
Serious psychological distress in the Texas border region

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Presenter Disclosures

Michelle L. Cook, MPH

- **(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose.

Presenter Disclosures

The views and opinions contained in this presentation are solely the authors and not of the Texas Department of State Health Services.

Outline

- Background
 - Methods
 - Definitions
 - Results
 - Border Sub-Regional Analysis
 - Conclusions
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Background

- **Mental illness**
 - Is a leading cause of burden
 - Reduces health related quality of life
 - Decreases adherence to medical treatment plans
 - Increases health risk behaviors
 - **Nationally, 3.0% of adults aged 18+ years experienced serious psychological distress (SPD) during the past 30 days in 2006. (NHIS)**
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Methods

- 2007 Texas Behavioral Risk Factor Surveillance System (BRFSS) Border Oversample
 - 4-way split survey, every question asked of half of the respondents
 - 10 questions on Mental Illness & Stigma
 - Kessler 6
 - Activity limitations due to mental health condition or emotional health problem
 - Treatment
 - 2 questions on stigma
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Methods Cont'd

- SPSS 16.0
 - SUDAAN v. 9.0.3
 - Age-adjusted to 2000 US Census population, 6 age groups
 - Sub-state estimates were not re-weighted
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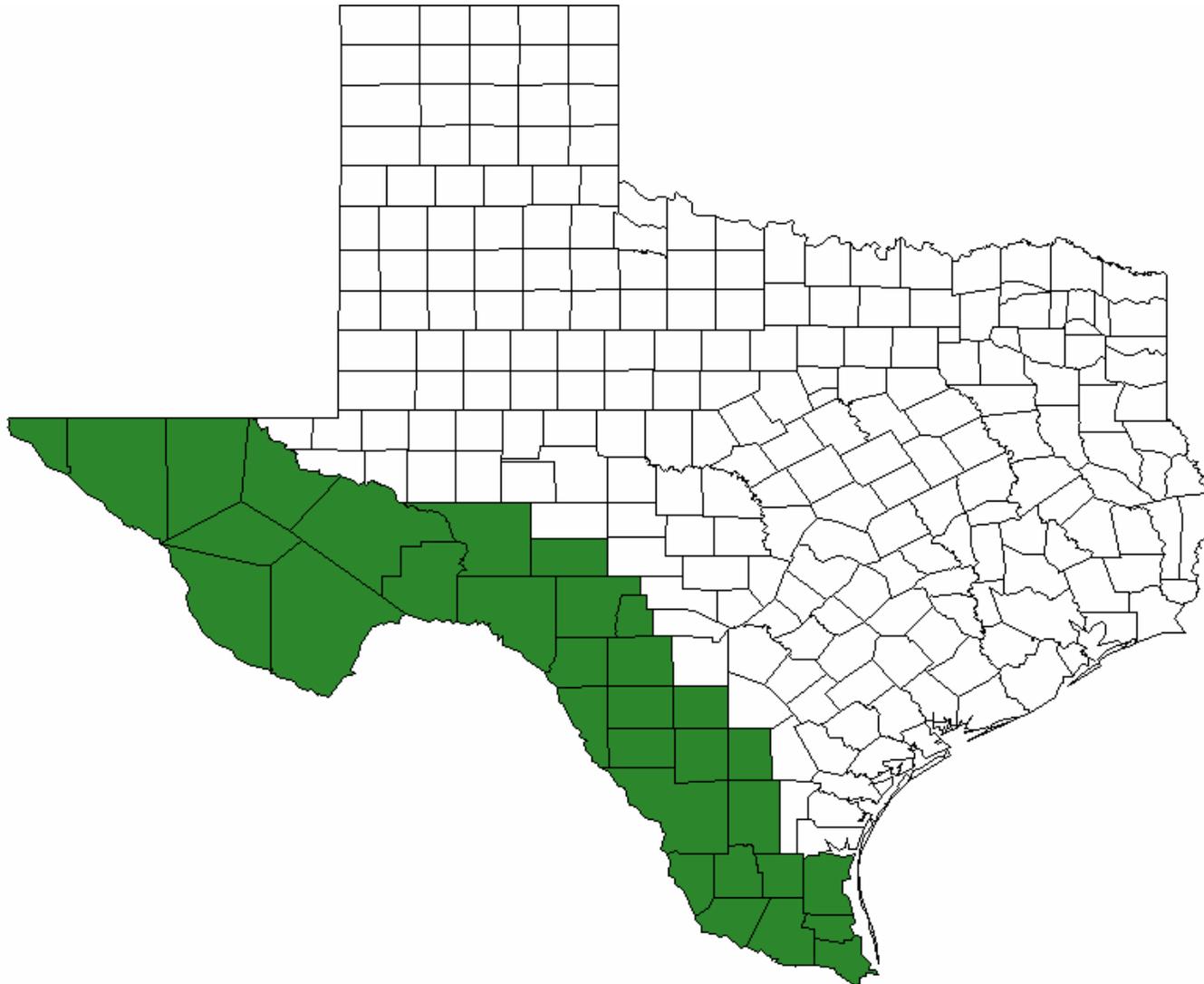
Definitions

- SPD – 13+ points scored on the Kessler 6
 - Anxiety (5+ points)
 - Nervous
 - Restless/fidgety
 - Depression (10+ points)
 - Hopeless
 - Depression
 - Everything was an effort
 - Worthless
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Definitions Cont'd

- Activity Limitation – 5+ days in the last 30 days in which a mental health condition or emotional problem kept them from doing their work or other usual activities.
 - Current Treatment – Currently taking medicine or receiving treatment from a doctor for any type of mental health condition or emotional problem.
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“Border” = 32 La Paz Agreement Counties



Results

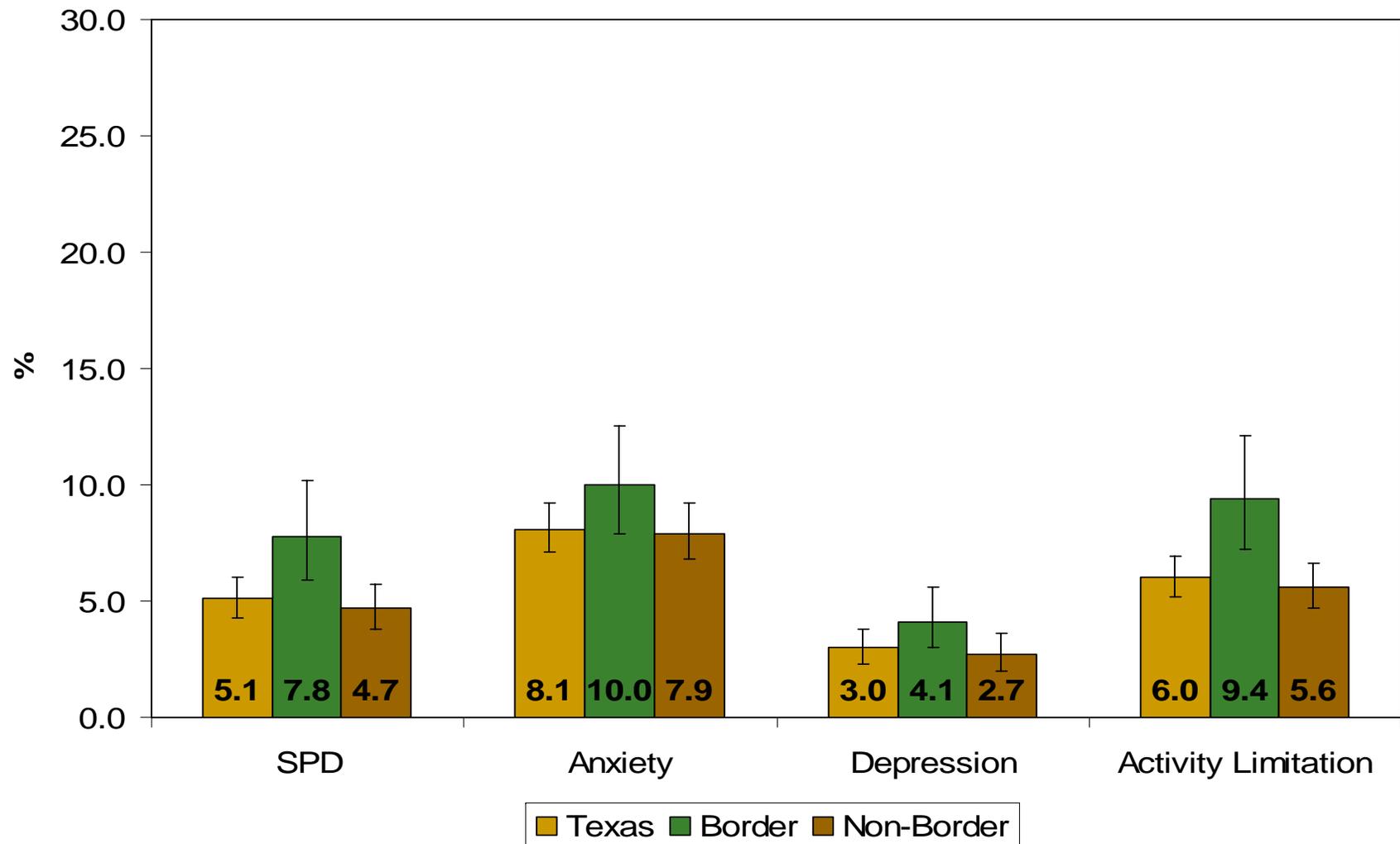
U.S. and Texas Results – SPD, Anxiety, Depression

- U.S. Median (BRFSS)* of SPD – 3.45%
- Texas and two other states had the 7th highest prevalence rate for SPD.
- 5.1% of adult Texans had SPD in 2007
 - 8.1% reported symptoms of anxiety
 - 3.0% reported symptoms of depression

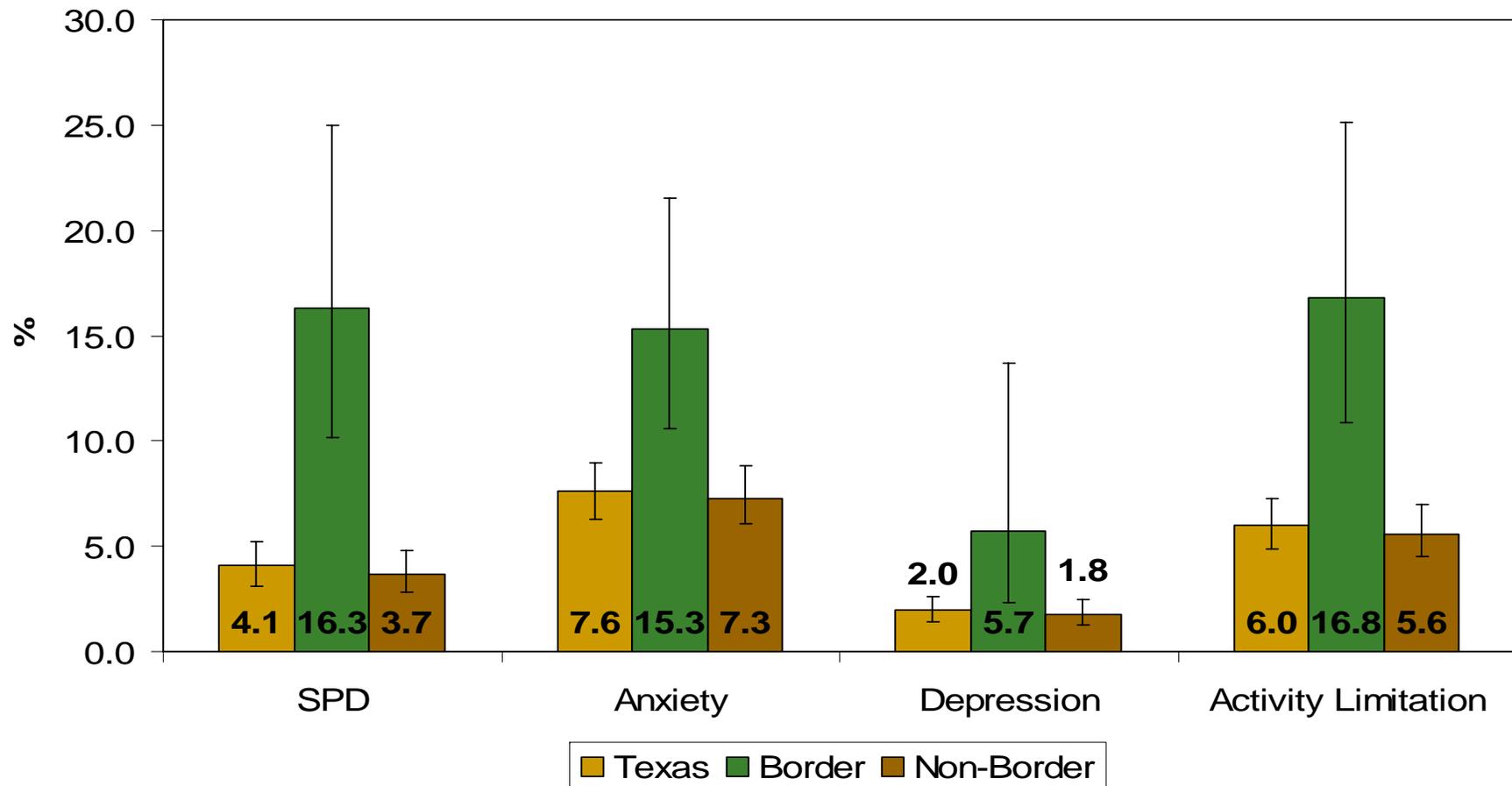
U.S. and Texas Results – Activity Limitation

- U.S. Median (BRFSS)* – 4.7%
- Texas had the 5th highest prevalence rate at 6.0%.

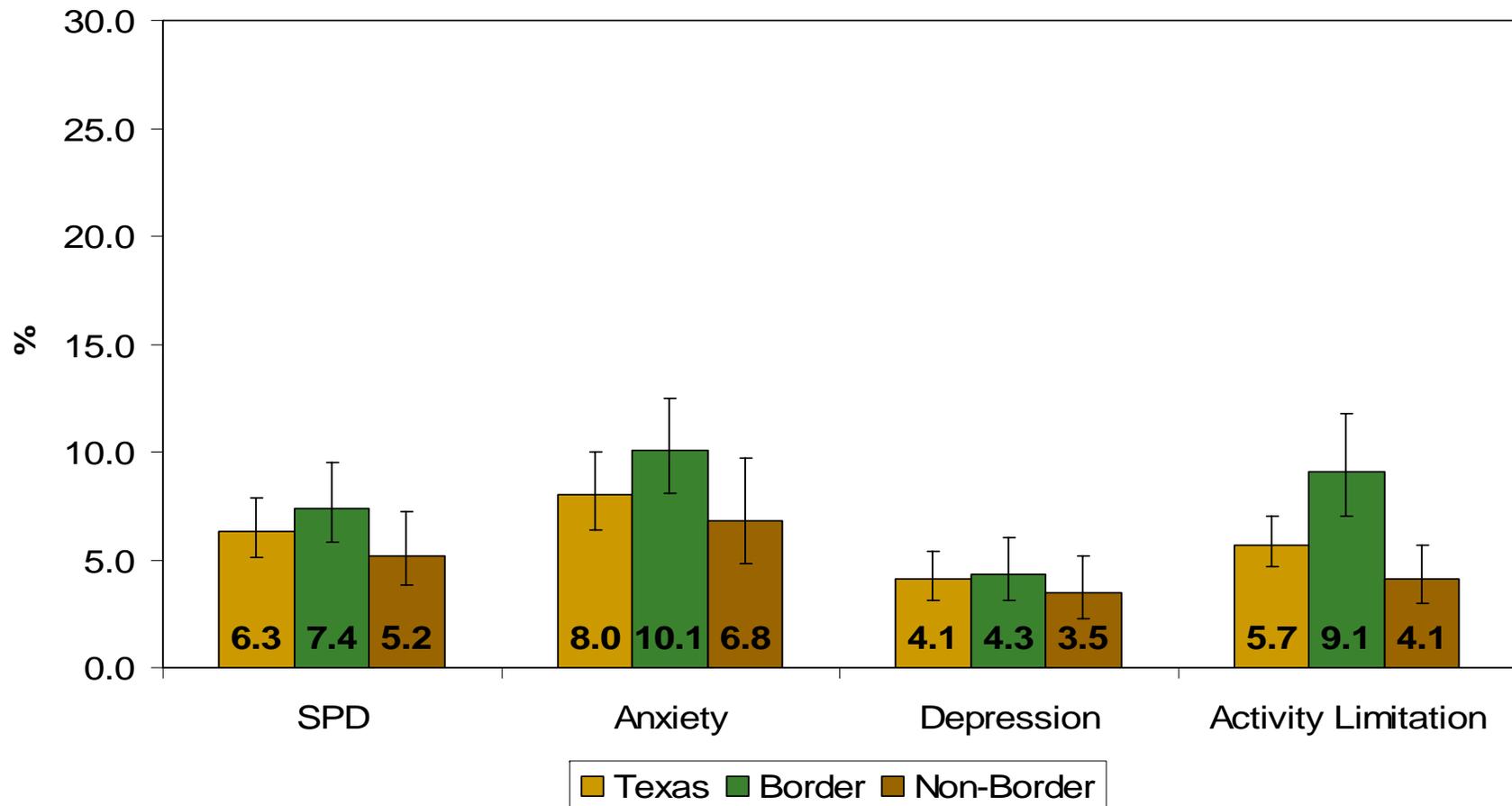
Age-adjusted prevalence rates for SPD, anxiety symptoms, depression symptoms, and activity limitation among Border and Non-Border regions, 2007 Texas BRFSS



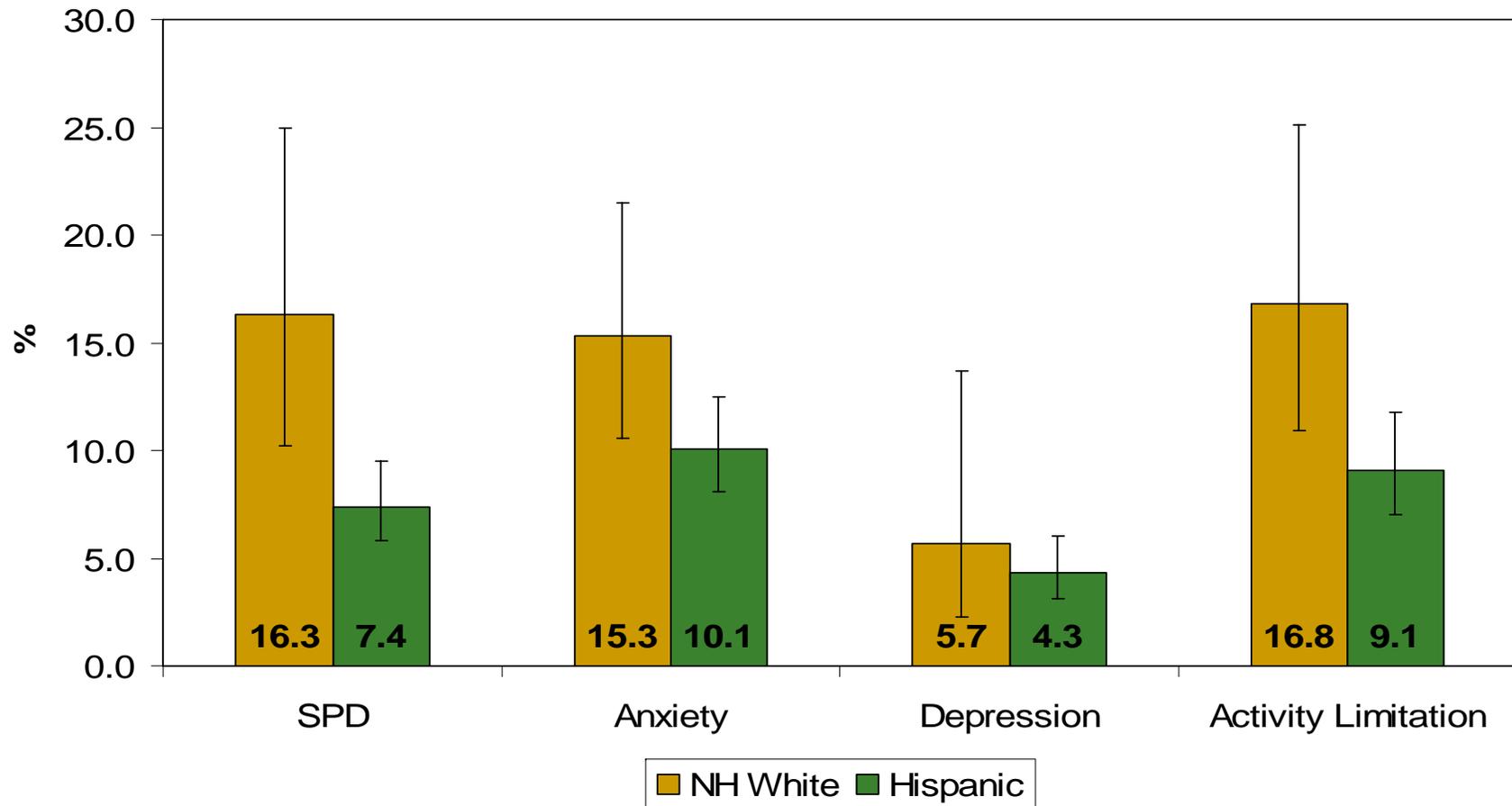
Age-adjusted prevalence rates for SPD, anxiety symptoms, depression symptoms, and activity limitation among Non-Hispanic Whites in the Border and Non-Border regions, 2007 Texas BRFSS



Age-adjusted prevalence rates for SPD, anxiety symptoms, depression symptoms, and activity limitation among Hispanics in the Border and Non-Border regions, 2007
Texas BRFSS



Age-adjusted prevalence rates for SPD, anxiety symptoms, depression symptoms, and activity limitation among Border residents by Race/Ethnicity, 2007 Texas BRFSS



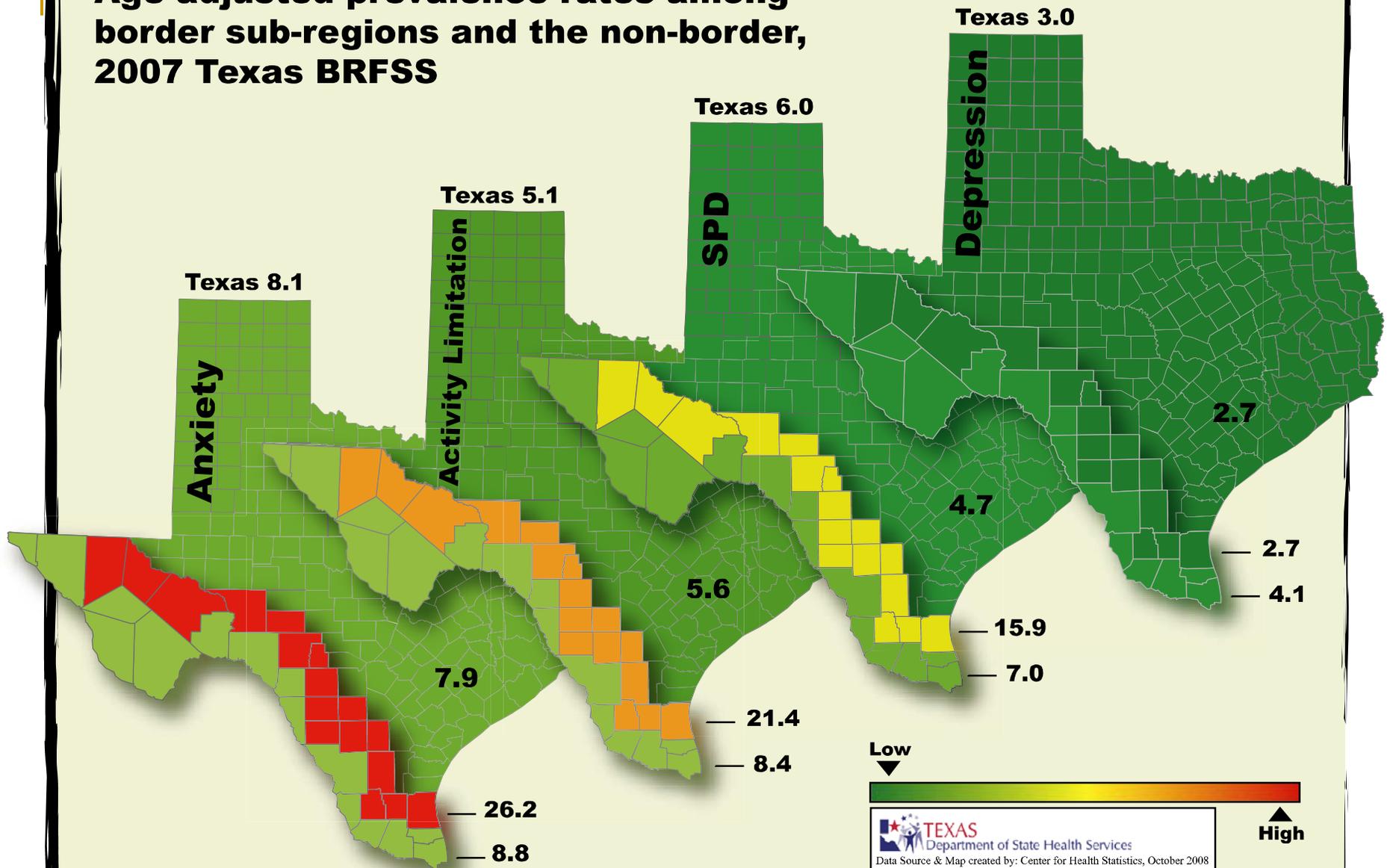
Current Treatment and SPD

- Prevalence of Current Treatment
 - 39.4% of border adults with SPD
 - Insurance status
 - 48.2% of insured border adults with SPD
 - 17.5% of uninsured border adults with SPD
 - 35.4% of border adults who were currently taking medicine or receiving treatment had SPD compared to 20.2% of non-border adults.
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Definitions

- **Border – 32 La Paz Agreement counties**
 - Sub-region 15 (Sub-15): 15 counties that are considered adjacent to the U.S./Mexico border.
 - Sub-region 17 (Sub-17): 17 counties that are within 100 kilometers of the border, but are not adjacent.
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Age-adjusted prevalence rates among border sub-regions and the non-border, 2007 Texas BRFSS



Conclusions

- The prevalence of SPD is significantly higher in the border region, especially
 - in non-Hispanic whites
 - the sub-region that is not directly adjacent to the U.S./Mexico border
 - among those who were currently receiving treatment
 - Interventions to prevent the onset of SPD and screening for specific disorders should be implemented in the border region.
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Thanks

- Timothy Hawkins – Texas DSHS
 - David W. Smith, PhD, MPH – University of Texas School of Public Health
 - Co-authors
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Questions?
