

# Who Seeks Help—and Who Doesn't?

## The Insurance Barrier to Mental Health Care



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### Introduction

- In the U.S., the majority of individuals with mental illness report unmet need for treatment (Kessler et al., 2005), a significant proportion of which pertains to initial delays in seeking treatment (Thompson et al. 2004).
- Rates of mental health care are lowest for those with no insurance and highest for those with public insurance, while those with private insurance lie in-between (Rowan et al., 2013).
- Research about the help-seeking process has generally focused on recent use of services. One of the few studies concerned with initial treatment contact did not examine insurance coverage or income level (Wang et al., 2004).
- The association between insurance coverage and income level with help-seeking delay has been established as a gap in the literature (McLaughlin, 2004).

### Research Questions

- What is the association of insurance coverage with the likelihood of seeking help, as well as delays in seeking help, among U.S. adults with major depression?
- Does the association among insured individuals differ according to whether they have public or private insurance?

### Results

#### Univariate

- 82% reported having health insurance coverage (63% private and 18% public)
- 58% reported seeking help at least once
- 70% (of valid sample) experienced at least 1 year of help-seeking delay, 57% experienced 3+ years of help-seeking delay

#### Bivariate

- Chi-Square analysis showed that **adults with either private insurance (59.1%) or public insurance (61.5%) were significantly more likely to seek help** than those with no insurance (50.2%)  $\chi^2=52.48$ ,  $df=2$ ,  $p<0.001$ .
- The Bonferroni Adjustment showed that the **difference between private and public insurance was not significant**

#### Multivariate

- While controlling for household income in the last 12 months, logistic regression analysis showed private insurance ( $OR=1.39$ ,  $CI=1.24-1.56$ ) and public insurance ( $OR=1.63$ ,  $CI=1.41-1.87$ ) were each significantly associated with increased odds of help-seeking compared to no insurance (Figure 1.)
- High household income was also significantly associated with increased odds of help-seeking ( $OR=1.26$ ,  $CI=1.07-1.49$ ) compared to low household income.

### Methods

#### Sample

- Adults (age 18 to 98) who met DSM-IV criteria for major depression ( $n=8817$ ) were drawn from the first wave (2001-2002) of the National Epidemiologic Study of Alcohol and Related Conditions (NESARC), a nationally representative sample of non-institutionalized United States adults.

#### Measures

- A binary variable was created reflecting whether an individual had ever sought help for major depression (based on response to "Age at first time sought help")
- A variable measuring the duration (in years) of **help-seeking delay** was created for individuals who could recall their "age at onset of first episode" ( $n=6643$ )
  - Help-seeking delay was calculated as the difference between "age at onset of first episode" and "age at first time sought help"
  - If an individual had not sought help, only the minimum delay was known, which was calculated as the difference between "age at onset of first episode" and "age" at time of interview
- A three-level variable was created to evaluate health insurance status
  - Public Insurance:** Individuals who responded yes to "Currently covered by Medicare", "Currently covered by Medicaid," or "Currently covered by CHAMPUS, CHAMPVA, or other military healthcare"
  - Private Insurance:** Individuals who responded yes to "Currently covered by private insurance"
  - No Insurance:** Individuals who responded no to all current health insurance coverage questions
- A three-level variable measuring household income in last 12 months was created by collapsing the NESARC 21 categories into three groups
  - Low Income:** Under \$25,000
  - Middle Income:** \$25,000-\$90,000
  - High Income:** Above \$90,000

### Discussion

- Individuals with public or private insurance were more likely to seek help than those with no insurance.
- Both types of insurance coverage were associated with shorter help-seeking delays compared to those with no insurance.
- These findings highlight a lack of health insurance coverage as a structural barrier to initially seeking mental health treatment.
- While differences between public and private insurance appeared, they were not statistically significant.
- Further research should consider:
  - Specifying the type of help sought
  - Whether individuals continued seeking help after initial treatment contact
  - If individuals who did not seek help reported an unmet need for treatment

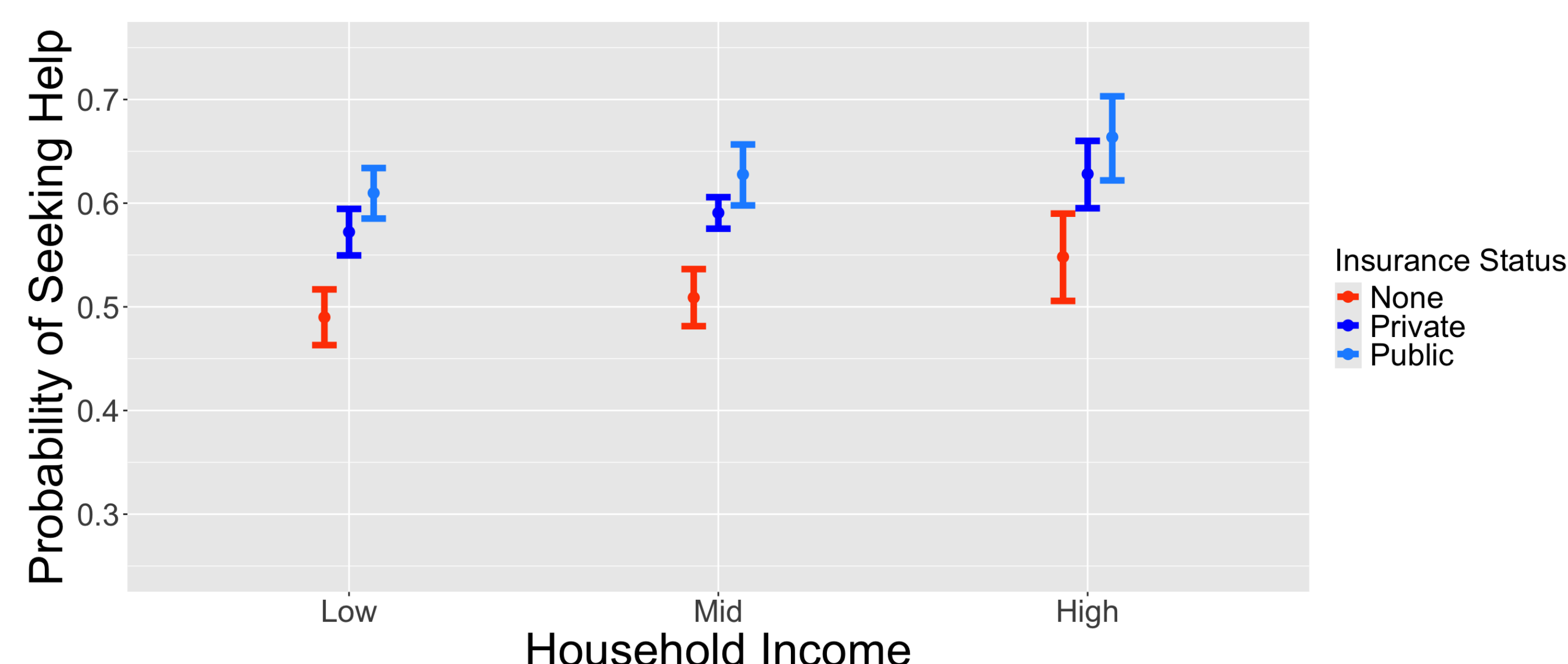


Figure 1. Probability of Seeking Help for Major Depression by Insurance Status and Household Income in the Last 12 Months

#### Multivariate (cont.)

- Survival analysis (which can handle censored data) was used to measure help-seeking delay
- The Cox proportional hazards regression model showed that, at any given time, compared to no insurance, public insurance was associated with a 43% higher hazard of seeking help, and private insurance was associated with a 26% higher hazard of seeking help.
- The Kaplan-Meier curve showed that individuals with no insurance had a greater probability of not seeking help each year following the onset of their first episode compared to those with public or private insurance (Figure 2.)

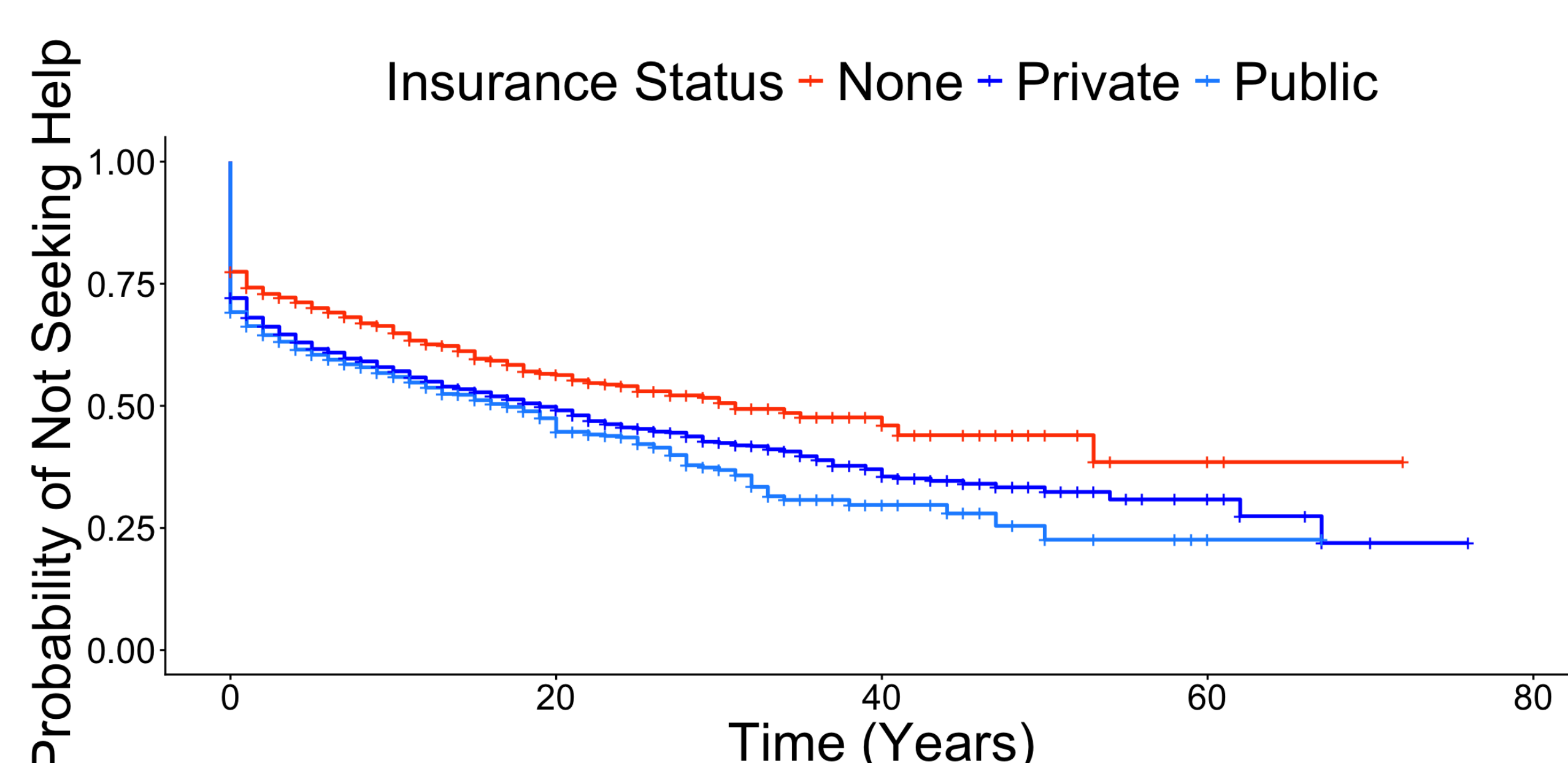


Figure 2: Probability of Not Seeking Help for Major Depression Over Time by Insurance Status

McLaughlin, C. G. (2004). Delays in Treatment for Mental Disorders and Health Insurance Coverage. *Health Services Research*, 39(2), 221-224.  
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Thompson, A., Hunt, C., & Issakidis, C. (2004). Why wait? Reasons for delay and prompts to seek help for mental health problems in an Australian clinical sample. *Social Psychiatry and Psychiatric Epidemiology*, 39(10), 810-817.  
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Wang, P. S., Berglund, P. A., Olsson, M., & Kessler, R. C. (2004). Delays in Initial Treatment Contact after First Onset of a Mental Disorder. *Health Services Research*, 39(2), 393-416.  
<https://doi.org/https://doi.org/10.1111/j.1475-6773.2004.00234.x>