Mental Health Needs and Needs Achieved in GAD and Depression: Findings from a Nationally Representative Sample

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Introduction

- Individuals with anxiety and depression represent the largest groups requiring mental health support (Serrano-Blanco et al., 2010). Researchers have dedicated decades of research to the complexities of detection (Olariu et al., 2015) and treatment (Massoudi et al., 2019) of anxiety and depression in various provider settings.
- Understanding the presenting concerns of individuals with anxiety or depression may help support treatment optimization.
- In addition, knowing what percentage of needs are unmet, and why, can inform where the mental health care system needs improvement. Informed providers may consider whether or not a referral is necessary to meet the individual's needs.
- Population survey data provide robust estimates on community trends which can direct mental health service reform.
- Our investigation examined self-perceived needs and needs achieved for clinically significant anxiety and depression in the most recent Canadian community survey on mental health.

Methods

- Cross-sectional data are from the 2012 Canadian Community Health Survey-Mental Health component ($N = 25113$). The World Health Organization Composite International Diagnostic Interview 3.0 identified positive screens in the preceding 12 months for generalized anxiety disorder (GAD; $n = 640$) or a major depressive episode (MDE; $n = 1180$).
- Individuals with symptoms compatible with GAD or MDE completed validated measures of self-perceived needs for problems with emotions, mental health, or use of alcohol or drugs.
- Individuals self-identified their level of needs in the past 12 months for information about treatment or services, medication, counseling or therapy, or other help.
- Individuals also reported the extent to which needs were met and barriers to achieving needs.
- Appropriate statistical weights provided by Statistics Canada were used to ensure representativeness of the data to the 2012 Canadian household population. All percentages are based on the weighted sample.

Results

- A substantial majority of individuals screening positive for GAD or MDE reported needing help in any category for mental health-related problems in the past 12 months, of which almost 50% report their needs were fully met (see Figure 1).
- Figure 2 displays the most common self-reported needs in the past 12 months for individuals with GAD or MDE. Needs for counseling, medication, and information represented 98% of the needs by both groups.
- Within the needs for information, medication, or counseling, the largest portion were reporting needs met in all groups. Of the needs that were unmet, the largest group was counseling. Table 1 displays the perceived needs of individuals with probable GAD or MDE.
- Table 2 shows the reported barriers to receiving more help in the past 12 months if individuals with either GAD or MDE reported partially met needs. Ability to pay was among the most commonly reported barriers for all categories of need.

Discussion

- Results indicate the largest self-reported need for individuals screening positive for GAD or MDE is counseling; however, a significant proportion of individuals also report requiring medicinal and informational support. Knowing individuals' needs for mental health problems can facilitate referrals to the appropriate providers to target and achieve those needs.
- The finding that almost half of self-perceived needs are fully met indicates that mental health providers are delivering sufficient care for some individuals with GAD or MDE; but, improvements could reduce individual burden and recurrent service use for an even larger group.
- The current results are limited by using screeners for a subset of disorders representing emotional disorders (i.e., anxiety and depression).
- Further analyses are warranted to inform whether improvements require increased communication from patients, mental health training for providers, refinement of the referral process to more efficiently meet treatment needs with the appropriate provider, improvements to health care benefits, or other modifications.
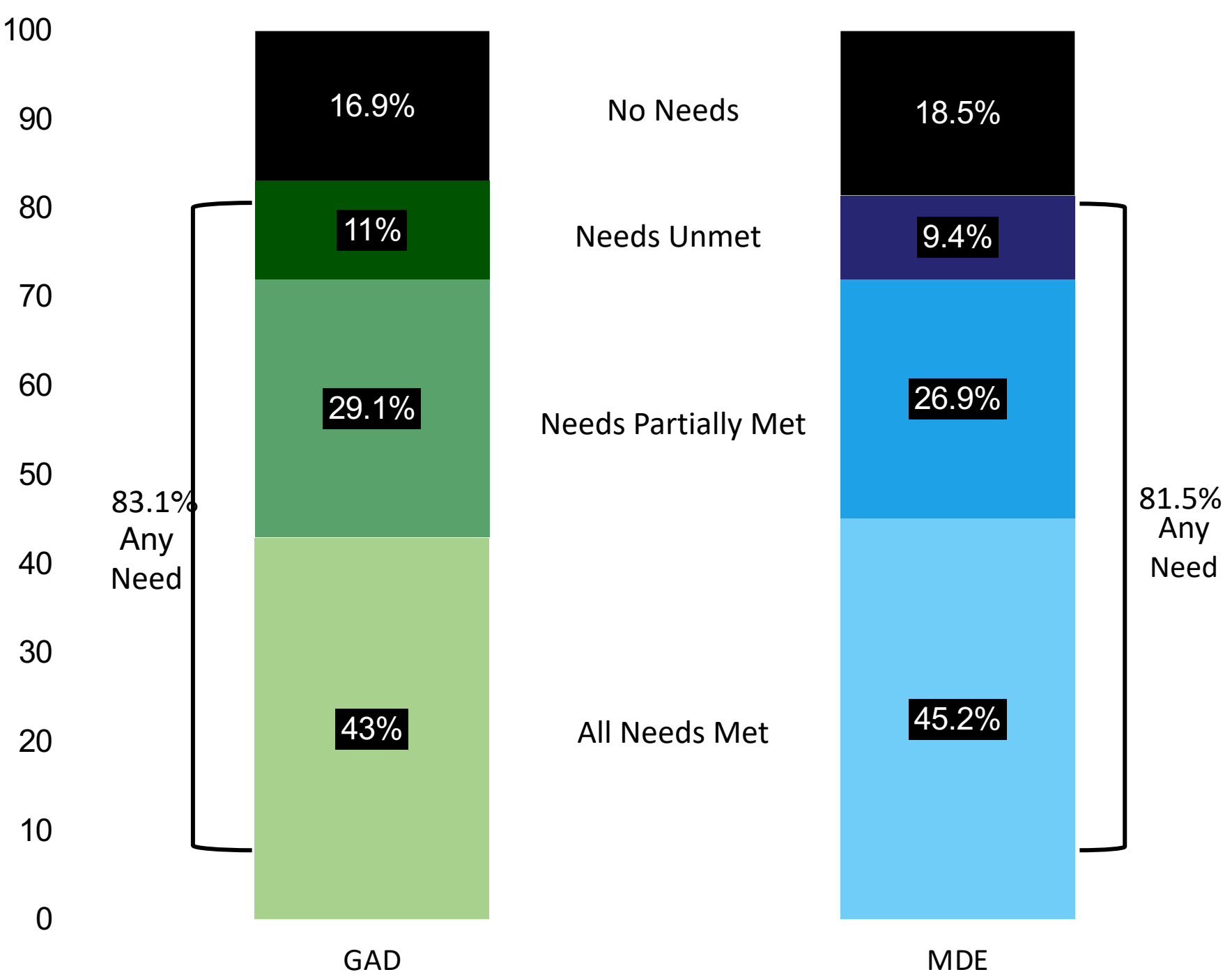

Figure 1. Perceived Needs Achieved by Diagnosis
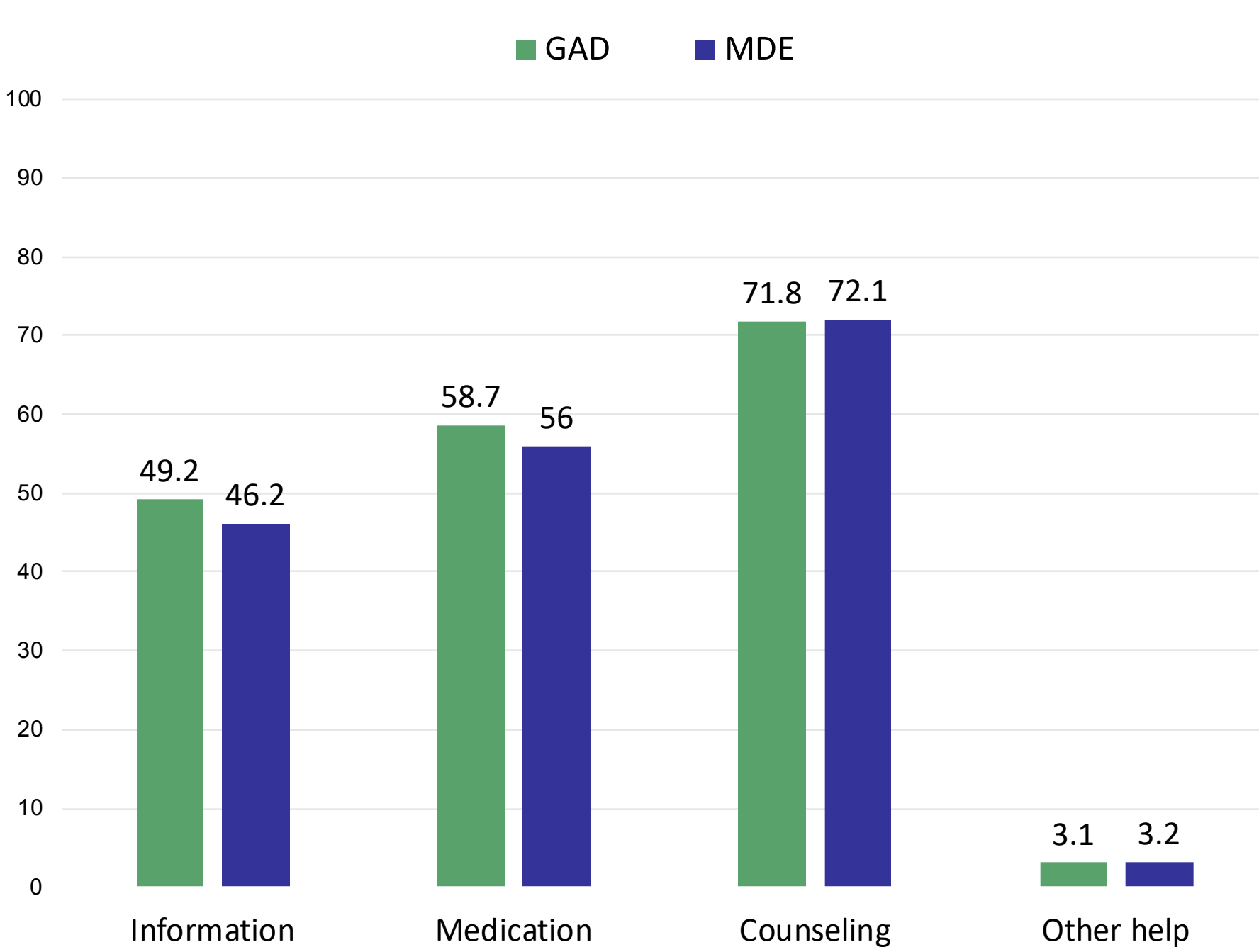Note. GAD = generalized anxiety disorder; MDE = major depressive episode.

Figure 2. Perceived Needs (Total) in Past 12 Months by Category
Note. GAD = generalized anxiety disorder; MDE = major depressive episode.

Table 1. *Proportion of Needs Met by Category*

		% Needs Met	% Needs Partially Met	% Needs Unmet	% No Need
Information	GAD	32.6	3.4	13.0	50.8
	MDE	33..2	2.8	10.2	53.8
Medication	GAD	49.9	5.0	3.7	41.3
	MDE	48.2	4.5	3.3	44.0
Counseling	GAD	41.2	17.6	13.0	28.2
	MDE	43.4	16.0	12.7	27.9
Other	GAD	2.4	0.7	—	96.9
	MDE	2.2	1.0	—	96.8

Note. GAD = generalized anxiety disorder; MDE = major depressive episode.

Table 2. *Barriers to Not Receiving More Help for Either GAD or MDE*

	Counseling $n = 220$ (%)	Medication $n = 58$ (%)	Information $n = 38$ (%)
Prefer to manage self	22.4	34.9	24.7
Don't know how or where to get it	11.2	5.5	25.7
Haven't gotten around to it	12.0	3.4	17.0
Job interfered	9.6	4.8	17.3
Not readily available	25.4	15.9	45.8
No confidence in health care system or social services	22.2	8.3	24.8
Couldn't afford to pay	40.8	21.6	26.1
Not covered by insurance	20.3	15.7	21.5
Afraid what others would think	8.6	3.2	22.0
Help is ongoing	8.2	18.8	20.4
Other	14.2	21.8	10.7

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