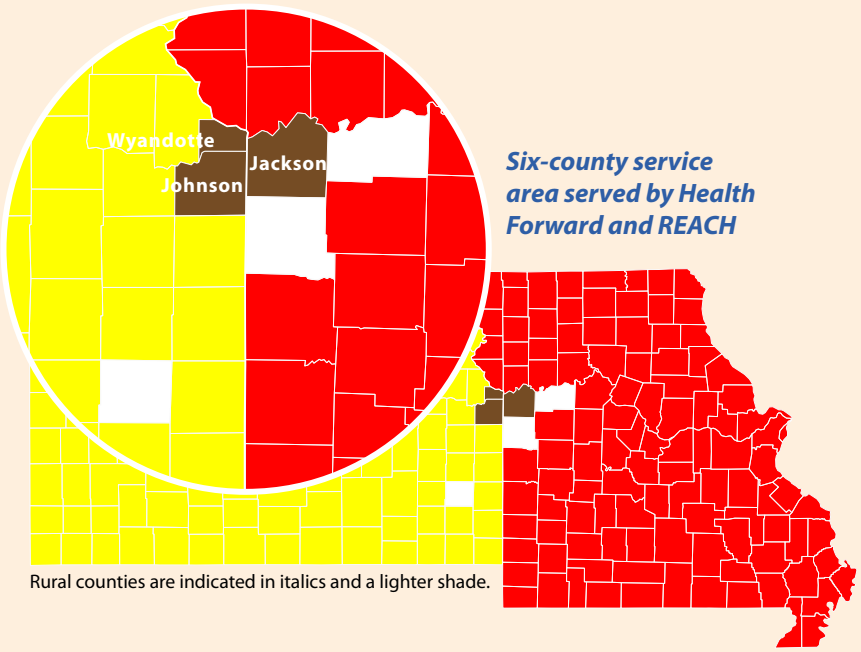
MENTAL HEALTH ACCESS
IN OUR REGION

Findings from the 2017 Kansas and Missouri Consumer Health Access Survey (KMHS)

Key Findings

- In 2017, nearly one-third of adults ages 19 to 64 in the six-county service area reported a diagnosed mental health condition or addiction.
- Mental health conditions and addiction are likely undertreated for reasons other than insurance status. One-fifth of all insured and uninsured adults reported a diagnosed condition and did not see a mental health professional in the past year.
- Mental health conditions and addiction are likely underdiagnosed, especially among black/African American and Hispanic/Latino adults.



Rural counties are indicated in italics and a lighter shade.

The lack of adequate mental health services has become a renewed focus for policy makers. Poor mental health can have wide-ranging consequences, including impaired functioning, emotional suffering, increased health care costs, lost productivity, and unintentional and intentional injury.[1,2] Poor mental health is often left untreated or undertreated.[3] This brief provides 2017 estimates on the need for mental health services for adults ages 19 to 64 in the six-county area served by the Health Forward Foundation (formerly known as Health Care Foundation of Greater Kansas City) and REACH Healthcare Foundation (REACH). Data were drawn from the Kansas and Missouri Consumer Health Access Survey (KMHS), administered by RTI International.* Analysis was based on a sample of 1,136 respondents in the six-county service area.

This study finds that mental illness and addiction are highly prevalent throughout the six-county service area. In 2017, nearly one-third of all adults and 40 percent of low-income adults reported a diagnosed mental health condition or addiction. Moreover, mental illness and addiction is undertreated. Approximately one-fifth of all insured and uninsured adults had a diagnosis and did not see a mental health professional in the past year, indicating barriers to treatment go beyond insurance coverage. Finally, mental illness and addiction are likely underdiagnosed, especially among persons of color. A very low percentage of black/African American and Hispanic/Latino residents reported a diagnosed mental health condition in the KMHS, suggesting even greater need for mental health care and addiction services than our data can measure.

*The KMHS was funded by REACH, the Health Forward Foundation, the Kansas Health Foundation, Missouri Foundation for Health, and United Methodist Health Ministry Fund.

	Measures of Access	KMHS Survey Questions on Mental Health
1	Has a mental health diagnosis, substance abuse, or addiction	"Has a doctor or other health care provider ever told you that you had depression, anxiety, other behavioral or emotional health condition, substance abuse or addiction?"
2	Did not see a mental health professional in the past year	"In the last 12 months, have you seen a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?"
3	Did not get needed mental health care in the past year	"During the past 12 months, was there any time you needed medical care, including prescription medicine, for this condition but didn't get it because of the cost? " and "In the past 12 months, was there a time when you needed mental health care or counseling services but did not get it?"

ACCESS TO MENTAL HEALTH SERVICES

Diagnosed mental health conditions and addiction disorders are prevalent throughout the six-county service area, yet few people with diagnosed conditions appear to be getting mental health care. In 2017, nearly one-third of adults in the area had a mental health diagnosis, and at least 20 percent of adults are likely not having their mental health needs met because they did not see a mental health professional in the past year. However, mental health needs often go undiagnosed, so the proportion of the population needing some form of mental health care could be much greater.

Although diagnosis rates were similar between urban and rural counties, barriers to care may be higher in rural counties. Although shortage of mental health professionals is a concern throughout Kansas and Missouri, residents in rural counties of our service area were less likely to have seen a mental health professional in the past year.

KMHS data show no significant difference in mental health access measures between people with and without health insurance. Reasons for underdiagnosis and undertreatment often go beyond insurance coverage. A major reason people with mental health conditions remain undiagnosed and untreated relates to the stigma of seeking mental health care, a barrier that cannot be measured well in surveys.[3,4,5]

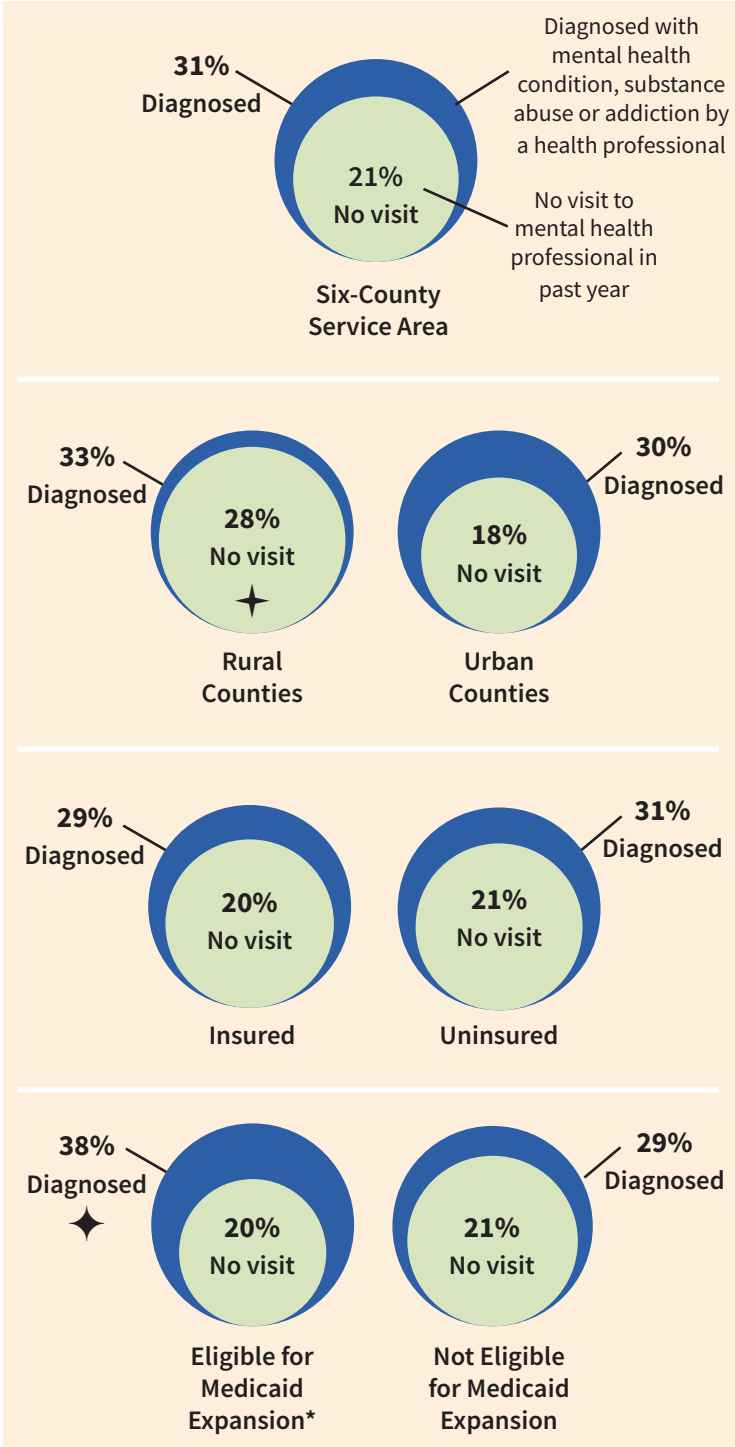
According to statewide KMHS data for Kansas and Missouri, cost of and lack of coverage for mental health services were just two of the barriers to getting mental health care. Other reasons survey respondents frequently cited for not getting needed care were "mental health providers would not take my insurance," "providers were not available," and "I did not know where to get care."[8]

INCOME

Nearly 40 percent of low-income adults (below 138 percent of the federal poverty level) reported a diagnosed mental health condition or addiction, compared with 29 percent of adults with higher

Access to Mental Health Care, by Subgroups

Percentage of adults ages 19–64



* Defined as family income below 138 percent of the federal poverty level in 2016.
✦ Difference from Urban Counties is statistically significant.
✦ Difference from Not Eligible is statistically significant.

income. One in five did not see a mental health professional and had a diagnosed condition. Individuals below 138 percent of the poverty level are potentially eligible for Medicaid through an expansion.* Currently, income eligibility limits in Medicaid for adults are capped at 38% of the federal poverty level in Kansas and at 22% in Missouri.[7]

RACE/ETHNICITY

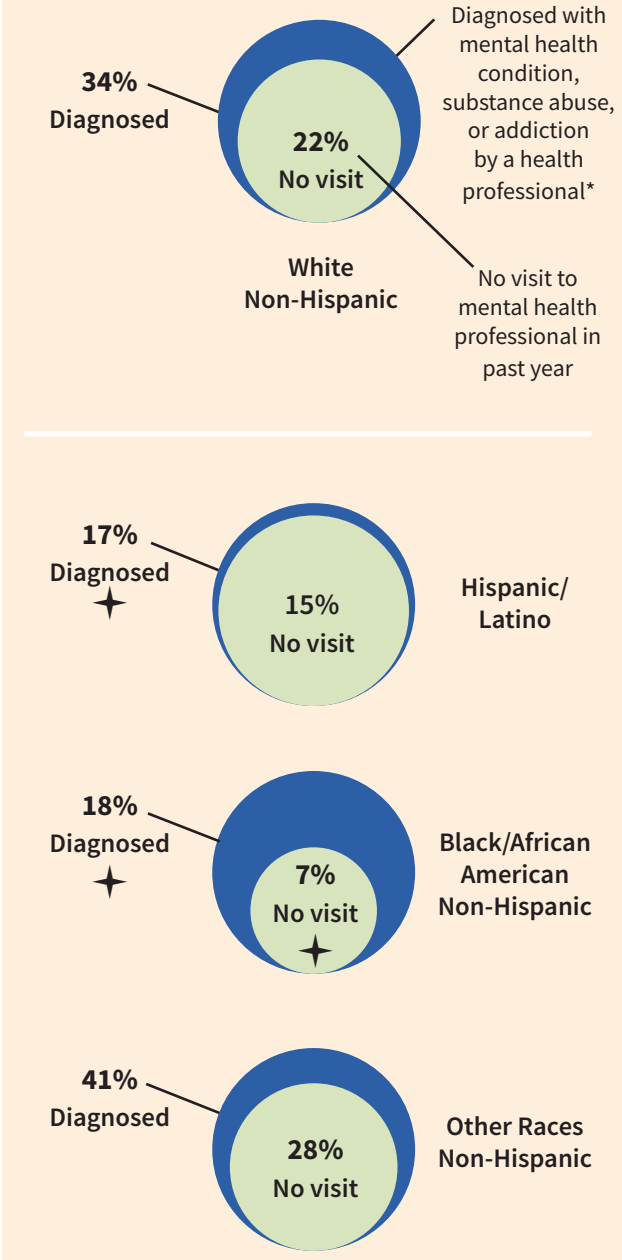
Mental health conditions and addiction are underdiagnosed and undertreated, especially for people of color. A very low percentage of black/African American and Hispanic/Latino residents, relative to white non-Hispanic residents, reported a diagnosed mental health condition. Persons of color face a spectrum of barriers to appropriate screening and diagnosis that prevent them from receiving a mental health diagnosis.[9] Access to health professionals is relatively poor for persons of color because of lack of insurance, low ability to pay out-of-pocket, and distance to providers. People of color also face higher stigma around mental illness and seeking care for mental health problems, resulting in underdiagnosis and undertreatment.[10]

CONCLUSION

This analysis of KMHS data provides evidence that the need for mental health services is high throughout the six-county service area, yet even higher in rural counties. Many adults are not seeing mental health professionals that could potentially benefit from mental health care. Our estimates are only approximate though. For instance, estimates may overstate the need for mental health professionals among adults reporting they were "ever" diagnosed with a condition such as depression or anxiety, because they may no longer need treatment. On the other hand, our estimates do not capture the mental health needs of people who have not been diagnosed or do not want to disclose such needs in a telephone survey. Very low percentages of black/African American and Hispanic/Latino residents, relative to white non-Hispanic residents, reported a diagnosed mental health condition in the KMHS, consistent with research previously cited[10] indicating persons of color disproportionately face barriers to care resulting in both underdiagnosis and undertreatment.

Access to Mental Health Care, by Race/Ethnicity

Percentage of adults ages 19–64



* Diagnosed by a health professional with a mental health condition, substance abuse, or addiction.

✦ Difference from Non-Hispanic White is statistically significant.

* For a family of four, the 138 percent threshold was $33,546 in 2016.[6]

DATA AND METHODS

The 2017 KMHS collected data from 4,274 adults ages 19 and older residing in Kansas and Missouri about access to health care. Percentages weighted to the population were tested for statistical significance at the 95 percent level of confidence ($p < .05$). Analysis for this brief was based on 1,136 individuals who reported living within the six-county Health Forward/REACH service area.

ENDNOTES

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RTI INTERNATIONAL

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