Self-identify as Chinese or Latino
 - Prefer English, Spanish, Cantonese, or Mandarin
- Bicultural/bilingual research assistants conducted telephone interviews

Outcome 1: Perceived mental health need

“During the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, blue, anxious or nervous?”

- California Health Interview Survey

Outcome 2: Unmet mental health need

Mental health service use in prior year

1) “Have you seen your primary care physician or general practitioner for problems with your mental health, emotions or nerves?”

2) “Have you seen any other professional, such as a counselor, psychiatrist, or social worker for problems with your mental health, emotions, or nerves?”

- California Health Interview Survey

Outcome 2: Unmet mental health need

Mental health service use in prior year:

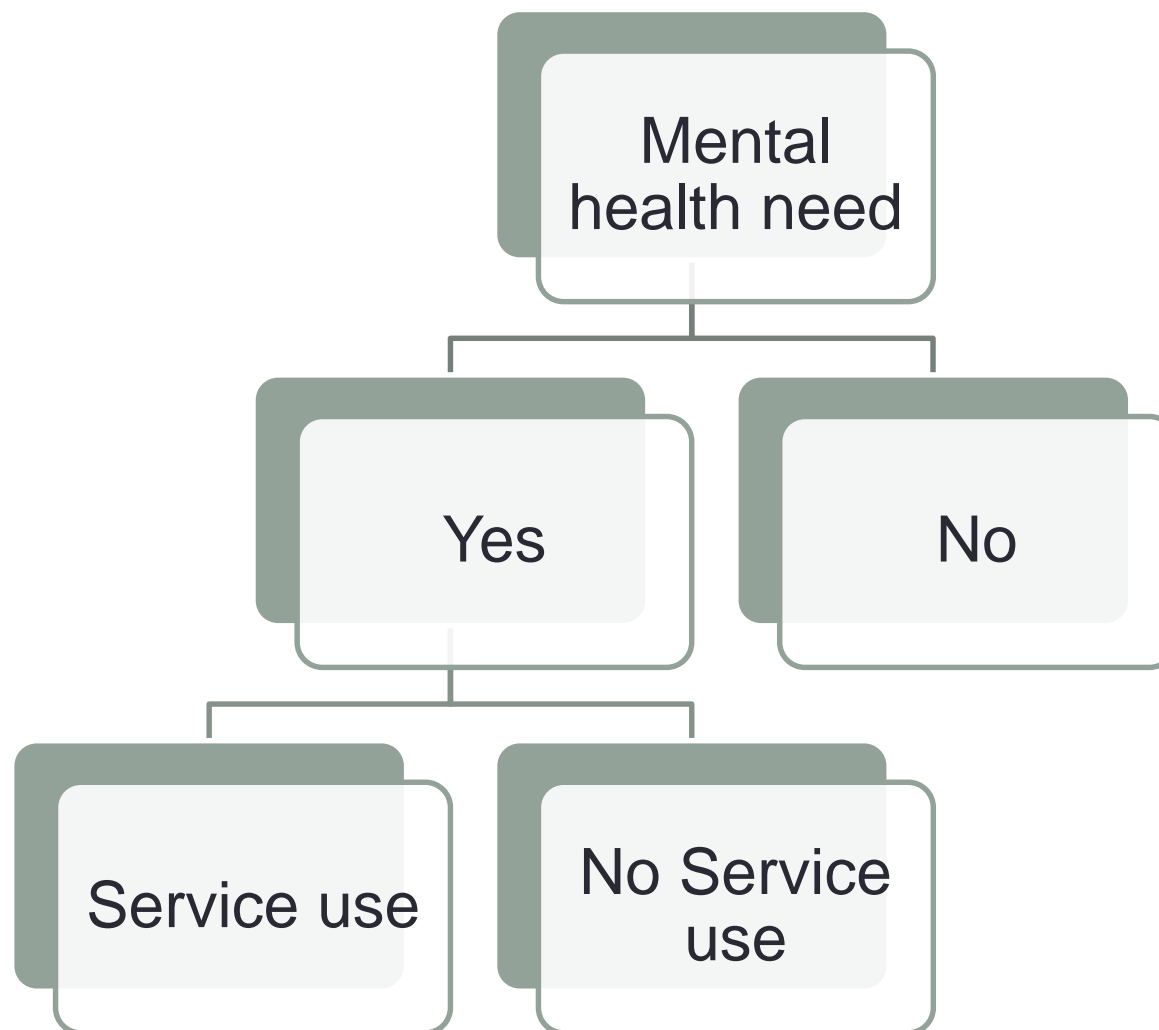
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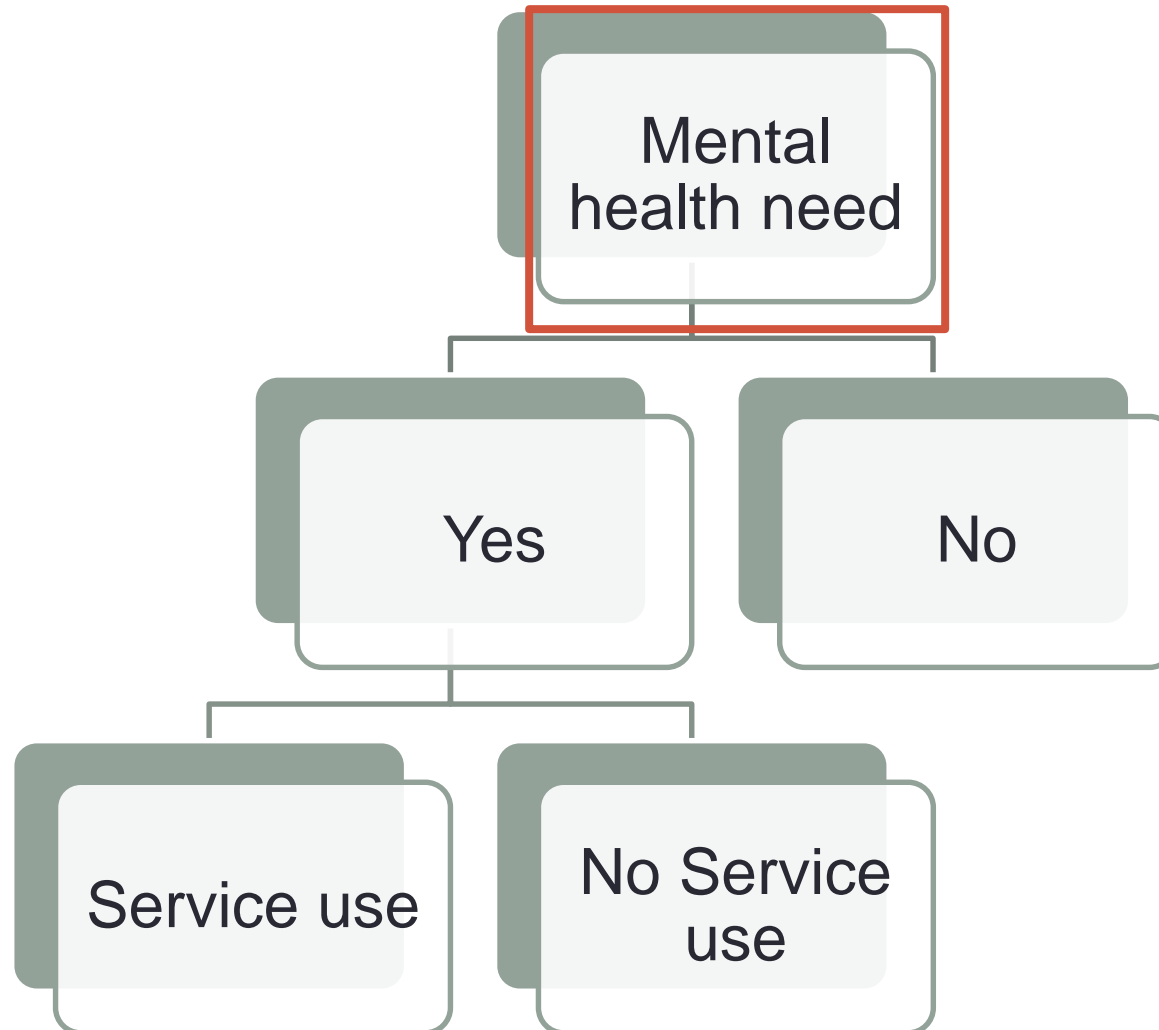
Unmet mental health need:

No reported mental health service use in the prior year among patients with mental health need

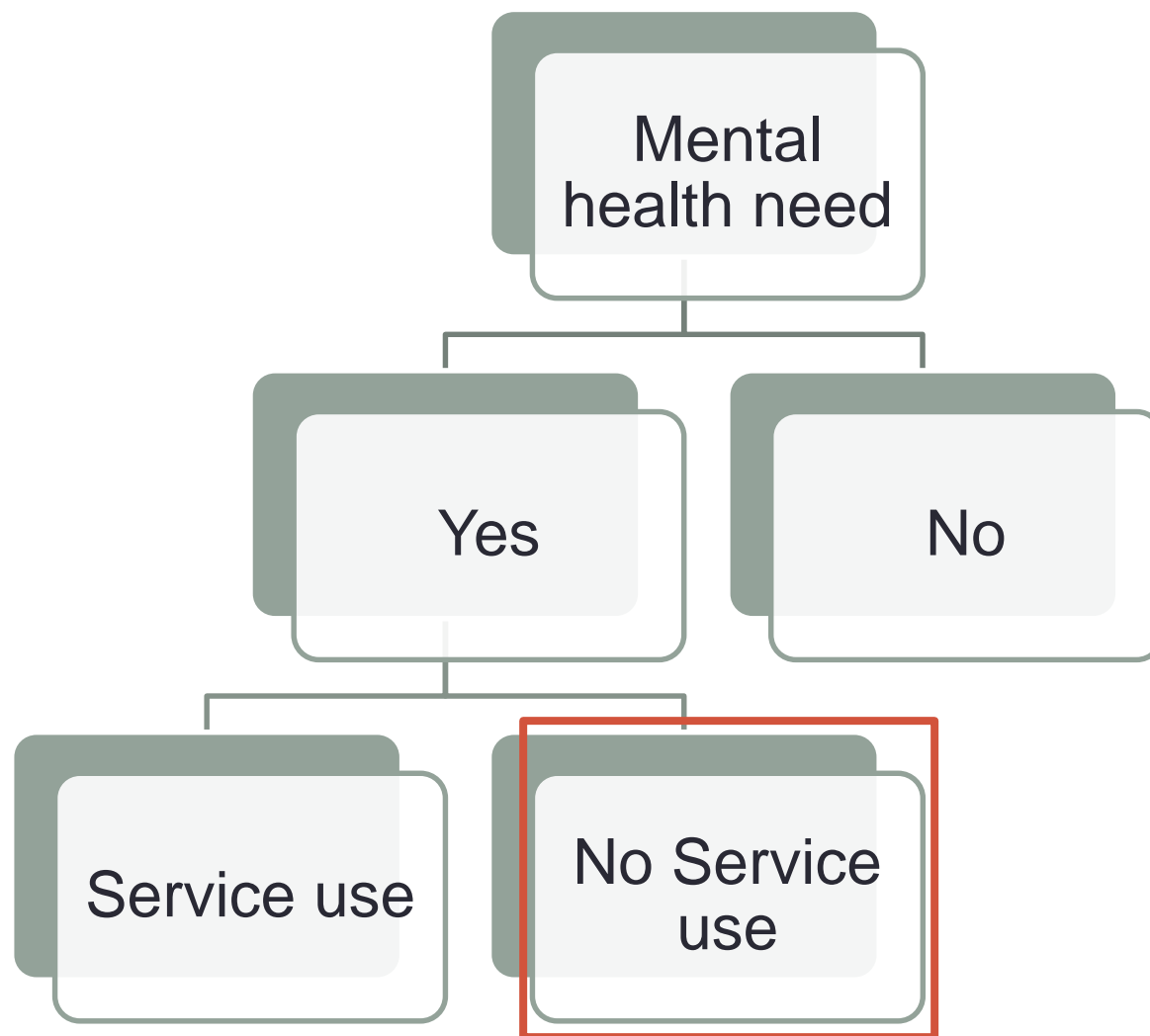
Outcomes



Outcome 1- Mental health need



Outcome 2- Unmet mental health need



Limited English Proficiency vs EP

- Definition of **LEP**:
 - U.S. Census question: “How well do you speak English?”
 - Speak English “not at all,” “not well” **or**
 - Speak English “well” but preferred language for discussing healthcare is not English
- All others classified as **EP**: English Proficient

Statistical analysis

- Outcomes:
 - 1) Perceived mental health need
 - 2) Unmet mental health need (among those with need)
- Descriptive statistics
- Mixed logistic modeling to account for clustering of patients within physicians
 - Interactions:
 - Ethnicity (Chinese vs Latino)
 - Gender (Men vs Women)
 - English proficiency (LEP vs EP)
 - Adjusting for other covariates

Covariates

Patient characteristics

- Age
- Education
- Health Literacy

Utilization characteristics

- Insurance type
- In clinic in prior year
- # of visits in prior year
- Comorbidities

Results: Demographics

N= 1149	Limited English Proficiency		English Proficient	
	Latino	Chinese	Latino	Chinese
	183 (16%)	532 (46%)	172 (15%)	262 (23%)
Age (Mean years)	68	71	62	63
Female	70%	64%	55%	58%
<High School Education	50%	48%	13%	2%

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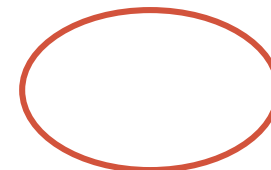
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Comorbidities	3 ± 0.1	2 ± 0.1	3 ± 0.1	2 ± 0.1
Medicare	62%	70%	43%	42%

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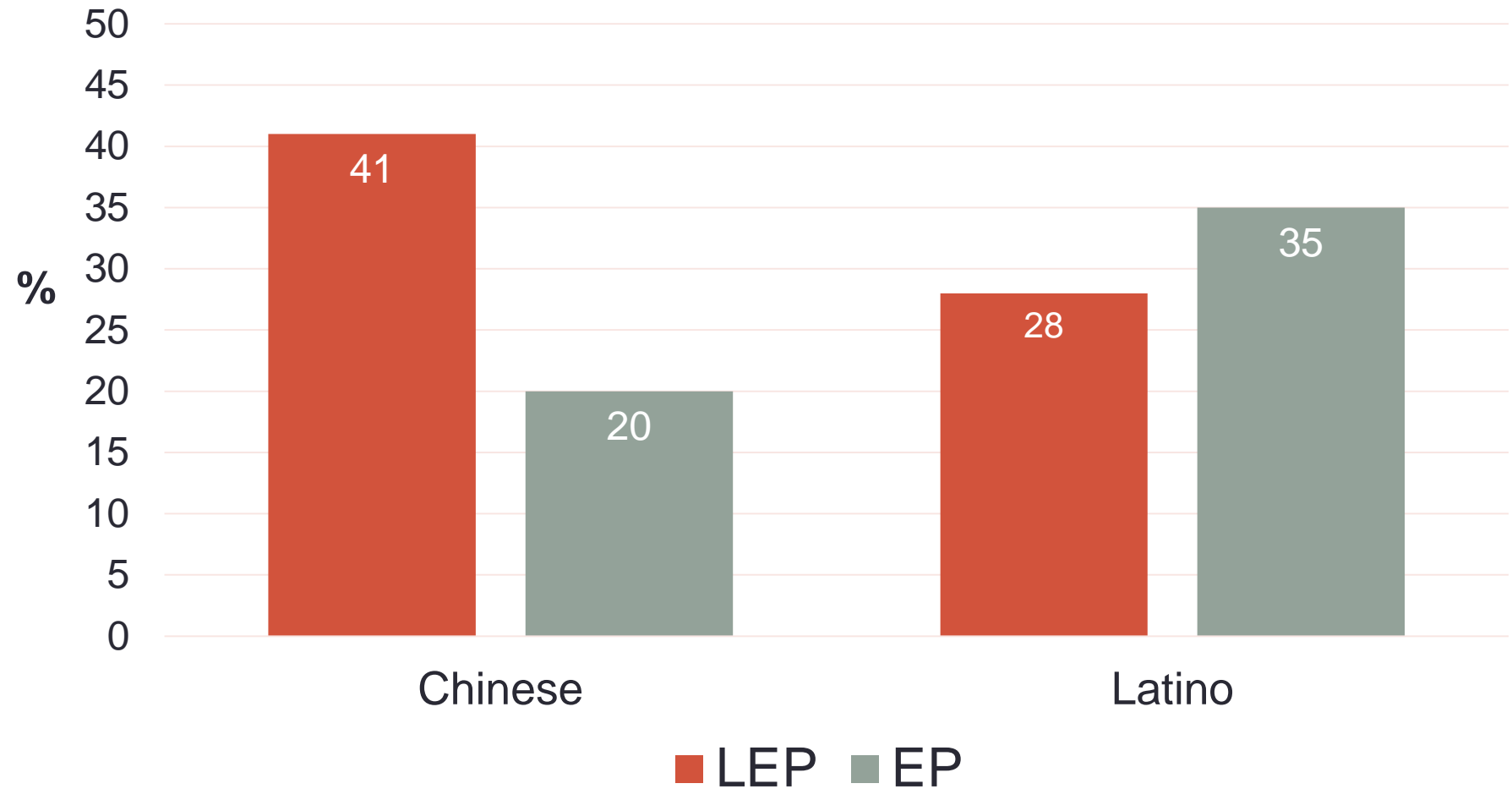
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Outcome 1:

Perceived mental health need (%), N= 1149



Perceived mental health need

	AOR	95% CI
Ethnicity by language		
Latino LEP vs EP	0.64	0.40 – 1.04
Chinese LEP vs EP	2.55	1.73 – 3.76
Age	0.72	0.62-0.84
Women	1.35	1.03 – 1.79

*Adjusted for education, health literacy, in clinic in prior year, #of clinic visits, comorbidities, and insurance type

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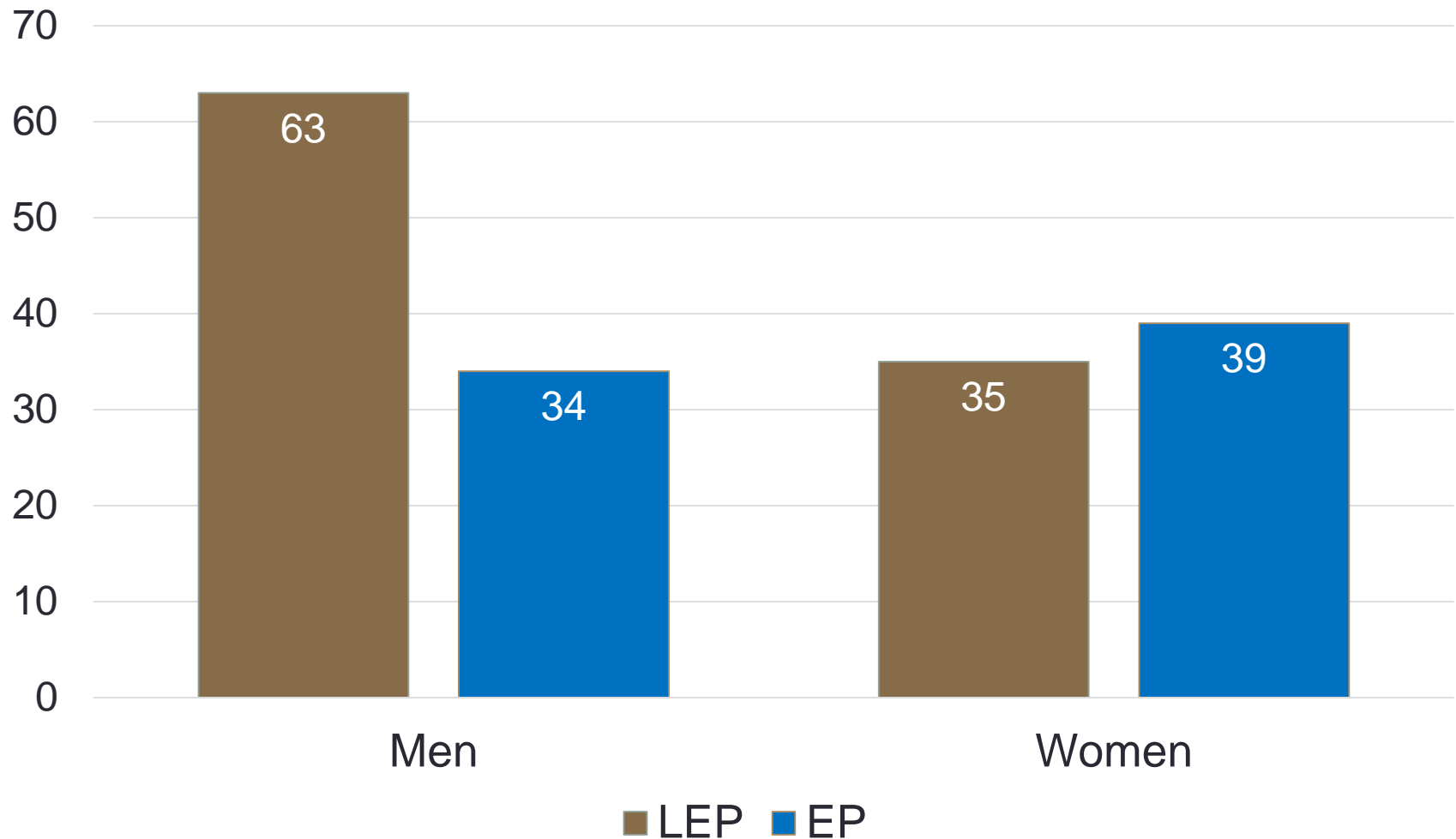
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Outcome 2: Unmet mental health need (%), N= 380



Unmet mental health need

	AOR	95% CI
Language by Gender		
Women LEP vs EP	0.74	0.39 – 1.38
Men LEP vs EP	2.53	1.06 – 6.04
Ethnicity		
Chinese	1.17	0.67 – 2.02
Latino	Ref	--
Age	1.22	1.004 – 1.50

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Limitations

- Self-report
- Lack of information on nativity and immigration-related factors
- Generalizability: single site

Conclusions

- Mental health need:
 - 33%
 - Chinese with LEP report highest need
- Unmet mental health need:
 - High: 41%
 - Sub-groups at higher risk: Men with LEP, Older adults

Implications

- Must actively identify individuals with mental health symptoms who may not be seeking care
- Future research is needed on systems improvements to improve recognition, diagnosis and treatment
- Need to tailor services to target high-risk groups, especially men with LEP and older adults

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- *The statements presented are solely the responsibility of the author(s) and do not necessarily represent the views of the Patient-Centered Outcomes Research Institute® (PCORI®), its Board of Governors or Methodology Committee.*

Q & A ...

Thank you!

Maria.Garcia@ucsf.edu

Questions?



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Low Health Literacy	31%	21%	22%	15%
# of clinic visits in past year	4 \pm 0.2	3 \pm 0.2	3 \pm 0.3	2 \pm 0.2
Comorbidities	3 \pm 0.1	2 \pm 0.1	3 \pm 0.1	2 \pm 0.1
Medicare	62%	70%	43%	42%

Mental health need in prior year

	OR	95% CI
R/E by language		
Latino LEP vs EP	0.64	0.40 – 1.04
Chinese LEP vs EP	2.55	1.73 – 3.76
Age	0.72	0.95 – 0.98
Women	1.35	1.03 – 1.79
Adequate HL	0.62	0.45 – 0.84
#of clinic visits	1.15	1.10 – 1.21
Health insurance		
Medicare	1.71	1.11 – 2.61
Medi-Cal	1.26	0.81 – 1.96

Unmet mental health need

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Ethnicity		
Chinese	1.17	0.67 – 2.02
Latino	Ref	--
Age	1.22	1.0004 – 1.04
# of visits in prior year	0.92	0.85 – 0.99