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SMOKLER CENTER FOR HEALTH POLICY RESEARCH

Mental Distress and Patterns of Getting Help Prior to the Transfer of Responsibility for Mental Health to the Health Plans: A Service Consumers' Perspective

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RESEARCH REPORT

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Executive Summary

Background

The Ministry of Health is preparing for reform of the mental-health system whereby it will transfer responsibility for providing mental-health services to the health plans. Additional changes in the way mental-health services are organized and financed are also being planned. These changes are expected to influence both the patient experience of mental-health care and patient readiness to seek such care.

In light of the expected changes, in 2007 the Myers-JDC-Brookdale Institute added a special section on mental health to its periodic survey of the level of health-care services from the perspective of the general population. This enabled the study team, in coordination with the Ministry of Health and the health plans, to learn about the care experiences of a representative sample of Israeli adults who indicated past experience of mental distress with which they had found it difficult to cope on their own. This group includes people who do not meet the clinical criteria for the diagnosis of a mental disorder (according to the accepted DSM-4 and ICD-10 systems for diagnostic coding) and many of them will not be eligible for mental-health care under the National Health Insurance Law even after the reform goes into effect. It is nonetheless important to study the care experiences of the entire group in light of both their social/health needs and their consumption of health-care services.

Objectives

The survey objectives of focusing on mental-health care were:

- ♦ To characterize the populations that report high rates of mental distress in order to identify at-risk groups requiring special attention
- ♦ To examine the factors that influence recourse to mental-health care in order to identify groups that refrain from such recourse even when in need
- ♦ To describe the patterns of service utilization and satisfaction with care in the present system as a basis for comparison with the situation after reform and to identify areas warranting improvement for effective, efficient service

Methods

Every two years in August to October the Myers-JDC-Brookdale Institute conducts a telephone survey of the general adult population (age 22 and over), on the level of service and functioning of the health system. In the 2007 survey, 1,868 people were interviewed with a response rate of 83%. The sampling frame comprised the computerized Bezeq and HOT phone listings and one respondent was randomly sampled in each household. The findings were weighted proportionately to the sample and population composition to ensure accurate representation; sample characteristics were very similar to the general population's as reflected in the data of the Central Bureau of Statistics and the National Insurance Institute.

The screening question to identify people who had suffered mental distress was: "During the past year, have you felt any mental distress that was hard for you to cope with on your own – for example, intense tension, anxiety, depression, or profound sadness?" Those who gave a negative

response were asked whether they had experienced such feelings in the past. This question was based on screening questions used in Canadian and American national surveys (Boyle et al., 1996; Kessler 1994). Their face and construct validity were also checked in previous studies in Israel (Gross et al., 1998; Gross et al. 2007a, 2007b; Rabinowitz et al., 1999, 2003).

Findings

The Prevalence and Characteristics of Mental Distress

◆ **Extent of sufferers:** 25% of the adult population reported that they had experienced mental distress in the previous year, which was hard to cope with on their own, compared with 39% in 2005. The rates of mental distress were particularly high among the Arab population (38%), the chronically ill (33%), low-income respondents (33%), the elderly (33%), and women (31%).

◆ **Reported incidence:** Thirty-two percent of the respondents reported having experienced mental distress at some time. Most (81%) reported that their latest episode had been in the previous year; 12% said that it had been between one and nine years ago, and 7% – 10 or more years ago.

◆ **Perceived severity:** Respondents who had experienced mental distress at some time were asked to grade the severity of their distress according to impaired functioning. Thirteen percent said it was: "Very serious – I was barely able to function and cope with things;" 28% responded: "Serious – it was hard to function and cope;" 36% said: "Moderate – there were fluctuations in my ability to function;" and 23% described it as: "Slight – there were no serious problems in functioning."

Identifying Mental Distress and Recourse to Care

◆ **Family physician:** 14% of the general population responded affirmatively to the question: "In the past year, has your family physician asked you or spoken to you about mental distress, depression, state of mind, tiredness, emotional troubles, difficulty concentrating, and suchlike?" Among those who had experienced mental distress in the previous year, 30% reported that their family physician had asked about it; the comparable rate among respondents who rated their distress serious or very serious was 36%. Note too that in most cases (60%), the matter was discussed at the patient's initiative.

◆ **Recourse:** We asked respondents, who had experienced mental distress at some time, about their seeking help. About a quarter had not applied for help at all. About a third had sought help from informal sources only (friends, relatives, members of the clergy). Forty-four percent had applied to a professional: 38% to a mainstream professional (primary physician, psychologist, psychiatrist, social worker) and 6% to an alternative therapist. Even among respondents who rated their mental distress as serious or very serious, only half had applied to a professional.

Treating Mental Distress among Those Seeking Help

◆ **Care providers:** 37% of those who sought care said they had turned to their family physician, 21% to a psychologist, 15% to a psychiatrist, 13% to an alternative practitioner (mainly for acupuncture, Chinese medicine, massage, reflexology, Shiatsu), 7% to a social worker, and 7% said they had sought another form of professional help (a physician other than their family physician, a counselor, a support group).

◆ **Framework:** A large proportion (44%) of those turning to professionals said they had received care from the health-plan family physician and a further 12% – at a mental health clinic of the health plan or of an independent practitioner working with the health plan; 24% said they had received care at a private clinic, 12% at a public facility (through the Ministry of Defense, the National Insurance Institute, the Social Services), and 8% were treated at a hospital or outpatient clinic of the Ministry of Health.

◆ **Type of care:** 45% said they had received counseling only and 15%, another form of non-medication care (e.g., alternative treatment, group therapy); 16% received medication only (including prescription medication and natural preparations), and 22% received medication combined with another form of treatment (counseling, alternative therapy, etc.).

◆ **Explanations:** 22% of the respondents who received prescriptions for medications indicated that the explanations they were given about the medications had been inadequate.

◆ **Waiting time:** In the cases examined, the waiting time for care in situations of mental distress was generally not long; 42% received care the same or the following day and 34% waited from 3-7 days; 14% waited a month, 7% from 1-3 months, and only 2% waited longer. The waiting time depended on the type of care provider: About 40% of those who applied to mental-health professionals (psychiatrists, psychologists, social workers) waited over a week compared with 10% of those who applied to a family physician or alternative practitioner.

◆ **Reasons for not seeking help:** The main reason given was, "I thought I could cope on my own." However, over half of the respondents also cited reasons inherent in the care system: "It's expensive," "The waiting time is long," "I didn't know where to apply," and "Bureaucracy." Note that 10% of the respondents who said they had experienced mental distress, claimed to have waived medication or mental-health care because of the cost.

Patient Satisfaction with Mental-Health Care and the Main Care Provider

When asked about general satisfaction with mental-health care, 46% said they were very satisfied and a further 37%, satisfied. A higher percentage of respondents were very satisfied with the interpersonal aspects of the care: "The care provider treated me with respect and regard (64%), "Sufficient time was allocated" (61%), "I felt comfortable talking about the problem" (55%), "I had trust and confidence in his/her professional ability (55%). A lower percentage were satisfied with other aspects: "There were enough sessions" (42%) and "The treatment helped to solve the problem" (40%). Respondents who had been cared for by psychiatrists reported lower rates of satisfaction; 29% were very satisfied with psychiatrists compared with approximately 50% with other types of caregivers.

Issues Raised by the Findings

◆ Only about half of the people who reportedly experienced serious mental distress sought professional care. This suggests a need to increase access to care and outreach efforts to identify people in need as part of comprehensive patient treatment integrating physical and mental aspects.

- ♦ The professionals most sought-after when experiencing mental distress were primary-care physicians. Yet, the study also found that in most cases, primary physicians did not talk to patients about their mental distress.
- ♦ Accordingly, it is important to enhance the ability of primary-care physicians to identify mental distress and to encourage them to be proactive. This can be done through training and creating frameworks of professional support.
- ♦ There is a need to improve the quality of the explanations given to patients about psychiatric medications in order to improve the efficiency and effectiveness of the medication.
- ♦ There is a need to address a range of barriers to care, including cost, in order to promote optimal service utilization for the population's well-being.

The survey also highlights a number of issues warranting further research, including:

- ♦ The reasons that satisfaction with psychiatrists is lower than with other mental-health professionals and with primary-care physicians
- ♦ The need to examine waiting times for various providers, including analyses by type of provider organization, region, population group, and type of problem
- ♦ How the health plans are currently organized to provide mental-health services, and in particular the quality of care provided by primary-care physicians
- ♦ The extent to which various types of professionals (such as social workers, educators, nurses and others) are proactive in identifying mental distress

On the whole, the findings highlight the central place of primary care in patients' efforts to seek help with mental distress. Moreover, as may be seen from the findings, primary care already offers a response to a large portion of today's mental distress as part of comprehensive patient care. Demand may increase following the insurance reform, among other things because of the large extent of unmet needs today and the transfer of responsibility for mental-health care to the health plans.

The findings were presented to the Minister of Health and senior officials at the Ministry of Health, to the Health Council, to the health plans and to the National Council for Primary Medicine.

In conclusion, we hope that the information presented in this report will help identify areas that can be improved for more effective and efficient care for mental distress. We also hope that the information will serve as a basis for comparison in coming years irrespective of whether the insurance reform is implemented or delayed.

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