National Health Interview Survey
Early Release Program

Access to Care Among Adults Aged 18–64 With Serious Psychological Distress: Early Release of Estimates From the National Health Interview Survey, 2012–September 2015

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Highlights

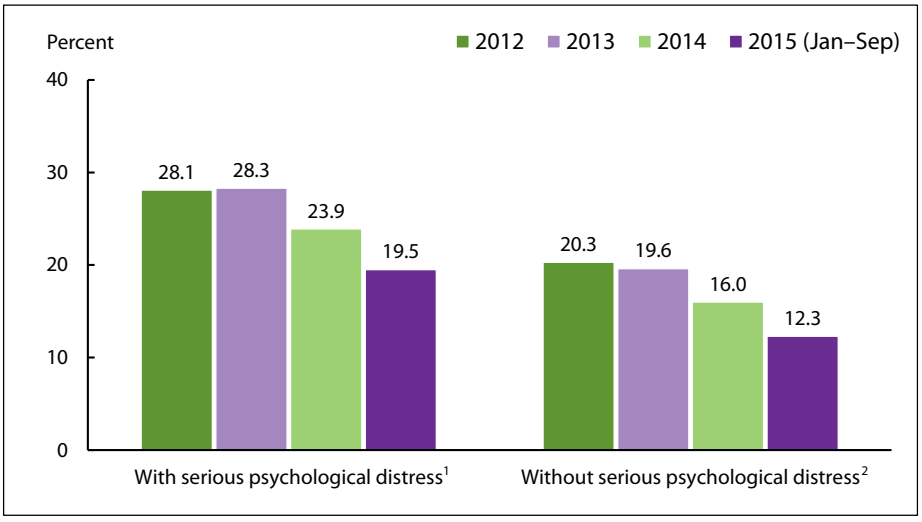
- Among adults aged 18–64 with serious psychological distress, the percentage who were uninsured decreased from 28.1% in 2012 to 19.5% in the first 9 months of 2015. Adults without serious psychological distress saw a decrease in the percentage of uninsured from 20.3% in 2012 to 12.3% in the first 9 months of 2015.
- Although more adults with serious psychological distress have public rather than private coverage, the percentage with public coverage has remained relatively stable from 2012 through the first 9 months of 2015 while the percentage with private coverage has increased over the same time period.
- The percentage of adults with serious psychological distress who have seen a mental health care professional in the past 12 months has declined from 2012 to the first 9 months of 2015.
- In the first 9 months of 2015, 24.4% of adults with serious psychological distress and 6.1% of those without serious psychological distress had not received needed medical care due to cost.
- The percentage of adults with serious psychological distress who needed mental health care but could not afford it declined from 2012 to the first 9 months of 2015.

Introduction

Between 2013 and the first 9 months of 2015 almost 15 million adults aged 18–64 gained health insurance coverage in the United States (1). In monitoring the effects of this shift in coverage, one population of special interest is those with mental health conditions. Previous studies have shown adults with mental health conditions have greater health care needs and are at higher risk for poor health outcomes, but may have reduced access to services (2,3). This report provides estimates of health care access and utilization for adults aged 18–64 with and without serious psychological distress (SPD) in the past 30 days, an indicator of mental health problems severe enough to cause moderate-to-serious impairment in social, occupational, or school functioning and to require treatment. Estimates were based on data from the National Health Interview Survey (NHIS) for January 2012 through September 2015.

The Kessler 6 (K6) nonspecific distress scale was used to determine SPD. The K6 asks about the frequency of each of six symptoms, such as nervousness and hopelessness in the past 30 days (4). In the first 9 months of 2015, 3.8% of adults aged 18–64 experienced SPD in the past 30 days. The percentage of adults with SPD in the past 30 days was 3.2% in 2012, 4.0% in 2013, and 3.4% in 2014. It is important to note that there may have been survey respondents who had experienced SPD in the past but were no longer exhibiting the symptoms associated with SPD at the time of the NHIS interview. In this report these survey respondents were not classified as having SPD.

Figure 1. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who were uninsured at the time of interview, by year: United States, 2012–September 2015

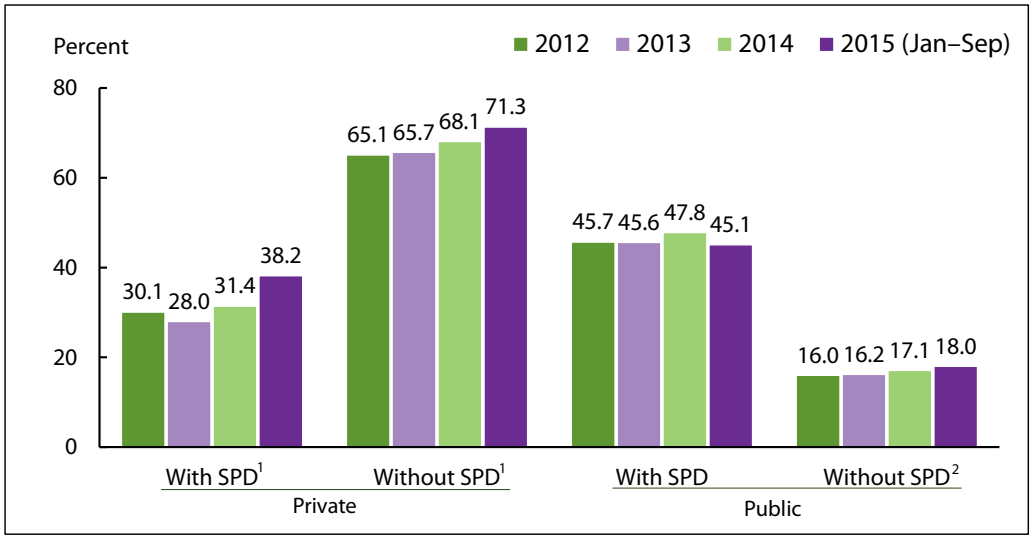


[1]Significant decreasing linear trend from 2012–September 2015 ($p < 0.05$).
[2]Significant quadratic trend from 2012–September 2015 ($p < 0.05$).
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Family and Sample Adult Core components.

This report is produced by the NHIS Early Release (ER) Program, which releases selected preliminary estimates prior to final microdata release. These estimates are available from the NHIS website at http://www.cdc.gov/nchs/nhis.htm. For more information about NHIS and the ER Program, see the Technical Notes and Additional Early Release Program Products sections at the end of this report.

- Among adults aged 18–64 with SPD in the past 30 days, the percentage who were uninsured at the time of interview decreased from 28.1% in 2012 to 19.5% in the first 9 months of 2015 (Figure 1).
- Among adults aged 18–64 without SPD, the percentage who were uninsured at the time of interview decreased from 20.3% in 2012 to 12.3% in the first 9 months of 2015. The decline in the percentage who were uninsured occurred after 2013, where a 7.3 percentage point decrease was observed from 19.6% in 2013 to 12.3% in the first 9 months of 2015.
- Within each year, adults aged 18–64 with SPD were more likely to be uninsured compared with those without SPD.

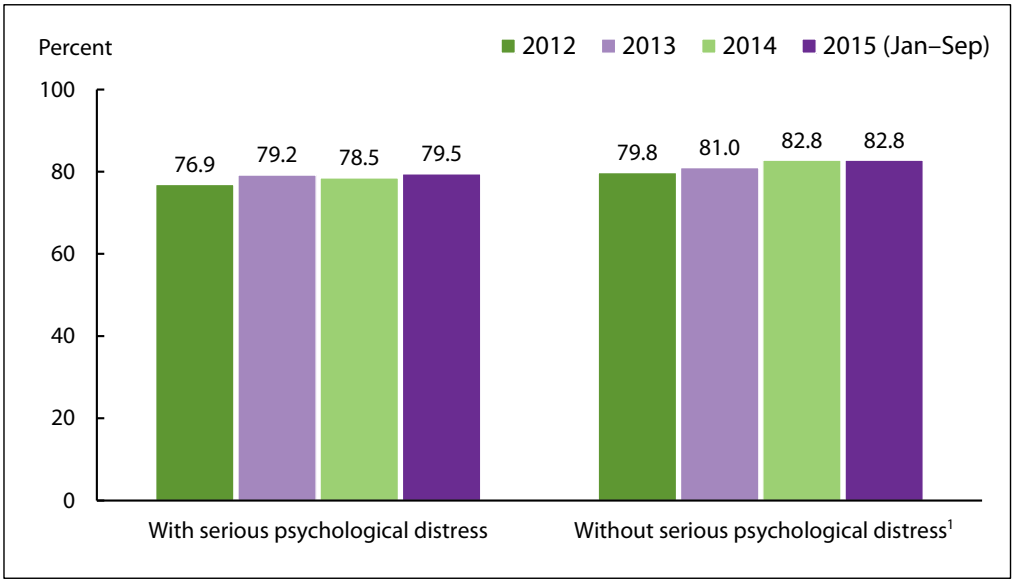
Figure 2. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who had private and public coverage at the time of interview, by year: United States, 2012–September 2015



[1]Significant quadratic trend from 2012–September 2015 ($p < 0.05$).
[2]Significant increasing linear trend from 2012–September 2015 ($p < 0.05$).
NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Estimates for adults who experienced serious psychological distress during the past 30 days are denoted with "With SPD" and estimates for adults who did not experience serious psychological distress during the past 30 days are denoted with "Without SPD."
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Family and Sample Adult Core components.

- Among adults aged 18–64 with SPD, the percentage with private coverage increased from 30.1% in 2012 to 38.2% in the first 9 months of 2015 with a 10.2 percentage point increase from 2013 (28.0%) to the first 9 months of 2015 (38.2%). In contrast, the percentage with public coverage remained relatively stable over this time period (Figure 2).
- Among adults aged 18–64 without SPD, the percentages with private coverage and public coverage increased significantly between 2012 and the first 9 months of 2015. The percentage of those with private coverage increased 5.6 percentage points from 65.7% in 2013 to 71.3% in the first 9 months of 2015.
- Within each year, adults aged 18–64 with SPD were more likely to have public coverage and less likely to have private coverage compared with those without SPD.

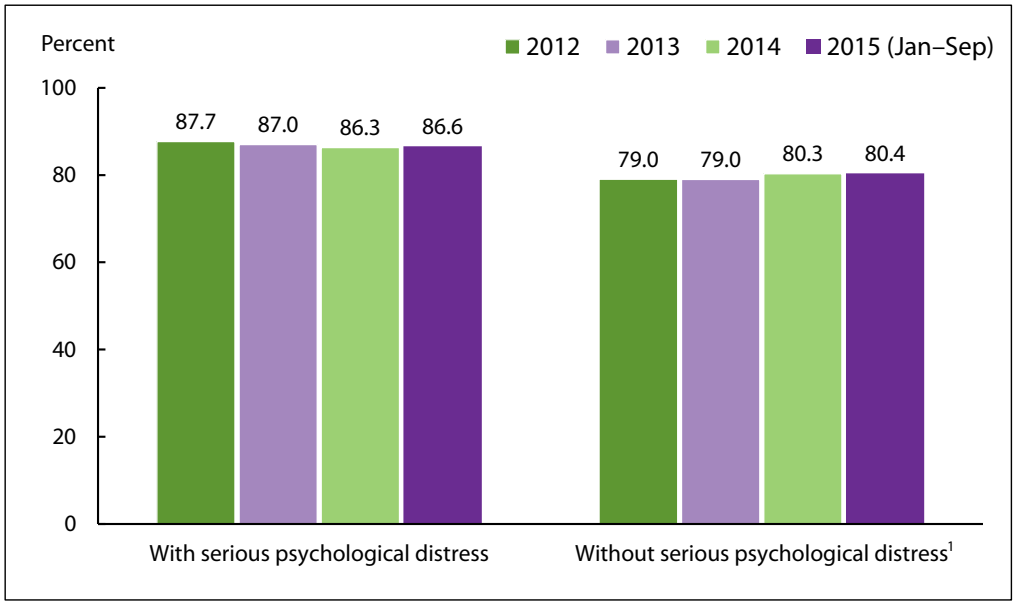
Figure 3. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who had a usual place to go for medical care, by year: United States, 2012–September 2015



[1]Significant increasing linear trend from 2012–September 2015 ($p < 0.05$).
NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Usual place to go for medical care does not include a hospital emergency room.
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Sample Adult Core component.

- Among adults aged 18–64 with SPD in the past 30 days, there was no significant change in the percentage who had a usual place to go for medical care between 2012 and the first 9 months of 2015 (Figure 3). The percentage with a usual place for medical care ranged from 76.9% in 2012 to 79.5% in the first 9 months of 2015.
- Among adults aged 18–64 without SPD, the percentage of those who had a usual place to go for medical care increased from 79.8% in 2012 to 82.8% in the first 9 months of 2015.
- In 2014, adults aged 18–64 with SPD were less likely than those without SPD to have a usual place for medical care. Although the percentages with a usual place for medical care were lower for those with SPD than those without SPD for each of the time periods (2012, 2013, and the first 9 months of 2015), the differences were not significant.

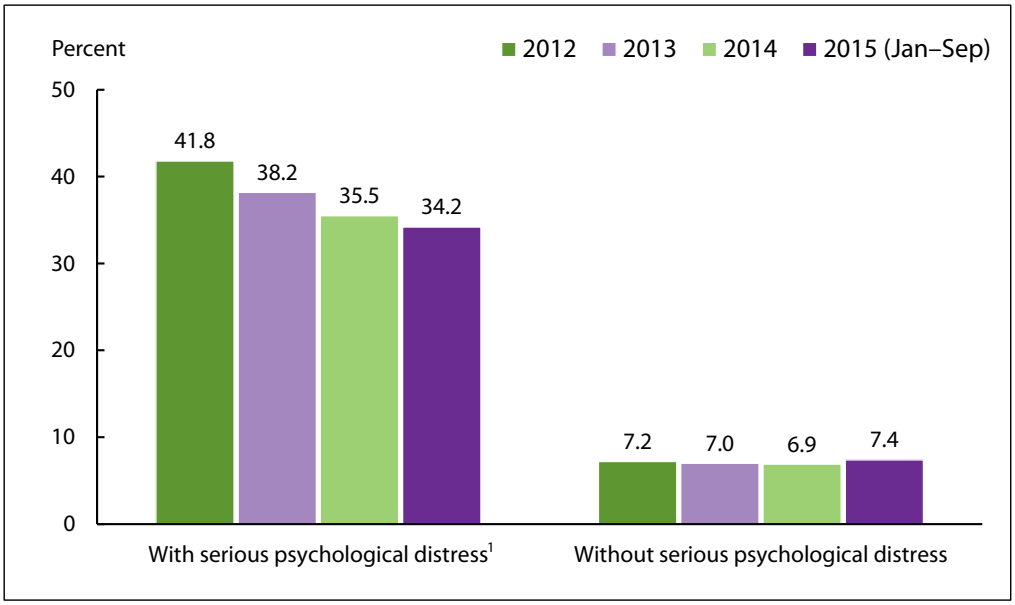
Figure 4. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who had seen or talked to any health care professional in the past 12 months, by year: United States, 2012–September 2015



[1]Significant increasing linear trend from 2012–September 2015 ($p < 0.05$).
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Sample Adult Core component.

- Among adults aged 18–64 with SPD in the past 30 days, the percentage who had seen or talked to any health care professional in the past 12 months remained relatively stable from 2012 (87.7%) to the first 9 months of 2015 (86.6%) (Figure 4).
- Among adults aged 18–64 without SPD, the percentage who had seen or talked to any health care professional in the past 12 months increased from 79.0% in 2012 to 80.4% in the first 9 months of 2015.
- Within each year, adults aged 18–64 with SPD were more likely to have seen or talked to any health care professional in the past 12 months, compared with those without SPD.

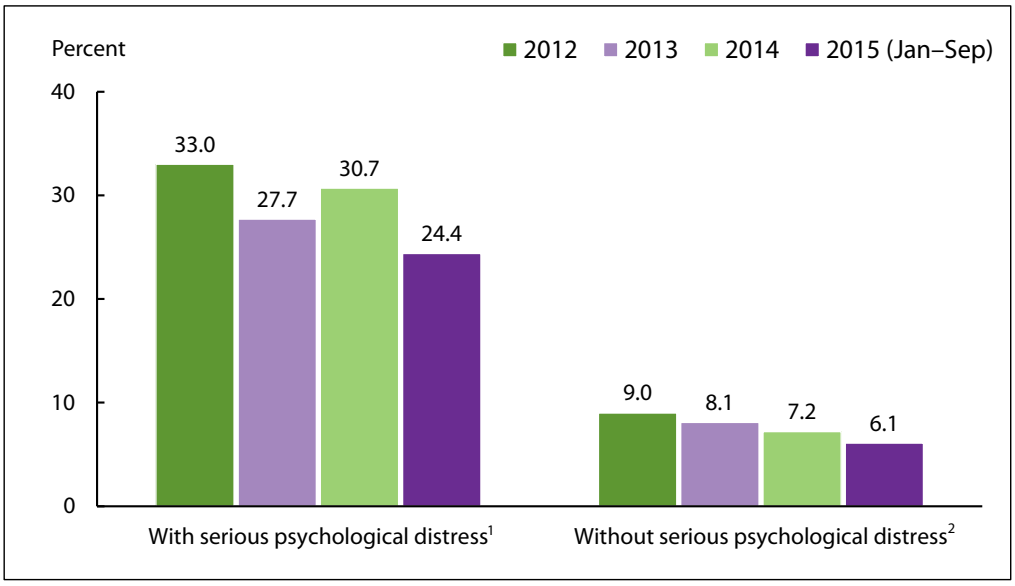
Figure 5. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who had seen or talked to a mental health professional in the past 12 months, by year: United States, 2012–September 2015



[1]Significant decreasing linear trend from 2012–September 2015 ($p < 0.05$).
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Sample Adult Core component.

- Among adults aged 18–64 with SPD in the past 30 days, the percentage who had seen or talked to a mental health professional in the past 12 months decreased from 41.8% in 2012 to 34.2% in the first 9 months of 2015 (Figure 5).
- Among adults aged 18–64 without SPD, the percentage of those who had seen or talked to a mental health professional in the past 12 months remained relatively stable between 2012 and the first 9 months of 2015, ranging from 6.9% to 7.4%.
- For all years examined, the percentage who had seen or talked to a mental health professional in the past 12 months was higher among adults aged 18–64 with SPD than among those without SPD.

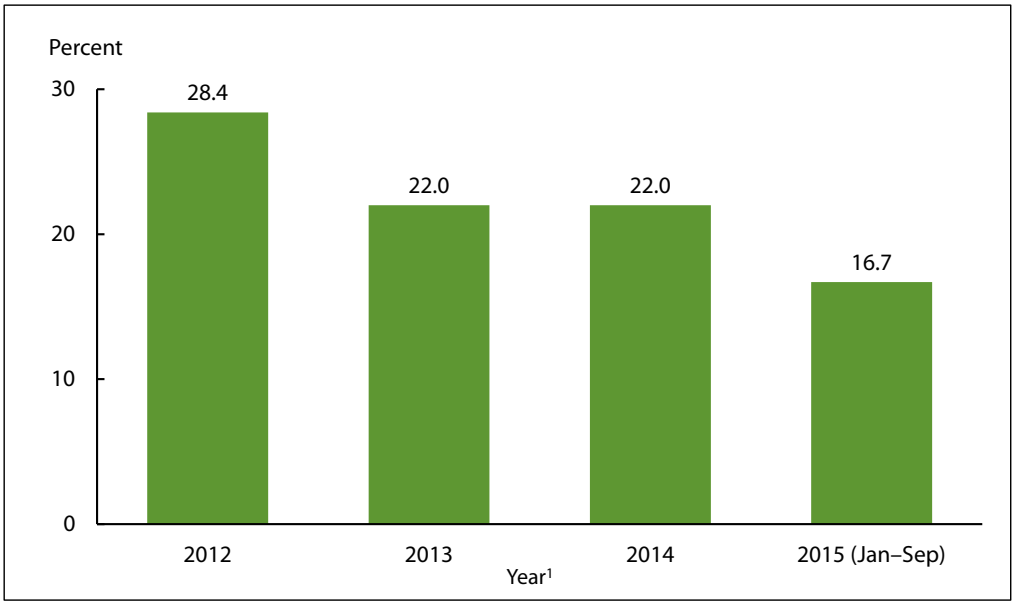
Figure 6. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who needed medical care in the past 12 months but did not receive it due to cost, by year: United States, 2012–September 2015



[1]Significant cubic trend from 2012–September 2015 ($p < 0.05$).
[2]Significant decreasing linear trend from 2012–September 2015 ($p < 0.05$).
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Family and Sample Adult Core components.

- Among adults aged 18–64 with SPD in the past 30 days, the percentage who needed medical care in the past 12 months but did not receive it due to cost decreased from 33.0% in 2012 to 27.7% in 2013. From 2013 to 2014, the increase from 27.7% to 30.7% in the percentage who needed medical care but did not receive it due to cost was not significant. This was followed by a decrease in the percentage who needed medical care but did not get it due to cost from 30.7% in 2014 to 24.4% in the first 9 months of 2015 (Figure 6).
- Among adults aged 18–64 without SPD, the percentage who needed medical care in the past 12 months but did not receive it due to cost decreased from 9.0% in 2012 to 6.1% in the first 9 months of 2015.
- For all years examined, the percentage who needed medical care in the past 12 months but did not receive it due to cost was higher among adults aged 18–64 with SPD than among those without SPD.
- In 2014 and the first 9 months of 2015, adults aged 18–64 with SPD were 4 times as likely to have not received needed medical care in the past 12 months due to cost as those without SPD.

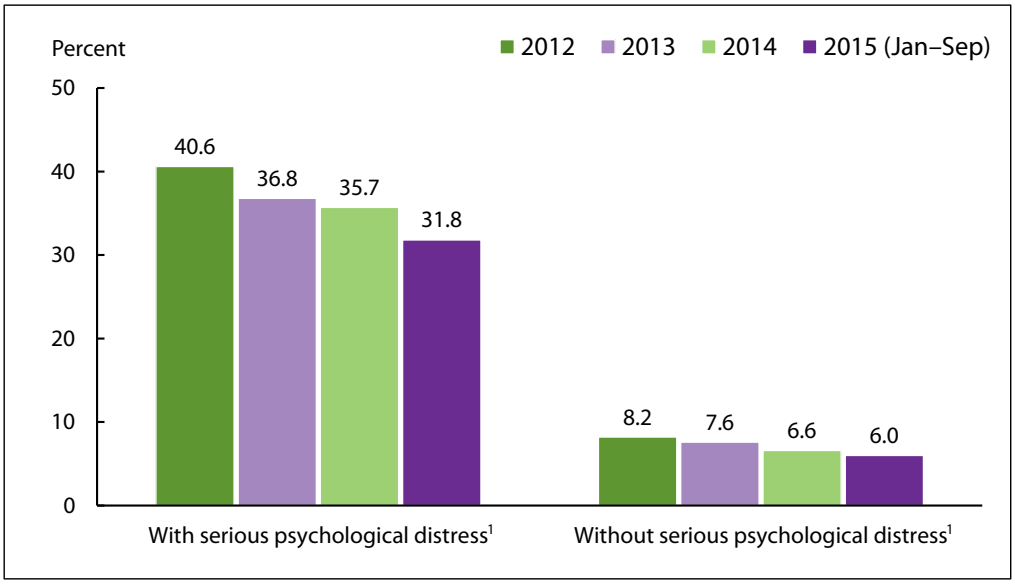
Figure 7. Percentage of adults aged 18–64 with serious psychological distress during the past 30 days who needed mental health care in the past 12 months but could not afford it, by year: United States, 2012–September 2015



[1]Significant decreasing linear trend from 2012–September 2015.
NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population.
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Sample Adult Core component.

- Among adults aged 18–64 with SPD in the past 30 days, the percentage who needed mental health care in the past 12 months but could not afford it decreased from 28.4% in 2012 to 16.7% in the first 9 months of 2015 (Figure 7).

Figure 8. Percentage of adults aged 18–64 with and without serious psychological distress during the past 30 days who needed prescription medication in the past 12 months but could not afford it, by year: United States, 2012–September 2015



[1]Significant decreasing linear trend from 2012–September 2015 ($p < 0.05$).
NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Prescription medication is not limited to those which may be used to treat mental health conditions.
DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Sample Adult Core component.

- Among adults aged 18–64 with SPD in the past 30 days, the percentage who needed prescription medication in the past 12 months but could not afford it decreased from 40.6% in 2012 to 31.8% in the first 9 months of 2015 (Figure 8).
- Among adults aged 18–64 without SPD, the percentage who needed prescription medication in the past 12 months but could not afford it decreased from 8.2% in 2012 to 6.0% in the first 9 months of 2015.
- Within each year, adults aged 18–64 with SPD were around 5 times as likely as adults without SPD to need prescription medication in the past 12 months but not be able to afford it.

Summary

From 2012 to September 2015, estimates of access to and utilization of health care services have changed among adults aged 18–64, including those with SPD. One of these changes was a significant shift in coverage (1). The percentage of adults with SPD who were uninsured at the time of interview decreased from 2012 to the first 9 months of 2015, with a corresponding increase in private coverage. For those with SPD, the percentage with public coverage remained relatively constant over this time period. Adults without SPD also saw a decrease in the percentage uninsured, with corresponding increases in percentages with private and public coverage. This gain of health insurance may be important, for it can facilitate the use of health services by improving a patient's ability to afford care (9).

Although adults with SPD had an increase in coverage, there was no significant change in the percentage who had a usual place to go for medical care at the time of interview, or who had seen or talked to a health care professional in the past 12 months. There was a decrease in the percentage of adults with SPD who had seen or talked to a mental health professional in the past 12 months. This may be due to a number of factors, such as an increasing trend in obtaining mental health care from primary care providers (10) or an increasing shortage of mental health professionals (11). Exploring these hypotheses requires further analysis, using more detail than NHIS provides. Many measures associated with not receiving or delaying services due to cost declined for those with and without SPD between 2012 and the first 9 months of 2015. In the first 9 months of 2015, adults with SPD were significantly less likely to have needed mental health care in the past 12 months but not receive it due to cost compared with 2012. In addition, the ability to afford necessary medical care significantly improved over this time period, for both those with and without SPD. Ability to afford prescription drugs also improved over this time period for both groups.

Despite these improvements, disparities still remain. In the first 9 months of 2015, 12.3% of adults without SPD were uninsured compared with 19.5% of those with SPD. At the same time, 6.1% of adults without SPD reported being unable to pay for needed medical care in the past 12 months, while the percentage was 4 times higher (24.4%) among adults with SPD.

Limitations

The SPD measure is based on the six-question K6 and is associated with a high likelihood of having a diagnosable mental illness and associated functional limitations (4). The SPD measure is based on a person's status in the past 30 days. Most access and utilization measures are based on the 12 months prior to interview, with the exception of having a usual place of care, which is a person's status at the time of interview. Health insurance coverage is a person's status at the time of interview. Therefore, an individual's SPD status and health insurance coverage status may have been different at the time of service use. Individuals may move in and out of SPD status. It is possible that a person who exhibited SPD in the past may have been successfully treated and no longer exhibits symptoms associated with SPD. Estimates of health care access and use in the past year for adults with SPD may be underestimated because this report focuses only on those who still have SPD.

Health insurance coverage for those with SPD improved over time and this may lead to improved access for those with SPD. As a result one might expect to see a decline in the prevalence of SPD as those with improved access may be treated and no longer exhibit the symptoms associated with the SPD measure. However, from 2012 through the first 9 months of 2015, the percentage of adults aged 18–64 with SPD remained relatively constant, ranging from 3.2% in 2012 to 4.0% in 2013. It is possible that improved access does not necessarily lead to a successful treatment for SPD. It is also possible that those who still have SPD are increasingly those with poor access. However, increasing problems with access were not observed.

Technical Notes

The National Center for Health Statistics (NCHS) is releasing selected estimates of access and utilization for adults with and without serious psychological distress (SPD) for the civilian noninstitutionalized U.S. population based on data from the January 2012–September 2015 National Health Interview Survey (NHIS).

All estimates in this report are based on preliminary data files. The 2015 estimates are being released prior to final data editing and final weighting to provide access to the most recent information from NHIS. Differences between estimates calculated using preliminary data files and final data files are typically less than 0.1 percentage point. Estimates of adults aged 18–64 with SPD for 2012 through September 2015 are stratified by year, sex, age group, race and ethnicity, poverty status, employment status, and education and are shown in Table 1. Additionally, estimates for adults aged 18–64 with or without SPD for 2012 through September 2015 are stratified by health insurance coverage status and other selected measures of access to and utilization of health care in Table 2.

Data source

Data used to produce this Early Release (ER) report are derived from the Family and Sample Adult components from the January 2012 through September 2015 NHIS. The Family Core component collects information on all family members, and the Sample Adult component collects additional data from one randomly selected adult (the sample adult). Questions about health insurance coverage, and not obtaining or delaying needed medical care due to cost are from the Family Core component. Questions used in the measurement of SPD and all other selected measures of access and utilization of health care are from the Sample Adult component. Data analysis was based on information collected on 27,300, 26,866, 28,095, and 19,706 sample adults for 2012, 2013, 2014, and the first three quarters of 2015, respectively. Visit the NHIS website at: http://www.cdc.gov/nchs/nhis.htm for more information about the design, content, and use of NHIS.

Estimation procedures

NCHS creates survey weights for each calendar quarter of the NHIS sample. The NHIS data weighting procedure is described in more detail at: http://www.cdc.gov/nchs/data/series/sr_02/sr02_165.pdf. Estimates were calculated using the NHIS survey weights, which are calibrated to census totals for sex, age, and race and ethnicity of the U.S. civilian noninstitutionalized population. Weights for the 2012, 2013, 2014 and 2015 NHIS data were derived from 2010 census-based population estimates.

Point estimates, and estimates of their variances, were calculated using SUDAAN software to account for the complex sample design of NHIS. The Taylor series linearization method was used for variance estimation.

Unless otherwise noted, all estimates shown meet the NCHS standard of having less than or equal to 30% relative standard error. Differences between percentages or rates were evaluated using two-sided significance tests at the 0.05 level. Terms such as "more likely" and "less likely" indicate a statistically significant difference. Terms such as "similar" indicate that the estimates being compared were not significantly different. Lack of comment regarding the difference between any two estimates does not necessarily mean that the difference was tested and found to be not significant.

Definitions of selected terms

Serious psychological distress—Defined as having a score greater than or equal to 13 on the Kessler 6 (K6) nonspecific distress scale (4). The six-question K6 was developed to identify persons with a high likelihood of having a diagnosable mental illness and associated functional limitations, using as few questions as possible. The K6 asks about the frequency in the past 30 days of each of six symptoms of mental illness or nonspecific psychological distress:

"During the PAST 30 DAYS, how often did you feel…

1. So sad that nothing could cheer you up;
2. Nervous;
3. Restless or fidgety;
4. Hopeless;
5. That everything was an effort;
6. Worthless."

These questions are included in the Sample Adult Core component of NHIS. The response codes (0–4) of the six items for each person are summed to yield a scale with a 0–24 range. A value of 13 or more for this scale is used here to define serious psychological distress (4). For all years examined, adults with missing data for any of the six psychological distress questions are excluded from the calculation of the serious psychological distress indicator.

From 1997 through 2012, the six questions on psychological distress were located in the Adult Conditions (ACN) section of the Sample Adult Core questionnaire. The ACN section was preceded by the Adult Socio-Demographic (ASD) section. In 2013, the six psychological distress questions were moved from the ACN section and added to the Adult Selected Items (ASI) section, where they were preceded by questions on sexual orientation, worries related to financial matters, and sleep. Beginning in 2013, the ASI section is the last section fielded in the Sample Adult Core questionnaire. Differences observed in estimates based on the 2012 and earlier NHIS and the 2013 and later NHIS may be partially or fully attributable to this change in placement of the six psychological distress questions on the NHIS questionnaire.

Health insurance coverage at interview—The "private health insurance coverage" category includes persons who had any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. The "public health plan coverage" category includes Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plans, Medicare, and military plans. A small number of persons were covered by both public and private plans and were included in both categories. A person was defined as uninsured if he or she did not have, at the time of the interview, any private health insurance, Medicare, Medicaid, CHIP, state-sponsored or other government-sponsored health plan, or military plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care. The analyses excluded persons with unknown health insurance status (about 1% of respondents each year). Data on health insurance status were edited using an automated system based on logic checks and keyword searches. For comparability, the estimates for all years were created using these same procedures. Health insurance information is collected for all persons in a family and is reported on an individual basis.

Poverty status—Based on the ratio of the family's income in the previous calendar year to the appropriate poverty threshold (given the family's size and number of children) defined by the U.S. Census Bureau for that year (5–8). Persons categorized as "poor" have a poverty ratio less than 100% (i.e., their family income was below the poverty threshold); "near-poor" persons have incomes of 100% to less than 200% of the poverty threshold; and "not-poor" persons have incomes that are 200% of the poverty threshold or greater. The percentage of respondents with unknown poverty status was 11.4% in 2012, 10.2% in 2013, 8.8% in 2014, and 8.7% in the first three quarters of 2015. For more information on unknown income and unknown poverty status, see the NHIS Survey Description Document for 2014, available from: http://www.cdc.gov/nchs/nhis.htm.

NCHS provides imputed income files, which are released a few months after the annual release of NHIS microdata and are not available for inclusion in the ER reports. Therefore, estimates stratified by poverty status in this ER report are based on reported income only and may differ from similar estimates produced later that are based on both reported and imputed income.

Additional Early Release Program Products

Additional reports are published through the ER Program. *Early Release of Selected Estimates Based on Data From the National Health Interview Survey* is published quarterly and provides estimates of 15 selected measures of health. Measures of health include estimates of health insurance coverage, having a usual place to go for medical care, obtaining needed medical care, influenza vaccination, pneumococcal vaccination, obesity, leisure-time physical activity, current smoking, alcohol consumption, HIV testing, general health status, personal care needs, serious psychological distress, diagnosed diabetes, and asthma episodes and current asthma.

Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey is published quarterly and provides detailed estimates of health insurance coverage.

Wireless Substitution: Early Release of Estimates From the National Health Interview Survey is published biannually and provides selected estimates of telephone coverage in the United States.

In addition to these reports, preliminary microdata files containing selected NHIS variables are produced as part of the ER Program. For the 2015 NHIS, these files are made available four times: in August 2015, November 2015, February 2016, and May 2016. NHIS data users can analyze these files through the National Center for Health Statistics Research Data Center without having to wait for the final annual NHIS microdata files to be released.

New measures may be added as work continues and in response to changing data needs. Feedback on these releases is welcome (nhislist@cdc.gov).

Announcements about Early Releases, other new data releases, publications, or corrections related to NHIS will be sent to members of the HISUSERS e-mail list. To join, visit the Centers for Disease Control and Prevention website at: http://www.cdc.gov/subscribe.html.

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Suggested citation

Cohen RA, Zammitti EP. Access to care among adults aged 18–64 with serious psychological distress: Early release of estimates from the National Health Interview Survey, 2012–September 2015. National Center for Health Statistics. 2016. Available from: http://www.cdc.gov/nchs/nhis/releases.htm.

Table I. Percentage (and standard error) of adults aged 18–64 with serious psychological distress during the past 30 days, by selected demographic characteristics and year: United States, 2012–September 2015

Selected characteristic	2012	2013[1]	2014	2015 (Jan–Sep)
Total	3.2 (0.14)	4.0 (0.17)	3.4 (0.14)	3.8 (0.20)
Sex				
Male	2.5 (0.19)	3.3 (0.23)	2.9 (0.20)	3.0 (0.26)
Female	3.9 (0.21)	4.7 (0.24)	3.9 (0.18)	4.5 (0.27)
Age group				
18–44 years	2.8 (0.18)	3.4 (0.22)	2.9 (0.15)	3.6 (0.25)
45–64 years	3.9 (0.22)	5.0 (0.26)	4.1 (0.25)	4.1 (0.28)
Race and ethnicity				
Hispanic	3.1 (0.29)	3.9 (0.35)	4.4 (0.35)	4.1 (0.44)
Non-Hispanic, white only	3.3 (0.19)	4.1 (0.23)	3.1 (0.17)	3.9 (0.26)
Non-Hispanic, black only	3.4 (0.33)	3.8 (0.39)	3.7 (0.42)	3.5 (0.45)
Non-Hispanic, Asian only	*1.5 (0.47)	2.2 (0.48)	1.5 (0.33)	*0.6 (0.22)
Non-Hispanic, other races	6.7 (1.18)	7.4 (1.37)	8.3 (1.69)	*7.3 (2.27)
Poverty status[2]				
Poor	8.4 (0.58)	10.7 (0.69)	8.5 (0.50)	9.0 (0.74)
Near-poor	5.0 (0.43)	6.4 (0.48)	5.4 (0.42)	6.2 (0.56)
Not-poor	1.6 (0.13)	2.0 (0.17)	1.8 (0.14)	2.2 (0.20)
Employment status				
Employed	1.4 (0.12)	1.8 (0.15)	1.7 (0.12)	1.9 (0.15)
Not employed	5.4 (0.60)	8.5 (0.99)	7.8 (0.91)	8.7 (1.38)
Not part of the workforce	8.4 (0.50)	9.7 (0.53)	7.5 (0.41)	8.6 (0.57)
Education				
Less than high school diploma	6.5 (0.46)	7.9 (0.58)	6.7 (0.45)	8.9 (0.88)
High school diploma or GED[3]	4.3 (0.32)	5.2 (0.37)	4.1 (0.31)	4.6 (0.42)
More than high school diploma	2.1 (0.15)	2.7 (0.17)	2.5 (0.16)	2.5 (0.21)

*Estimate has a relative standard error greater than 30% and therefore should be used with caution, as it does not meet NCHS standards of reliability or precision.

[1]In 2013, the six psychological distress questions were moved to the Adult Selected Items section of the Sample Adult questionnaire. Differences observed in estimates based on the 2012 and earlier National Health Interview Survey (NHIS) and the 2013 and later NHIS may be partially or fully attributable to this change in placement of the six psychological distress questions on the NHIS questionnaire. Adults with missing data for any of the six psychological distress questions are excluded from the calculation of the serious psychological distress indicator.

[2]Based on family income and family size, using the U.S. Census Bureau's poverty thresholds. "Poor" persons are defined as those below the poverty threshold, "near-poor" persons have incomes of 100% to less than 200% of the poverty threshold, and "not-poor" persons have incomes of 200% of the poverty threshold or greater. The percentages of respondents with unknown poverty status were 11.4% in 2012, 10.2% in 2013, 8.8% in 2014 and 8.7% in the first three quarters of 2015. Estimates for persons with unknown poverty status are not shown separately. For more information on the unknown income and poverty status categories, see the Survey Description Document for the 2014 National Health Interview Survey, available from: http://www.cdc.gov/nchs/nhis.htm. The estimates shown in this report may differ from estimates based on both reported and imputed income.

[3]GED is General Educational Development high school equivalency diploma.

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Six psychological distress questions are included in the Sample Adult Core component of the National Health Interview Survey (NHIS). These six questions ask how often a respondent experienced certain symptoms of psychological distress during the past 30 days. The response codes (0–4) of the six items for each person are summed to yield a scale with a 0–24 range. A value of 13 or more for this scale is used here to define serious psychological distress (3).

SOURCE: NCHS, National Health Interview Survey, 2012–2015, Family Core and Sample Adult Core components.

Table II. Percentage (and standard error) of adults aged 18–64 with and without serious psychological distress during the past 30 days, by selected characteristics and year: United States, 2012–September 2015

Selected characteristic	With serious psychological distress	Without serious psychological distress
Health insurance coverage		
Uninsured[1]		
2012	28.1 (1.99)	20.3 (0.38)
2013[2]	28.3 (1.66)	19.6 (0.47)
2014	23.9 (1.80)	16.0 (0.40)
2015 (Jan–Sep)	19.5 (1.97)	12.3 (0.40)
Private[3]		
2012	30.1 (2.07)	65.1 (0.47)
2013[2]	28.0 (2.24)	65.7 (0.55)
2014	31.4 (2.12)	68.1 (0.53)
2015 (Jan–Sep)	38.2 (2.47)	71.3 (0.59)
Public[4]		
2012	45.7 (2.25)	16.0 (0.37)
2013[2]	45.6 (2.18)	16.2 (0.37)
2014	47.8 (2.02)	17.1 (0.42)
2015 (Jan–Sep)	45.1 (2.53)	18.0 (0.51)
Has a usual place to go for medical care[5]		
2012	76.9 (1.80)	79.8 (0.37)
2013[2]	79.2 (1.64)	81.0 (0.41)
2014	78.5 (1.78)	82.8 (0.35)
2015 (Jan–Sep)	79.5 (1.95)	82.8 (0.41)
Has seen or talked to a health care professional in the past 12 months		
2012	87.7 (1.35)	79.0 (0.39)
2013[2]	87.0 (1.28)	79.0 (0.40)
2014	86.3 (1.45)	80.3 (0.41)
2015 (Jan–Sep)	86.6 (1.79)	80.4 (0.46)
Has seen or talked to a mental health professional in the past 12 months		
2012	41.8 (2.02)	7.2 (0.22)
2013[2]	38.2 (2.06)	7.0 (0.21)
2014	35.5 (2.17)	6.9 (0.30)
2015 (Jan–Sep)	34.2 (2.54)	7.4 (0.30)
Delayed seeking or receiving medical care in past 12 months due to cost		
2012	35.7 (2.02)	12.0 (0.28)
2013[2]	28.8 (1.59)	10.6 (0.27)
2014	33.3 (1.87)	9.8 (0.27)
2015 (Jan–Sep)	26.8 (1.93)	8.5 (0.30)
Needed medical care in past 12 months but did not receive it due to cost		
2012	33.0 (1.79)	9.0 (0.24)
2013[2]	27.7 (1.68)	8.1 (0.24)
2014	30.7 (1.82)	7.2 (0.24)
2015 (Jan–Sep)	24.4 (1.82)	6.1 (0.22)

See footnotes at end of table.

Table II. Percentage (and standard error) of adults aged 18–64 with and without serious psychological distress during the past 30 days, by selected characteristics and year: United States, 2012–September 2015—*Continued*

Selected characteristic	Experienced serious psychological distress	Did not experience serious psychological distress
Needed prescription medication in past 12 months but did not receive it due to cost[6]		
2012	40.6 (2.10)	8.2 (0.25)
2013[2]	36.8 (1.76)	7.6 (0.25)
2014	35.7 (1.83)	6.6 (0.25)
2015 (Jan–Sep)	31.8 (2.40)	6.0 (0.25)
Needed mental health care in past 12 months but did not receive it due to cost		
2012	28.4 (1.87)	2.1 (0.10)
2013[2]	22.0 (1.67)	1.6 (0.10)
2014	22.0 (1.82)	1.6 (0.10)
2015 (Jan–Sep)	16.7 (1.84)	1.7 (0.13)
Needed, but did not receive due to cost:		
Medical care only		
2012	16.1 (1.39)	7.9 (0.22)
2013[2]	15.3 (1.30)	7.4 (0.23)
2014	18.1 (1.43)	6.5 (0.23)
2015 (Jan–Sep)	15.1 (1.54)	5.5 (0.21)
Mental health care only		
2012	11.6 (1.53)	1.1 (0.08)
2013[2]	9.6 (1.24)	0.9 (0.07)
2014	9.3 (1.43)	0.9 (0.08)
2015 (Jan–Sep)	7.4 (1.41)	1.0 (0.11)
Both medical and mental health care		
2012	16.8 (1.41)	1.0 (0.07)
2013[2]	12.4 (1.26)	0.8 (0.06)
2014	12.6 (1.39)	0.7 (0.07)
2015 (Jan–Sep)	9.3 (1.29)	0.7 (0.07)

[1]Includes persons without private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or a military health plan. A person was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service, such as accidents or dental care.

[2]In 2013, the six psychological distress questions were moved to the Adult Selected Items section of the Sample Adult questionnaire. Differences observed in estimates based on the 2012 and earlier National Health Interview Survey (NHIS) and the 2013 and later NHIS may be partially or fully attributable to this change in placement of the six psychological distress questions on the NHIS questionnaire. Adults with missing data for any of the six psychological distress questions are excluded from the calculation of the serious psychological distress indicator.

[3]Includes any comprehensive private insurance plan (including health maintenance and preferred provider organizations). These plans include those obtained through an employer, purchased directly, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Private coverage excludes plans that pay for only one type of service, such as accidents or dental care. A small number of persons were covered by both public and private plans and were included in both categories.

[4]Includes Medicaid, CHIP, state-sponsored or other government-sponsored health plan, Medicare (disability), and military plans. A small number of persons were covered by both public and private plans and were included in both categories

[5]Persons who report the hospital emergency department as their usual place for medical care are defined as not having a usual place of care

[6]In this question, "prescription medications" were not limited to only those used to treat mental health conditions.

NOTES: Data are based on household interviews of a sample of the civilian noninstitutionalized population. Six psychological distress questions are included in the Sample Adult Core component of the National Health Interview Survey (NHIS). These questions ask how often a respondent experienced certain symptoms of psychological distress during the past 30 days. The response codes (0–4) of the six items for each person are summed to yield a scale with a 0–24 range. A value of 13 or more for this scale is used here to define serious psychological distress (3).

DATA SOURCE: NCHS, National Health Interview Survey, 2012–2015, Family Core and Sample Adult Core components.