Informal Services Use for Mental Health Problems in Ethnic and Racial Minorities

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Objectives

This study compares the use of informal services for mental health problems across ethnic and racial groups using pooled data from the National Institute of Mental Health Collaborative Psychiatric Epidemiologic Survey (CPES). The definitions of informal services for mental health problems include the use of the following providers during the previous 12 months: social worker (in informal settings), counselor (in informal settings), religious/spiritual advisor, hotline, internet support, self-help group, alternative therapy (including exercise or movement therapy, herbal therapy, prayer or other spiritual practices, relaxation or meditation techniques, spiritual healing by others), phone pyschics and other healer (including acupuncturist, chiropractor, exercise or movement therapist, herbalist, spiritual/psychic/healer).

Method

The data was collected from five datasets (sampled of NLAAS, NCS-R and NSAS) in 1999 Latino and 1950 Asian (Response rate 73.5% Latino and 65.0% for Asians), 918 non-Latino Whites (Response Rate 78.9%) and 3379 African-Americans (Response Rate 70.9%).

The primary covariates of interest were non-Hispanic and past year mental health variables (any depressive disorder, anxiety disorder, any substance disorder, any mental health disorder). The independent variables that we analyzed include: age, gender, nativity, education, employment, poverty, number of chronic conditions, household income, marital status and geographic region of residence.

In the statistical analyses the rates of people who received informal treatment for mental health and substance abuse problems in the previous year, as well as the type of informal care among different race/ethnic groups were adjusted for age and gender. A logistic regression model was applied to identify sociodemographic and clinical characteristics associated with previous year use of any informal treatment and to identify the correlates associated with the two most common types of informal services.

Results:

1. Our study revealed that the rates of informal services use for mental health/substance abuse or dependence problems vary by race/ethnic group. Whites 30.3%, Latino 11.9%, Asian 14.0% and African American 16.5%.

2. The informal treatments that were reported as more commonly used were alternative therapies (8.2%), followed by counseling or religious/spiritual advice (2.6%) and self-help groups (1.3%).

3. Within the alternative therapies: prayer or religious/spiritual practices was the service most commonly used by all racial/ethnic groups (White 9.9%, Latino 6.0%, Latinos 8.6% of Asians, 6.9% of African Americans).

Discussion and Conclusions

This study shows that minority groups are less likely to use informal services for mental health care than White population. Earlier studies have shown that the minority groups were less likely to receive formal mental health services. These findings suggest that mental health service disparities cannot be explained by minority group preferences for informal mental health care.

Background and Motivation

Studies have shown that non-Latino whites receive specialty mental health care at a higher proportion than African Americans or Latinos [2],[3], suggesting greater unmet need for mental health services for minority populations. A number of hypotheses have been suggested to explain this low use of specialty services in racial and ethnic populations including their greater use of alternative/formal health care to address their mental health problems [1]. Yet the research findings regarding use of informal care and alternative sources of mental health care demonstrates an inconsistent pattern, with some studies showing greater use by minorities and others showing the opposite pattern.

Prior research on informal use in mental health has been limited by the scarcity of national samples with a consistent definition of informal services and large numbers of non-English speaking minority respondents.

The definition of informal care services has varied from study to study, presenting an inconsistent picture of the use of informal care for mental health problems and large numbers of non-English speaking minority respondents.

As a result, the rates of informal mental health care use in the past year range from a high of 43% (Fang,2007) to a low of 3.1% (Vega,1999).

Also problematic is the different samples employed in these studies, such as clinical samples with DSM-IV diagnosis and no comparison group (Fang and Schon, 2002), convenience samples of community dwellers of various ethnicities (Cardelli, Adams et al, 2007) and probabilistic household samples (Kessler, 2001; Vega, Kokodyk and Aguilar-Iscovich, 2001).

In addition the role of informal services has been poorly described in the mental health literature across different ethnic groups.


However, anxiety and depression were among the most common reasons to use complementary and alternative therapies (CAM). (Rodell R, Scalown I, Davis R, et al 2001).

Hypothetically, social workers in non-Mental Health setting are the least used types of informal services for non-Latino Whites, Asians, and African Americans, and internet support and phone psychiatry are least used by Latinos.

When compared to non-Latino Whites, Latinos are less likely to consult religious/spiritual advisors and self-help groups (p<0.01). Latinos are less likely to use alternative therapies providers (p=0.01) and religious/spiritual advisors (p<0.05) but use of self-help support groups showed similar rates. African Americans are significantly less likely to use alternative therapies providers (p=0.01) and self-help groups (p=0.05).

Applying a logistic regression model, we were able to demonstrate that there is an association of the use of informal mental health services for younger respondents (18 to 45 years of age), unmarried, female, non-Latino individuals, those with high school education, and with mental disorder or chronic physical conditions. Employment and poverty status did not yield any significant associations with the use of informal mental health services.

Immigrants have decreased odds of receiving informal treatment, including alternative therapies, compared to US-born respondents.

In comparison with any depressive disorders in the past year, decrease of use of informal services was associated with being African American (OR=0.61 [0.02, 0.85] and immigrant (OR=0.49 [0.22, 0.77]). In contrast, African Americans have increased use of formal mental health care compared to non-Latino Whites. Among those with anxiety disorders in the past year, correlates of informal services use were similar to those found in individuals with any past year depressive disorder, except that anxiety was no longer associated. In substance abuse, Latinos and Asian use of informal services did not differ from their non-Latino White counterparts.

References


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