

Women are not receiving needed mental health care through state's public programs

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Among women in California who have recently experienced mild to moderate psychological distress and are eligible for public health services, 4 out of 5 said they received no treatment, a report published

today by the UCLA Center for Health Policy Research shows.

Those who qualify for these public services—a third of all [women](#) over the age of 18—were also more likely than their privately insured counterparts to have experienced moderate or serious psychological distress (31% vs. 21%), according to the study, which analyzed data from the center's California Health Interview Survey from 2018 and 2019.

The findings, the researchers say, point to an urgent need to expand and improve access to public programs aimed at addressing the mental health needs of these women—particularly women of color, who reported the highest levels of unmet needs. If untreated, mild to moderate psychological distress has the potential to become progressively more severe and disabling.

"A public health–focused approach is vital because it can help to promote mental well-being and may prevent more severe impacts on individuals' lives, their educational goals and their employment pursuits," said D. Imelda Padilla-Frausto, a research scientist at the center and a lead author of the study.

Overall, the researchers found that women who were eligible for Medi-Cal or other public care programs had high degrees of unmet mental health needs across all levels of psychological distress, with roughly 90% of those with mild distress, 70% with moderate distress and 50% with serious distress reporting that they hadn't accessed professional care within the previous 12 months.

The role of social and economic factors in unmet mental health needs

The researchers also sought to identify how socioeconomic factors like race, ethnicity, language, citizenship, family type, education and employment status, among others, may influence whether women are uninsured or reliant on public insurance, as well as how these factors may present barriers to accessing needed mental health care.

They found that women of color were two to four times as likely as white women to be eligible for public health coverage, and that those without a high school education were more than four times as likely as those with a graduate degree to be eligible. While only 18% of married women with no children were eligible, 68% of single women with children were. And 54% of noncitizen women with a green card were eligible, compared with 28% of U.S.-born citizens.

The authors discovered that when these women were surveyed about their mental health status, many of the same social and economic determinants appeared to influence whether those experiencing distress had accessed treatment or support services. Among the findings:

- Asian and Latina women were more likely to report unmet needs for mild and serious psychological distress than white women; Asian women experiencing mild psychological distress also had the highest overall percentage of unmet needs (95%). Among those experiencing serious distress, the percentages of those with unmet needs were: Asian women (66%), Latinas (55%), Black women (52%) and white women (42%).
- Noncitizen women without a green card were more likely to report unmet needs for mild and serious psychological distress than women who are U.S.-born citizens, with a particularly large difference for serious distress (75% vs. 52%).
- Women who speak only an Asian language had a higher percentage of unmet needs across all levels of distress than women who speak only English. Among those with serious

distress, 73% of those who speak only an Asian language had unmet needs, compared with 44% of women who speak only English.

Examining these social and demographic factors helps pinpoint which groups of women are experiencing unmet mental health needs and at which levels of distress, information that in turn can aid in developing tailored approaches for these specific populations, Padilla-Frausto said.

Interventions focused on women are critically important, she noted, given that previous analyses by the center have shown that while women and men are equally likely to experience mild and moderate psychological distress, women are more likely to experience serious distress.

"The data highlight the need to develop and promote preventive strategies to identify and help women with mild or moderate mental health problems who are at-risk of their symptoms becoming more severe and disabling," she said. "And policies that center on racial equity and gender equality are needed to reduce inequities in the social determinants that lead to poor mental health."

Among the policies recommended by the researchers are the implementation of national standards for culturally and linguistically appropriate health services, large-scale efforts that promote mental health literacy and outreach, supporting equitable social and economic policies that reduce inequities in care for women, and expanding screening services into spaces where women live their everyday lives.

"In addition to large-scale interventions, we need to provide mental health resources to at-risk communities in non-clinical settings such as at faith-based organizations, beauty salons, grocery stores, libraries and community resource centers," Padilla-Frausto said.

More information: Report: [healthpolicy.ucla.edu/publicat ...
tail.aspx?PubID=2215](https://healthpolicy.ucla.edu/publications/tail.aspx?PubID=2215)

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