Behavioral Health and Access to Care among Adults in Maine

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INTRODUCTION

Access to appropriate, affordable, and timely health care is essential to health and well-being. However, the ability to attain and afford health care can vary by demographic, socioeconomic, and health status factors. In particular, individuals with behavioral health conditions, which include mental health conditions and substance use disorders (SUDs), may experience unique challenges accessing and paying for care. Previous work indicates that Maine residents with poorer mental health status experience greater barriers to and delays in accessing care.[1] Recognizing these access challenges is of critical importance, as behavioral health conditions are common and treatable with appropriate care.

This brief examines disparities in access to health care services and mental health treatment among Maine adults based on Maine Behavioral Risk Factor Surveillance System data from years 2015-2017. We compare access to health care services and mental health treatment by self-reported measures of mental health status, specifically respondents' experiences of depressive symptoms and mentally unhealthy days. In addition, we examine access to health care among individuals who report prescription drug misuse and heavy alcohol use. Because demographic and socioeconomic factors can influence both mental health and access to care, we include select respondent characteristics (age, race, sex, income, insurance status, and education) in our analysis.

The Behavioral Risk Factor Surveillance System (BRFSS)—a state-federal partnership that supports an ongoing annual survey of adults 18 and older—is used to monitor a wide range of health topics and is Maine's largest and longest-running population health survey. More detailed information on the BRFSS and the methods used, including measures of mental health status and substance use, as well as additional information on limitations of the data, can be found in the Methods Note at the end of this brief.

FINDINGS

In 2015-2017, approximately 10% of Maine adults 18 and older reported symptoms of *probable depression*[*] based on responses to validated mental health screening questions. This rate is essentially the same as we found in a previous brief based on 2012-2014 data (9.5%).[1] Having *mentally unhealthy days*, defined as self-reported stress, emotional problems, or depression, was more prevalent than depression symptoms alone: 25% of respondents reported having 1 to 13 mentally unhealthy days in the past month, and 12% reported *frequent mental distress*, defined as 14 or more mentally unhealthy days in a month.

Symptoms of probable depression and frequent mental distress were not reported equally by all Mainers (**Table 1**). Younger adults ages 18-24 had the highest rates of probable depression (14%) and frequent mental distress (17%) of any age group. Though women and men reported similar rates of probable depression, women were more likely than men to report frequent mental distress (14% vs. 11%). Nine percent of white non-Hispanic Mainers reported probable depression. Greater prevalence of probable depression (18%) was reported by Mainers identifying as Black, Indigenous, or people of color (BIPOC). A similar pattern was observed in reports of frequent mental distress, with 12% of white Mainers and 20% of BIPOC Mainers.

KEY FINDINGS

- Maine residents with probable depression also experienced socioeconomic disparities in income, education, and insurance status that could make accessing and paying for health care more difficult.
- Mainers with symptoms of probable depression reported more barriers to care, including financial challenges, than Mainers without depression.
- Almost half of Mainers who reported probable depression or frequent mental distress reported not receiving mental health treatment.
- Maine adults who reported prescription drug misuse or heavy alcohol use were less likely to have a usual source of care or to have had a checkup in the past year than adults not reporting these behaviors.

* Behavioral health conditions can only be diagnosed by a clinician. However, as described in the Methods Note at the end of this brief, this measure of probable depression is based on a validated depression screening tool that research indicates is a strong predictor of whether an individual has a depressive disorder.

Mainers with Probable Depression Also Experienced Greater Socioeconomic Challenges

Socioeconomic disparities in income, education, and insurance status experienced by Maine adults with probable depression (**Table 2**) could make accessing and paying for health care more difficult. More than half of Mainers with probable depression reported household incomes of less than $25,000; 27% had incomes below $15,000. By contrast, 7% of those without probable depression reported incomes below $15,000, and half had incomes above $50,000.

Related to income, adults with probable depression were more likely to report a lower level of educational attainment than those without depression. For example, 20% of those with probable depression reported having less than a high school education, compared with 7% of those without depression. Mainers with probable depression were likewise less likely to have attained a bachelor's degree than residents without probable depression (12% vs. 29%).

Mainers reporting depression symptoms were more likely to have public insurance or to be uninsured than adults without symptoms of depression. Among those with probable depression, 43% reported Medicare and/or MaineCare (Medicaid) as their source of health insurance, versus 26% of those without depression. Almost 19% of individuals with symptoms of depression were uninsured, compared with only 10% of those without symptoms.

Adults with Poorer Mental Health Status Reported Access Barriers and Delays

Mainers with probable depression reported greater barriers to care than those without symptoms of depression (**Figure 1**). Adults with and without probable depression were similarly likely to have a usual source of care, but adults with probable depression were more likely not to have had a health care checkup in the past year than those without depression (32% vs. 27%). Those with probable depression were also more than twice as likely as those without to have delayed care for reasons other than cost in the past year (38% vs. 15%).

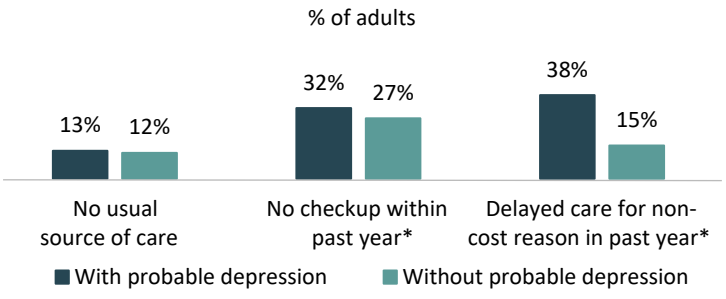
Table 1. Prevalence of poorer mental health among adults in Maine, by demographic characteristic

	Probable depression % (95% CI)	Frequent mental distress % (95% CI)
Age*^		
18 - 24	14.5% (10.8-18.2)	17.2% (14.1-20.4)
25 - 34	8.9% (7.1-10.7)	14.0% (12.1-16.0)
35 - 44	10.7% (8.9-12.5)	16.1% (14.2-18.1)
45 - 54	10.5% (9.1-12.0)	14.5% (12.9-16.0)
55 - 64	9.5% (8.4-10.6)	11.6% (10.6-12.7)
65 and over	6.6% (5.7-7.4)	6.3% (5.6-6.9)
Race and Ethnicity*^		
White only, non-Hispanic	8.9% (8.3-9.5)	11.9% (11.3-12.5)
Black, Indigenous, and people of color†	18.3% (13.9-22.7)	19.6% (15.7-23.5)
Sex^		
Female	9.1% (8.3-9.9)	14.0% (13.1-14.8)
Male	10.0% (9.0-11.0)	10.7% (9.8-11.7)

Source: 2015-2017 Maine BRFSS annual survey
CI: confidence interval
*Differences by depression status statistically significant at p<.05
^Differences by frequent mental distress statistically significant at p<.05.
† The "Black, Indigenous, and people of color" category includes individuals who reported being Hispanic and any race, or non-Hispanic and one of the following race categories: Black only, American Indian or Alaskan Native only, Asian only, Native Hawaiian or other Pacific Islander only, other race only, or multiracial.

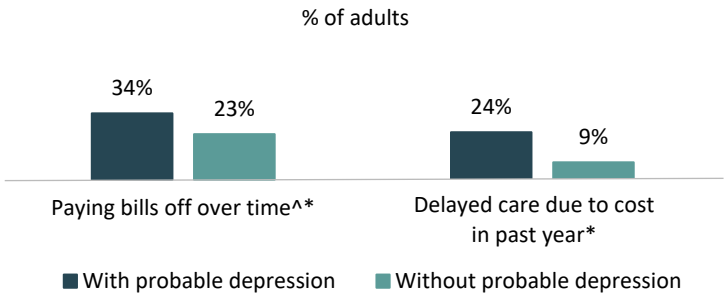
In addition, individuals with symptoms of depression experienced greater financial barriers to health care than those without symptoms (**Figure 2**). Larger proportions of adults with probable depression reported having to pay medical bills over time (34%) and delay care due to cost (24%) compared with adults without probable depression (23% and 9%, respectively).

Figure 1. A higher percentage of Maine adults with probable depression reported barriers to health care.



Source: 2015-2017 Maine BRFSS annual survey
*Differences statistically significant at p<.05

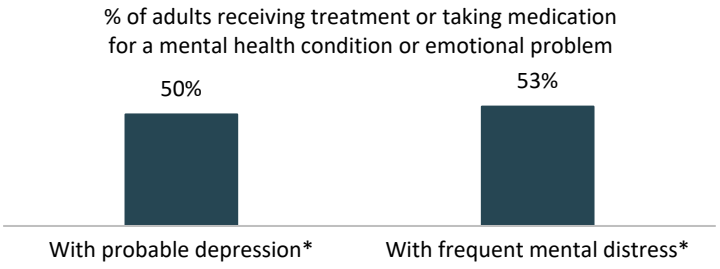
Figure 2. A higher percentage of Maine adults with probable depression reported financial barriers to health care.



Source: 2015-2017 Maine BRFSS annual survey; ^2016-2017 only
*Differences statistically significant at p<.05.

Mainers who reported probable depression or frequent mental distress were not necessarily receiving treatment for a mental health condition (**Figure 3**), suggesting that there is unmet need for mental health treatment services. Half of Maine adults with probable depression reported that they were currently receiving treatment or taking medication for a mental health condition or emotional problem. A similar proportion (53%) of those who reported frequent mental distress were receiving mental health treatment at the time of the BRFSS survey.

Figure 3. Half of Maine adults with poorer mental health status reported receiving mental health treatment.



Source: 2015-2017 Maine BRFSS annual survey
*Differences by depression status and bad mental health days are statistically significant at p<.05

Table 2. Socioeconomic characteristics of adults in Maine, by depression status

	With probable depression % (95% CI)	Without probable depression % (95% CI)
Household income*		
Less than $15,000	26.6% (23.1-30.1)	7.1% (6.6-7.7)
$15,000 - $24,999	28.0% (24.7-31.3)	15.4% (14.6-16.2)
$25,000 - $34,999	12.7% (10.4-15.1)	11.2% (10.5-11.8)
$35,000 - $49,999	11.4% (8.9-13.9)	16.2% (15.4-17.0)
$50,000 or more	21.2% (18.2-24.3)	50.1% (49.0-51.2)
Education*		
Less than high school diploma	20.0% (16.3-23.6)	6.9% (6.3-7.6)
High school diploma or GED	40.0% (36.5-43.4)	32.1% (31.3-33.1)
Some college	28.3% (25.2-31.3)	32.0% (31.1-33.0)
Bachelor's degree or higher	11.8% (10.1-13.6)	28.9% (28.1-29.8)
Insurance status*		
Private	30.8% (27.2-34.4)	57.5% (56.4-58.6)
Public (Medicare and/or MaineCare)	42.7% (38.8-46.6)	26.0% (25.2-26.9)
TriCare, IHS, Other	7.7% (5.9-9.4)	6.8% (6.3-7.3)
Uninsured	18.8% (15.4-22.3)	9.6% (8.9-10.4)

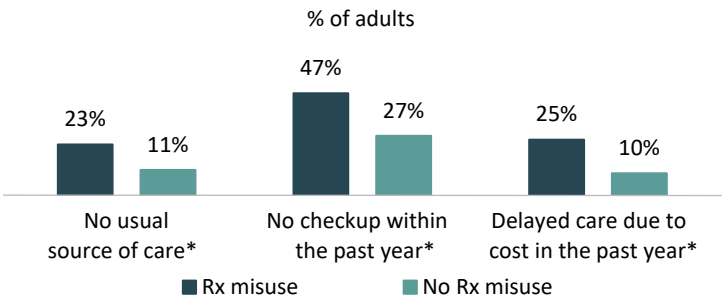
Source: 2015-2017 Maine BRFSS annual survey
CI: Confidence interval
*Differences statistically significant at p<.05

Adults with Potential Substance Use Disorders Experienced Barriers to Care

Maine residents with potential substance use disorders – those who reported prescription drug misuse or heavy alcohol consumption – had more limited health care access than those without. Approximately 4% of Maine adults reported using prescription drugs to get high in the past month and 9% were at risk for heavy alcohol consumption. Of those who reported prescription drug misuse, 23% did not have a usual source of care and 47% had not had a checkup in the past year, compared with 11% and 27% of those who did not report prescription misuse (**Figure 4**). Among those at risk for heavy alcohol consumption, 18% did not have a usual source of care and 37% had not had a checkup, compared with 12% and 27% of those not at risk (**Figure 5**).

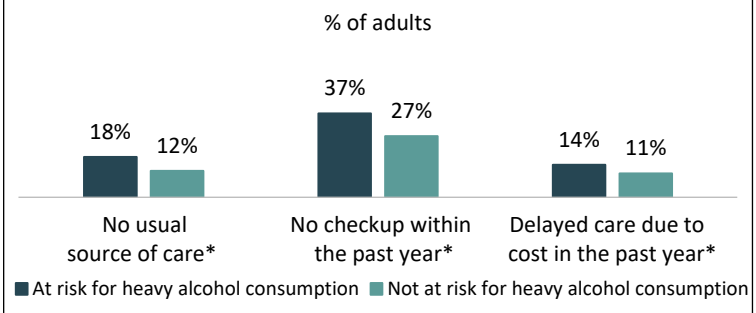
The cost of care presented another barrier to individuals with potential substance use disorders. Adults who reported prescription drug misuse (**Figure 4**) were more than twice as likely to report delaying care due to cost as those who did not report prescription misuse (25% vs. 10%). Adults reporting heavy alcohol use (**Figure 5**) were also more likely to delay care due to cost than those not reporting heavy use (14% vs. 11%).

Figure 4. A higher percentage of Maine adults who reported prescription misuse faced barriers to health care.



Source: 2015-2017 Maine BRFSS annual survey
*Differences by substance use status are statistically significant at p<.05

Figure 5. A higher percentage of Maine adults at risk for heavy alcohol use faced barriers to health care.



Source: 2015-2017 Maine BRFSS annual survey
*Differences by substance use status are statistically significant at p<.05

CONCLUSION

Though the relationship between behavioral health status and health care access is complex (see **Methods Note**), our findings suggest that Maine adults with behavioral health risk factors—symptoms of depression, frequent mental distress, and behaviors related to substance use disorders—experienced challenges accessing and paying for health care. Our results also point to unmet need for mental health treatment services, as almost half of Mainers who reported probable depression or frequent mental distress were not receiving mental health treatment at the time of the BRFSS survey. Additionally, it is important to recognize that symptoms of depression and frequent mental distress are not experienced equally by all Mainers. As policymakers and health systems navigate the unprecedented challenges of the COVID-19 pandemic, recognizing the association between behavioral health and access to care is critical to ensuring that all Mainers receive the physical and mental health care they need.

METHODS NOTE

Sample size. The analyses in this brief are based on data from the 2015-2017 Maine BRFSS, the most current data available at the time of publication. In 2015, 2016, and 2017 the full BRFSS samples for Maine were 9,063; 10,019; and 9,691, respectively, for a total of 28,773 respondents over the three survey years. For all measures included in this brief, data are pooled across years to ensure sufficient sample size and allow for analyses of sub-populations.

Mental health measures. BRFSS uses the Patient Health Questionnaire-2 (PHQ-2,) a validated tool used to screen for depressive disorders,[2] to identify respondents with probable depression. Respondents are assigned a PHQ-2 score using an algorithm based on the number of days they reported for each of the following questions:

1. Over the last two weeks, how many days have you felt down, depressed, or hopeless?
2. Over the last two weeks, how many days have you had little interest or pleasure in doing things?

The BRFSS measure of bad mental health days is based on the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" Respondents with 1-13 *mentally unhealthy days* are included in the analytic group with that label; those reporting 14 or more mentally unhealthy days are categorized as having *frequent mental distress*.

Substance use measures. BRFSS categorizes men as being at risk for heavy alcohol consumption if they report consuming more than two alcoholic drinks per day. Women are categorized as being at risk for heavy alcohol consumption if they report consuming more than one drink per day.

The BRFSS measure of prescription drug misuse is based on the question: "Within the past 30 days on how many days did you use prescription drugs that were either not prescribed to you and/or not used as prescribed in order to get high?" Respondents reporting any prescription drug misuse in the past 30 days are included in the "Rx misuse" category.

Access measures. The BRFSS asks respondents about delaying needed health care due to a non-cost reason. Response options include being unable to reach the provider by phone, being unable to get an appointment soon enough, having to wait too long in the office, provider office hours, and transportation problems. Because of small sample sizes, we collapsed these options into a single measure that indicates whether an individual had any non-cost related delay in care.

Study design. Because the BRFSS uses a complex sampling strategy, all analyses in this brief used sample weights to adjust for the ways in which the BRFSS sample is known to differ from the Maine population. The statistical testing and confidence intervals produced by these analyses take into account the complex design of the BRFSS.

Limitations. The relationship between mental health status, substance use, and access to care is complicated and the findings presented in this brief should be interpreted with caution. For example, it is impossible to determine from the BRFSS data whether mental health status affects a persons' ability to obtain needed care, whether poor access reduces a person's mental well-being, or whether access and mental health status share a common set of other characteristics, such as lower socioeconomic status. Though the relationship is likely to be a combination of these three factors, the specific relationships are difficult to determine using a cross-sectional survey.
The Maine BRFSS contains relatively small numbers of Black, Indigenous and other populations of color meaning that some racial and ethnic groups cannot be analyzed individually.

References

1. Ziller EC, Leonard B. *Mental Health Status and Access to Health Care Services for Adults in Maine.* Augusta, ME: Maine Health Access Foundation and USM Muskie School; February 2017.
2. Kroenke K, Spitzer RL, Williams JB. The Patient Health Questionnaire-2: Validity of a Two-Item Depression Screener. *Med Care.* Nov 2003;41(11):1284-1292.

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