

Mental Health Service Utilization and Degree of Help Received in GAD and **Depression: Findings from a Nationally Representative Sample**

Introduction

- Individuals with anxiety and depression represent the largest groups utilizing health service resources, especially in primary care settings (Serrano-Blanco et al., 2010), as compared to other mental disorders.
- If there is a disproportionate burden of care on some providers, it is important to examine mental health service utilization and outcomes to increase efficiency and efficacy. For example, individuals who are not having their needs met may repeatedly use services with the same or a different provider.
- Severity, such as length of disease or comorbid conditions, may complicate cases, affect consultation frequency, and degree of help received.
- Assessing the perceived utility of provider visits may inform how to optimize mental health treatment within the health care system.
- The current investigation assessed self-reported care utilization and level of help received among individuals with clinically significant anxiety or depression.

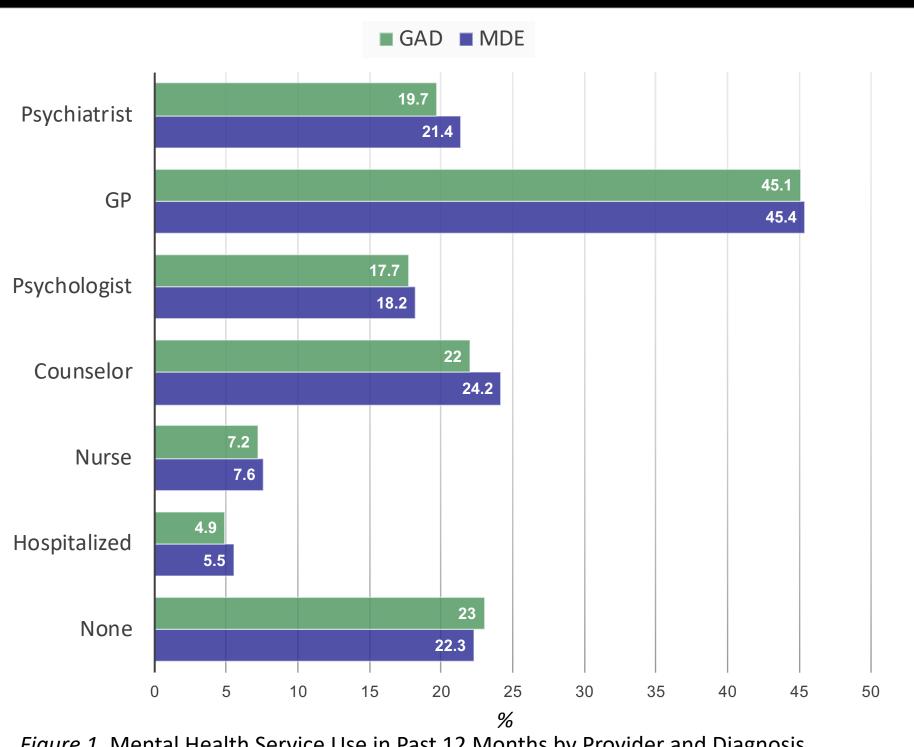
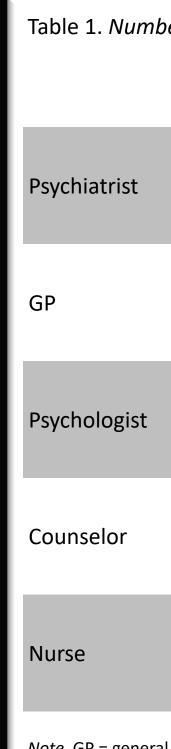


Figure 1. Mental Health Service Use in Past 12 Months by Provider and Diagnosis *Note*. GAD = generalized anxiety disorder; MDE = major depressive episode; GP = general practitioner or family doctor; counselor = social worker, psychotherapist.

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Note. GP = general practitioner, family doctor; counselor = social worker, psychotherapist; pop % = population percent, the total proportion of the population with the diagnosis visiting the provider.

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Methods

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 individuals with symptoms consistent with generalized anxiety disorder (GAD; *n* = 640) or a major depressive episode (MDE; *n* = 1180) in the last 12 months. Figure 2 displays the number of individuals with one or both diagnoses.

Individuals with positive screens for GAD or MDE completed validates measures of mental health service use (i.e., psychiatrist, general practitioner (GP), psychologist, social worker/counselor, nurse) in the last 12 months from the survey.

Individuals also reported the number of visits to and self-perceived level of help received from each provider in the last 12 months.

Descriptive analyses were weighted for representativeness of the data to the 2012 Canadian household population. Percentages reported are based on the weighted sample.

- Figure 1 displays mental health service utilization by disorder. Psychologists, psychiatrists, or counselors were utilized at a rate of less than half of that for GPs.
- Most individuals (from 49.4-78.1%) reported seeing each provider for less than 10 visits. GPs received the most visits, especially considering comorbid diagnoses of GAD and MDE (*n* = 191). Table 1 displays frequency data for comparison among mental health providers.
- In regards to level of help received, the majority of individuals reported they received at least some help from all providers. Table 2 displays the level of self-perceived help received from each provider for both GAD and MDE.
- A substantial minority (1.7-22.9%) of providers were found to be not helpful at all.

Table 1. Number of Times Consulted Providers in Last 12 Months

	1-10	11-25	26+	n	Pop %
GAD	65.4	15.6	18.9	155	0.6
MDE	66.0	18.0	16.0	251	1.0
GAD	78.1	17.8	4.1	325	1.3
MDE	77.4	15.2	7.5	532	2.1
GAD	56.9	26.0	17.1	115	0.5
MDE	58.0	17.7	24.3	214	0.9
GAD	49.4	30.4	20.2	132	0.5
MDE	57.4	28.2	14.4	282	1.1
GAD	75.4	17.3	7.3	51	0.2
MDE	77.4	12.0	10.5	88	0.4

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

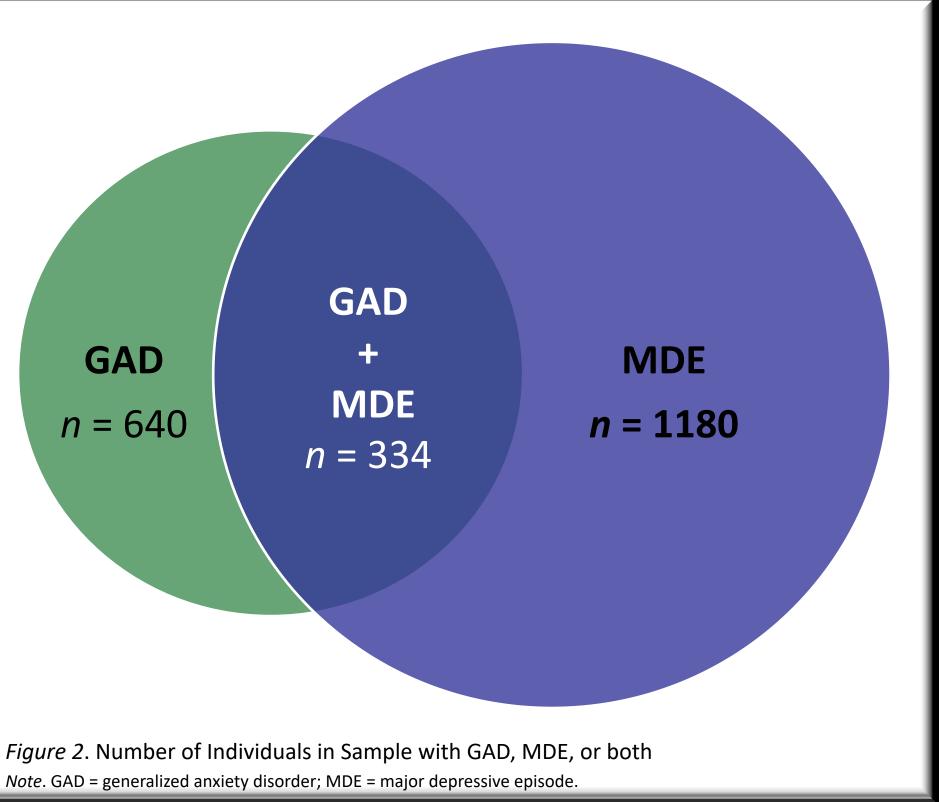
Results

In the last 12 months, 64.1% and 63.1% of individuals screening positive for GAD and MDE, respectively, saw any mental health provider.

Discussion

- Mental health service utilization is high among individuals who screen positive for GAD or MDE in the past 12 months.
- Results indicate mental health providers are not utilized equally, putting a higher burden on GPs to treat individuals presenting with anxiety or depression; however, a similar proportion of all provider visits were satisfactory, as the majority of individuals consuming any mental health service reported receiving ample help.
- The findings denote a need to more strategically utilize the healthcare system to benefit providers and individual clinical outcomes. Analyses of selfreported reasons for discontinuing mental health treatment from each provider will help explain potential barriers to treatment and promote further efficiency.
- Further investigations may address why almost onefourth of individuals screening positive for GAD or MDE in the last 12 months did not seek treatment during that period from any professional, including whether individuals intentionally avoided services.

Table 2. Perceived Level of Help Received by Provider									
			%						
		A lot	Some	A little	Not at all	n			
Psychiatrist	GAD	45	20.7	21.3	12.9	251			
	MDE	55	17.5	18.4	9.1	156			
GP	GAD	38.4	33.2	18.4	10.1	532			
	MDE	35.6	32.9	19.4	12.1	156			
Psychologist	GAD	49.1	24.3	19.7	6.9	213			
	MDE	51.4	25.3	21.6	1.7	116			
Counselor	GAD	53.1	22.8	14.4	9.7	283			
	MDE	48.8	31.7	16.4	3.1	134			
Nurse	GAD	30.2	38.1	8.7	22.9	90			
	MDE	28.3	37.5	17.5	16.7	53			



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