



# Mental Health, Well-Being, and Disparities among Arizonans

HIGHLIGHTS FROM THE AHS 2008



## Background

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, copes with the normal stresses of life, works productively and fruitfully, and is able to make a contribution to his or her community.

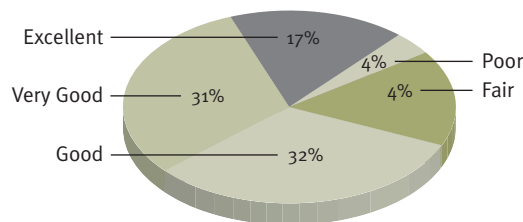
Arizonans overwhelmingly enjoy good physical and mental health and well-being. However, for a large number of Arizonans who have been diagnosed with mental health disorders, overall health and well being are often quite different.

Using data from the 2008 Arizona Health Survey, a team of researchers led by Dr. Wendy Wolfersteig at Arizona State University explored data from the 2008 Arizona Health Survey on the mental health and well-being of Arizonans, the prevalence of some diagnosed mental illnesses, and care seeking behaviors among those with mental illness. This issue of *HealthTakes* highlights some of their findings.

## Most Arizonans Report Good Health and Well-Being

- Most Arizonans report that they enjoy good health and a sense of well-being. Eighty-one percent of Arizonans characterize their general health as being good to excellent.
- Similarly, 87 percent report that their quality of life and well-being is good (28 percent), very good (35 percent), or excellent (24 percent).

**FIGURE 1** General Health Rating



## Significant Numbers Report Mental Illness

A significant number of Arizonans have been diagnosed by a doctor with some type of mental disorder. The 2008 Arizona Health Survey asked adults whether they had ever been diagnosed with one of three types of disorders: bi-polar or manic depressive disorder; anxiety disorder; or major clinical depression. While the array of mental health illnesses that exist is far broader than the categories listed, 15 percent of adult Arizonans (an estimated 718,976 Arizonans) report being diagnosed with one or more of the three illnesses. Over 200,000 Arizonans – roughly the same as the number of people living in the entire town of Gilbert – are diagnosed with two or more such disorders, suggesting the need for a service system that can support the management and care of people with complex mental health disorders.

Compared to national prevalence rates, Arizona had a higher rate of bi-polar or manic depressive disorder and a much higher rate of anxiety disorder. In contrast, Arizona comes close to the national rate for depression.

## Health and Well-Being Different for the Thousands Diagnosed with Mental Illness

For those diagnosed with a mental disorder, reported health is dramatically different than the general population. Indeed, many of those who rated their health as fair or poor during the Arizona Health Survey characterized themselves as having been diagnosed with one or more of three mental health conditions. Twenty-five percent of those who rate their health as fair and 40 percent who rated their health as poor had one or more of these mental health conditions.

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Mental health and illness are two opposite ends of a continuum; most people fall somewhere in between with varying degrees of mental health. Those who fall closer to the illness end of the continuum – those reporting psychological distress – may include people who have not yet been diagnosed with a mental disorder, as well as people who may be at risk of developing such a disorder. Seven percent of Arizonans reported mild-moderate psychological distress. Another 4 percent reported serious psychological distress.

Not all groups are as likely to be experiencing psychological stress as others. For example, American Indians were nearly 10 percent more likely than other racial groups to be experiencing mild to moderate psychological distress. Lower income individual also reported higher levels of psychological distress, indicating that poverty may contribute to distress – or be a result of such distress.

## Disparities Exist, Begging Questions

There appear to be big differences in the prevalence of mental health disorders among various groups, begging questions as to why such differences exist. For example, women were much more likely to report being diagnosed with a mental disorder than men. Interestingly, such disparities do not exist when questions are asked related to the amount of psychological distress faced by men and women. Are women perhaps being misdiagnosed with a mental health condition? Or are men somehow falling through the cracks, not receiving the subsequent care and treatment they need?

Different ethnic groups reported much higher rates of the three disorders. American Indians were far more likely to have been told they were bi-polar or manic depressive. Non-Hispanic Whites were far more likely to have been told they have an anxiety disorder or clinical depression. Again, this begs questions as to why these differences exist.

## Access to Care Appears to Vary

Many adults responding to the Arizona Health Survey indicated a need to see a professional for their mental health problems. Thirteen percent said they felt a need to see a professional for problems with their emotions, nerves, alcohol or drug use during the past 12 months. Only ten percent indicated that they had seen such a professional.

Not surprising: among those lacking health insurance, 14 percent said they needed such professional help, yet only 6 percent were able to get help.

What is somewhat surprising: even those with insurance experience such gaps. Fourteen percent of those with employer-based health coverage indicated a need for treatment, yet only 9 percent received treatment.

Some groups appear to experience greater barriers to treatment than others. Cost – across the board – appears to be a big concern for those indicating they did not seek treatment. Fifty-eight percent of respondents indicated that they did not seek treatment due to cost concerns. However, Hispanics were much more likely to report cost as barrier. Over two-thirds of Hispanics noted cost as the reason they did not seek treatment.

Another interesting fact: Adults covered by AHCCCS and Medicare were even more likely than those who were covered by employer-based insurance or uninsured to cite cost as a barrier to treatment. 77 percent of those on AHCCCS and 75 percent on Medicare who did not seek help indicated cost as a barrier, compared to 47 percent with employer-based coverage and 69 percent with no health coverage at all. The reasons for this are unclear. Are such services less likely to be covered under AHCCCS and Medicare than they are through employer-based coverage? Or are lower income Arizonans and older adults less likely to be able to pay for such services out-of-pocket?

## Arizonans Cope with Emotional and Mental Health Challenges in a Number of Ways

In addition to many Arizonans seeking mental health treatment, respondents to the Arizona Health Survey identified a variety of supports they use to cope with the emotions, stress, and mental health challenges they face in their daily lives. Nearly half of Arizonans noted that during the past 12 months, there was a time when they had a difficult time emotionally. The vast majority of these same people identified informal supports as being very helpful or somewhat helpful to coping. Attending a service or talking with a spiritual advisor was identified most frequently as being very helpful (72 percent), compared to participation in a support group (63 percent) or talking with a partner, family, or friend (60 percent).

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## The Source

This issue of *HealthTakes* is based on a study conducted by Dr. Wendy Wolfersteig, Dr. Stephanie Ayers, and Ms. Jaime Booth and Ms. Alex Wagaman at Arizona State University. Data for the study were from the 2008 Arizona Health Survey, a comprehensive survey of 4,200 households designed to assess health insurance coverage, health status, health-related behaviors, and social and environmental factors that affect population health. For more information about the survey and population health, please visit [www.arizonahealthsurvey.org](http://www.arizonahealthsurvey.org).

For more information about mental health in Arizona, see **Adults: Mental Health Issues and Disparities in Arizona**.



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