

Mental health care increasing most among those with less distress

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It sounds like good news: a new study shows that more Americans are getting outpatient mental health care and the rate of serious psychological distress is decreasing.

But a careful analysis of the data shows something more disconcerting: the growth in outpatient mental health care is being driven by people with little or no [psychological distress](#), and many with serious distress don't get the care they need.

The findings were published in *JAMA Psychiatry*.

"Our study shows there's a mismatch in the U.S. between those with the greatest need who may not be getting mental health care they need and a growing number of Americans who are getting treatments—including [psychiatric drugs](#)—they may not need," says Mark Olfson, MD, MPH, professor of psychiatry at Columbia University Vagelos College of Physicians and Surgeons and lead author of the paper.

The researchers analyzed data from a survey of nearly 140,000 US adults interviewed between 2004 and 2015. During that period, the overall percentage of American adults using any outpatient mental health care grew from 19 percent to 23 percent, even as the number of adults with serious psychological distress declined from 4.8 percent to 3.7 percent. The decrease in serious distress was smaller among those who received mental health care than those who didn't, suggesting that mental health care wasn't the reason for the decline in serious distress.

The [researchers](#) found that the proportion of those with serious psychological distress who received outpatient mental health care rose from 54 percent to 68 percent, while the proportion of those with less or no distress who received mental health care rose from 17 to 21 percent. But since fewer than 5 percent of the respondents had serious distress, they accounted for a significantly smaller

portion of the overall increase in mental health care.

While psychiatric drug use increased from 50 percent to 64 percent among those with serious psychological distress, it also rose from 15 percent to 19 percent in those with less distress.

"We were encouraged to see greater overall use of mental health care, especially among those who need it most, though we were concerned about the increase in the proportion of individuals with less serious distress who are being treated with psychiatric drugs, which carry their own health risks," Olfson says.

Many factors influence who seeks and receives mental health care, including awareness, sources of referral, access to mental [health](#) care, income and insurance status. However, the authors say it's possible to reduce the mismatch between those who need [mental health care](#) and those who are getting it through measures that train primary care doctors to detect those with serious [distress](#) and refer those who need help for specialized treatment.

More information: *JAMA Psychiatry* (2018). [DOI: 10.1001/jamapsychiatry.2018.3550](https://doi.org/10.1001/jamapsychiatry.2018.3550)

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