

# **An Assessment of Mental Health Stigma and Needs of Patients at Jackson-Hinds Comprehensive Health Center**

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## **Introduction:**

Jackson-Hinds Comprehensive Health Center is opening a mental health facility at the Woodrow-Wilson Clinic. Currently, most patients are referred to Social Services, which then sends patients in need of more care to Jackson-Hinds Behavioral Health. This is an issue for JHCHC because there are many patients in need of mental health care but not enough resources available. Additionally, the site is clearly labeled as a mental health center, possibly a deterrent for some patients, and in a difficult location for some patients to reach.

When I arrived in Jackson, MS, I knew that I wanted to base my project on mental health access in the area, but I knew very little about the resources available; I soon learned, neither did the providers. Luckily, Dr. Chapman, CEO of JHCHC, wanted to know more about mental health in this community, especially since this new mental health facility was opening. After discussing the possibilities with different providers and leaders in the community, we decided it would be best to explore the stigma and understanding of mental health.

It became clear early on, however, that an understanding of mental health resources available in Jackson would be essential to properly survey patients and try to research this complex issue. After researching online and talking to different providers, a brochure on mental health resources was created and given to patients (Appendix 2).

The purpose of this project is to research the mental health stigma and knowledge of JHCHC patients to better serve the community's mental health needs.

## **Methodology:**

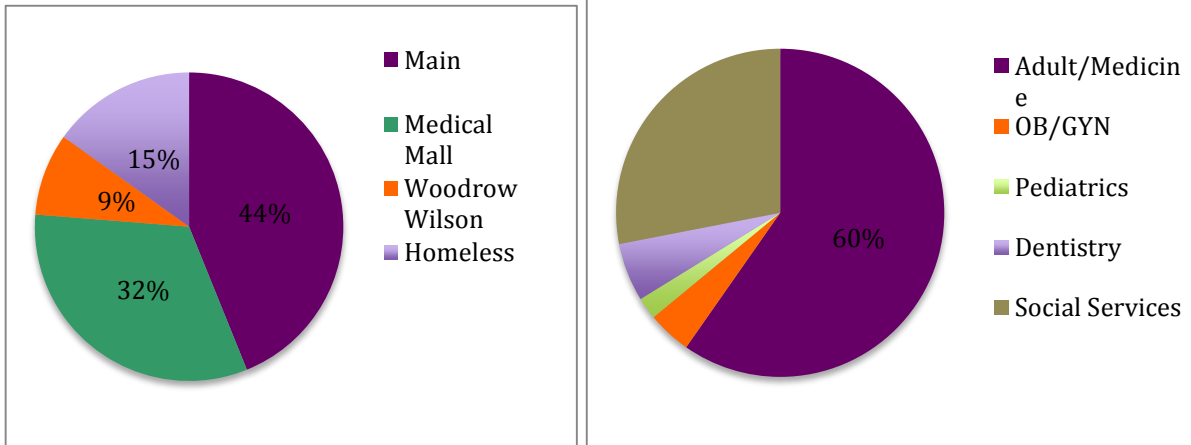
Using previous studies (Hendrichs & Ward, 2009; St. Louis & Roberts, 2013) and JHCHC's satisfaction survey, a 45 question survey was created (Appendix 1). Statements were rated on a Likert scale, with 5 as completely agree to 1 as completely disagree. 139 completed surveys were returned. The surveys were completed by the following methods: the surveys were read aloud and filled in by the reader (58%), the patient filled out the survey by him(her)self (37%), or the survey was translated aloud and filled in by the translator (1%).

Surveys were generally read in the privacy of the patient's room unless the patient was filling it out by him/herself. Social workers from Homeless Clinic and Medical Mall Clinic gave out the surveys, completing 28% of the surveys. The rest of the surveys were sampled from Adult Medicine (60%), pediatrics, dentistry, or OB/GYN (Graph 1). If the surveys were read aloud, the following was stated before each patient agreed to complete the survey: Jackson-Hinds is opening a new mental health facility at Woodrow Wilson. We decided to survey the community to see their views on mental health. This survey is not asking about your personal mental health, but your views on mental health. If you would be willing to participate, we would greatly appreciate it, but also completely understand if you would not like to. Would you like to participate?

## **Results:**

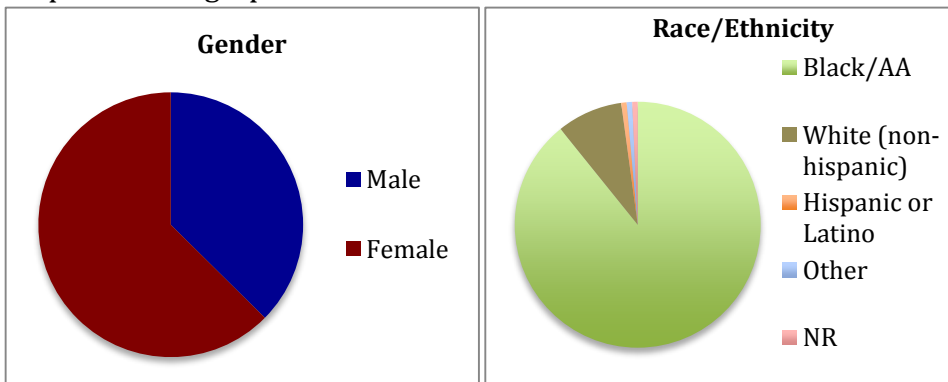
According to Graph 1, most surveys were taken from Adult Medicine at the Main Clinic, followed by the Medical Mall.

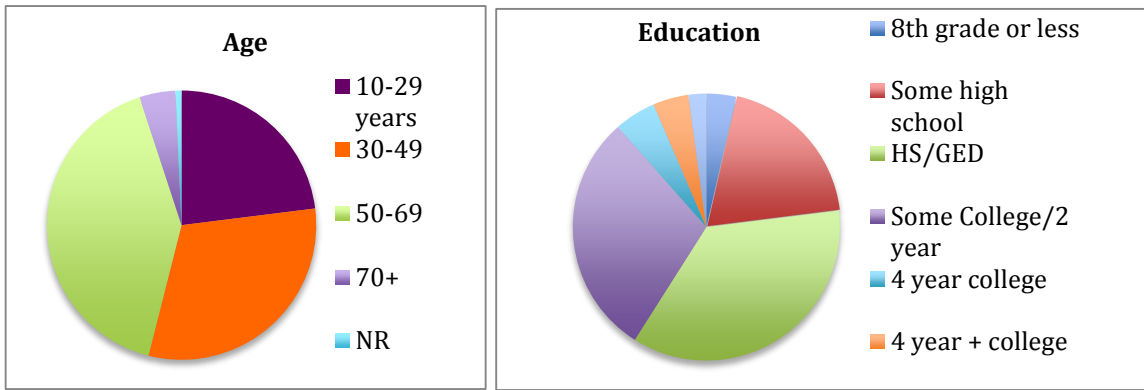
Graph 1: Clinics Sampled



The patient demographics (Graph 2) show that most patients sampled were female (63%) and African American (89%). The majority of subjects fell between the ages of 50-69 (41%), followed by 30-49 (31%), and then 10-29 (23%). The youngest age was 17 while the oldest was 82. The majority of subjects were High School graduates (36%), followed by some college or 2-year degree (30%), and 19% had some High School but did not graduate.

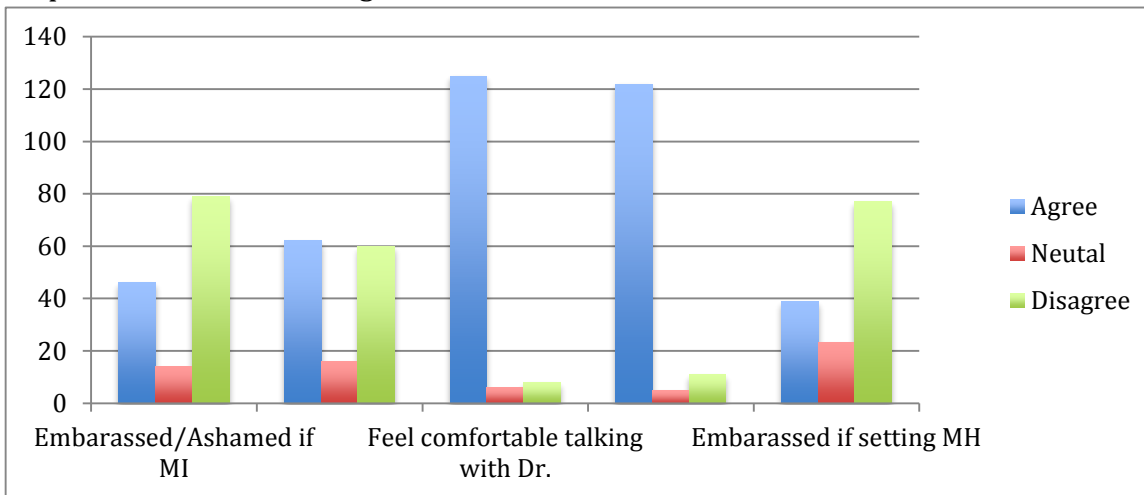
Graph 2: Demographics





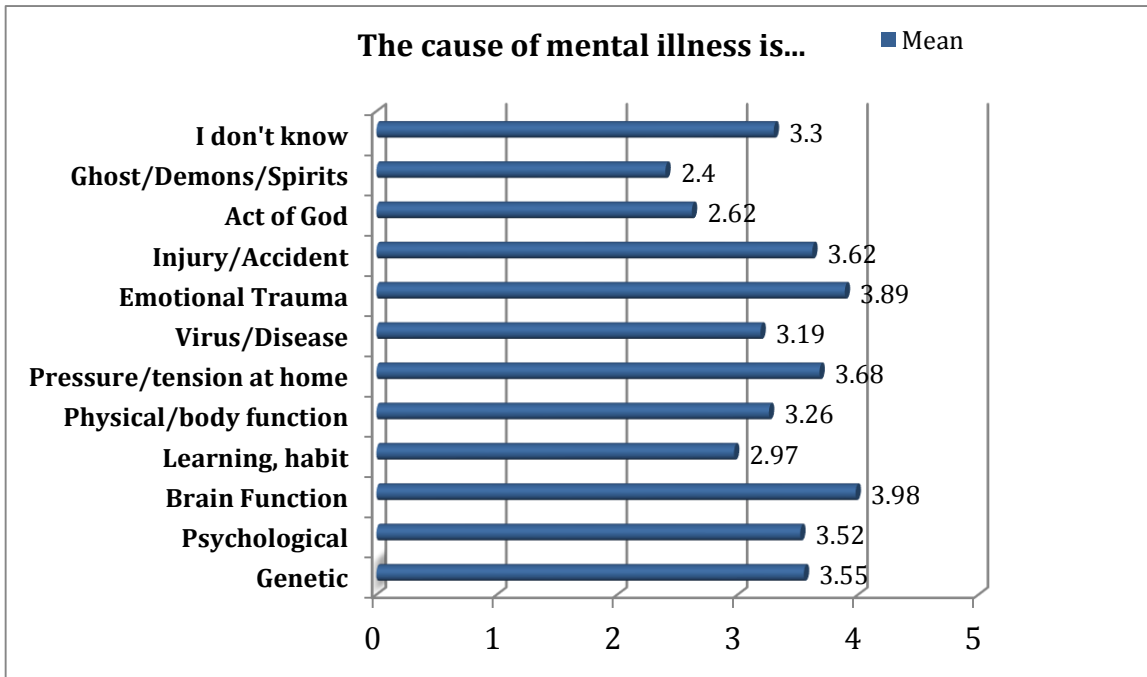
According to Graph 3, most subjects agree that they would feel comfortable talking about their mental health with their primary care doctor or a mental health professional (89%,  $p = 4.61046E-32$ ). However, most subjects did not agree that they would feel embarrassed or ashamed if they had a mental illness (56%,  $p = 7.40659E-08$ ). Additionally, most disagreed that they would be embarrassed if they went to a clinic that was clearly identified as a mental health facility (55%,  $p = 3.79017E-14$ ). There is not a clear differentiation between whether or not people would think differently of him/her if he/she had a mental illness.

Graph 3: Mental Health Stigma



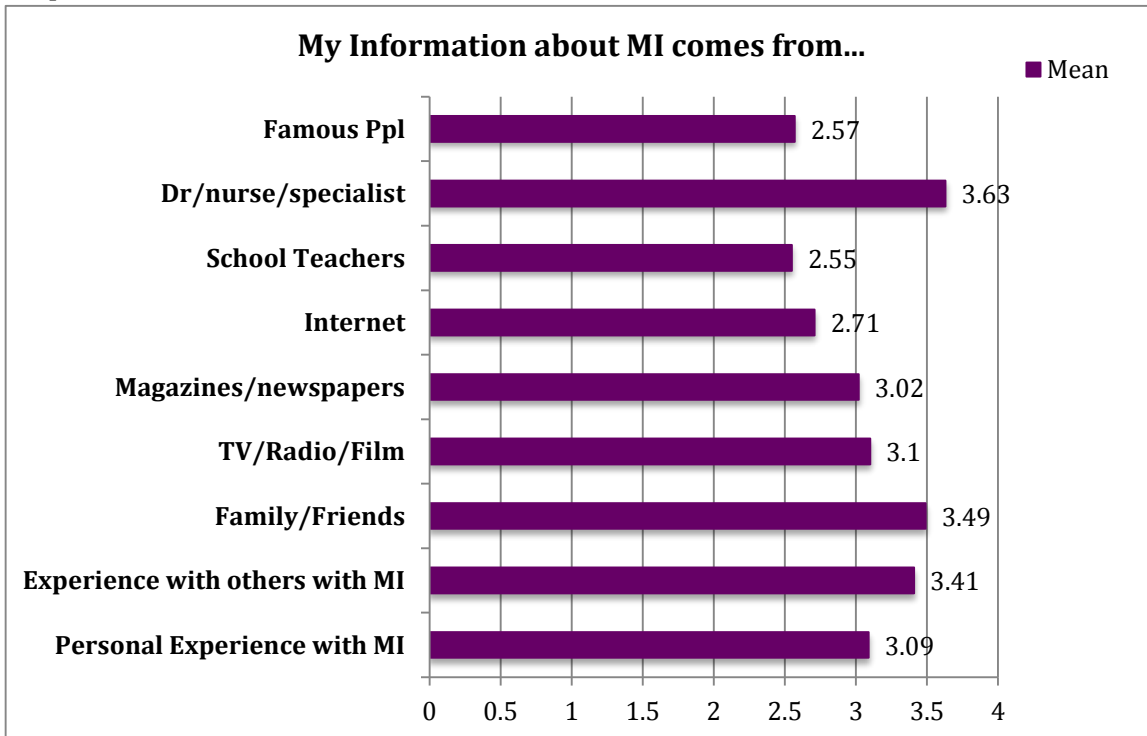
Graph 4 shows what most subjects believe to be the cause of mental illness. Most responses fall into the range of neutral with exception most disagreeing with Ghost/Demons/spirits (59%) and Act of God (31%) as the cause of mental illness, while most agree with emotional trauma (74%) and brain function (75%) as the cause of mental illness.

Graph 4: Knowledge about Mental Illness



Graph 5 reveals that the majority of subjects agree that their information about mental illness comes from a doctor/nurse/specialist (68%). Additionally, 59% agree that their information about mental illness comes from family/friends. 54% disagree that their information about mental illness comes from schoolteachers and 49% disagree that it comes from the internet.

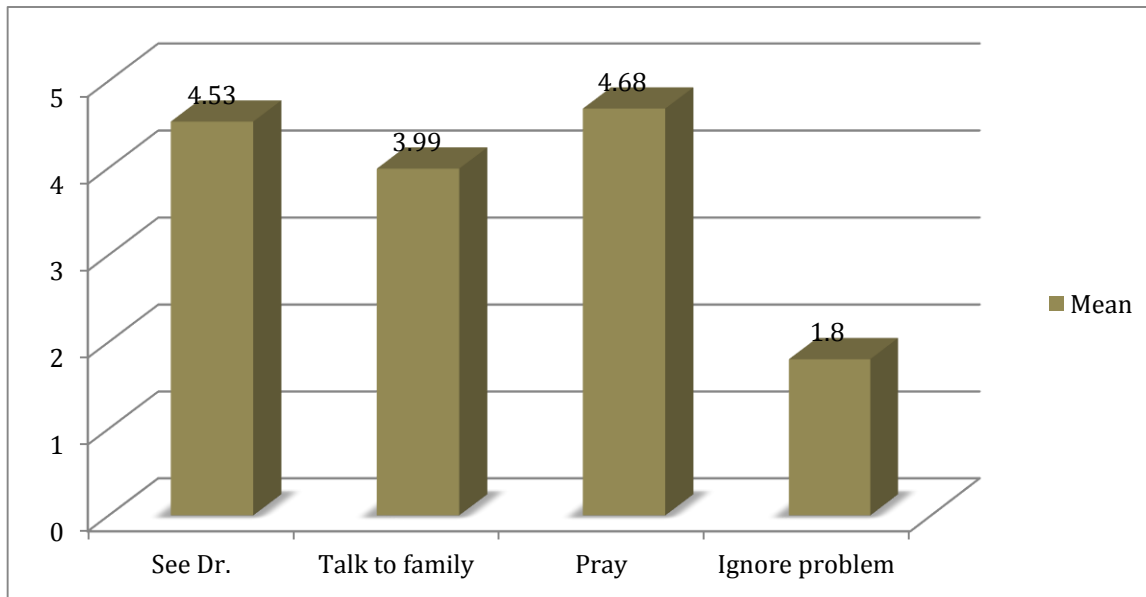
Graph 5: Information about Mental Illness



Graph 6 shows that most individuals strongly agree that they would see a doctor (mean = 4.53) or pray (mean = 4.68) if they had a mental illness. Not as strongly correlated, most subjects agreed that

they would talk to their family, but the results tended to vary more on this response (mean = 3.99, mode = 64). Finally, most disagreed that they would ignore the problem if they had a mental illness (mean = 1.8).

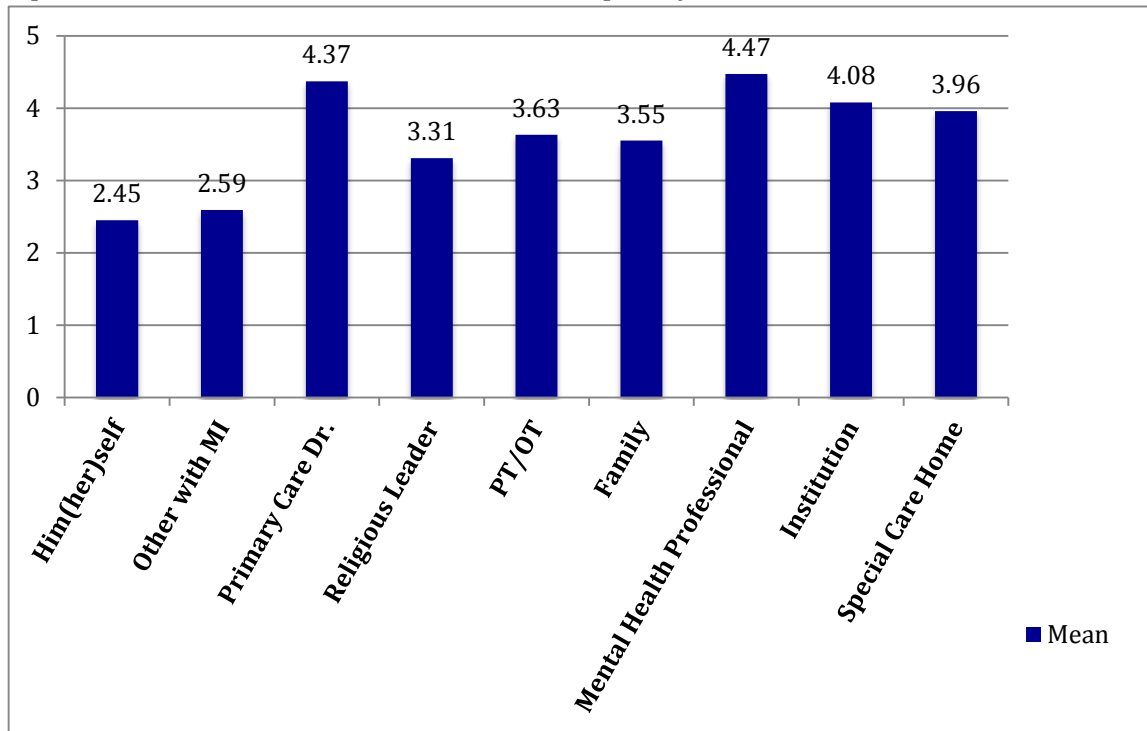
Graph 6: Coping  
If I had a mental illness, I would...



Graph 7 shows that most individuals strongly agree that a person with a mental illness should be helped by a primary care doctor (mean = 4.37) or mental health professional (mean = 4.47). Most also agree that a person with a mental illness should be helped by a special care home (mean = 4.08) or institution (mean = 3.96) for the mentally ill. Most disagree that a person with a mental illness should be helped by him(her)self (mean = 2.45) or by others with mental illness (mean = 2.59).

Graph 7: Treatment

A person with a mental illness should be helped by...



Finally, Graph 8 reveals that the majority of patients are not being screened for mental health issues, including substance abuse. 60% said that they had not been asked in the last 12 months if there was a period of time where they felt sad, empty or depressed. 57% said that they had not talked about things that worry them or cause them stress with anyone at the practice in the last 12 months. Finally, 62.5% said that they had not talked with anyone in the practice about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness in the past 12 months.

Graph 8: Mental Health Screening, N =139



**Discussion:**

The results were slightly surprising as the stigma wasn't as bad as most physicians and social workers at JHCHC expected. In fact, the majority of patients believe seeing a doctor is the best treatment (95%), and most feel comfortable talking to their primary care doctor (90%) and mental health professionals (88%) about their mental health. In addition, most agree that a doctor/nurse/specialist is their source of information about mental illness. The community places a great confidence in their physician to both inform and treat their mental illness.

Knowing the community's reliance on their providers for mental health resources, it was concerning to find that the majority were not being screened for mental illness or drug/alcohol problems (~60%). This number is especially shocking since 28% of the surveys were taken by social services, which sees patients with mental illness and/or drug or alcohol dependence on a regular basis. These results point to an important subject for future research: how to improve mental health screening in the primary care setting. While the issue was discussed with a handful of providers, future projects that focus on informing practitioners of the importance of mental health care and screening could possibly improve this issue.

Mental health screening should be a priority in a primary care setting because it can be used to improve compliance, improve physical symptoms, and improve the overall health of a patient (Graham et al., 2013). It is clear that JHCHC already places an emphasis on mental health screenings as there are several screenings already in the system. For example, the PHQ-3 and PHQ-9 are used to screen and confirm depression. For substance abuse, there is the CAGE-AID used to screen for alcohol abuse and the AUDIT and DAST used to both screen and confirm for alcohol and drug abuse, respectively.

From the limited conversations with providers, it became clear that most did not see mental health screening as a priority for their patients, especially when there were so many other physical ailments that needed to be discussed. Perhaps it would be helpful to provide informational seminars for the providers about why mental health screening is important and how it contributes to the physical health of their patients. Additionally, if these screenings were put into short templates in eClinical, it may also improve the providers' willingness to screen.

As far as the patient population, most individuals seem open to talking about mental health, especially with their providers. Thus, it's important to make information about mental health resources and treatment readily available. This could be accomplished by providing brochures in a private setting, such as the exam room, or having informational posters throughout the clinic (posters can be found at [www.dmh.state.ms.us](http://www.dmh.state.ms.us)). Additionally, educational seminars could be helpful for the community to learn more about mental illness and coping with stress. Making these resources readily available in the clinic could help to improve mental illness education and knowledge without relying heavily on the providers.

While these results are very interesting, it is important to note the limitations of this study. First, a survey always introduces bias, especially on such a sensitive topic of mental illness. There could be more homogeneity in the way the surveys were distributed. It seemed that most surveys were likely to be fully completed if they were read aloud in the privacy of the patient's room, but this introduces variables such as the interaction and influence of the reader, as most surveys cannot be read the same. Having the patient fill out the survey him/herself made the surveys less likely to be completed and introduces issues of literacy and comprehension.

Some of the survey questions caused many patients difficulty in understanding. It became clear that many patients interpreted the statements differently, which greatly varied the results. For example, when asked where their information about mental illness comes from, many patients thought that personal experience with mental illness could mean a variety of different things; for example, it could mean anything from him/herself having a mental illness to working with people with a mental illness. Additionally, many patients were confused with the statement "I don't know" when it came to what the cause of mental illness was—this often caused patient's to question what this means and their agreement with the statement varied widely. A more refined and tested survey could be used in the future. It is also important to note that the survey may have been too long and should be shortened in the future to obtain better results.

The results of this project show that stigma is not as large of a barrier to mental health resources as the dissemination of information. Since most individuals are willing to discuss and learn about mental illness, the focus of future projects and efforts should be on providing information to the community and improving mental health screenings. JHCHC is well on its way to providing effective and quality mental health care, but in order to meet the demands of the patient population, further evaluation and resources need to be made available. Mental health is a an important area of medicine that is quickly becoming more appreciated and understood—hopefully the new clinic at Woodrow Wilson will meet more of these demands and provide even better behavioral health treatment options.



Appendix 1:



## Patient Informational Survey

**To ensure that we are meeting your needs, we would like you to complete this survey regarding mental health. Your response will help us to improve our services. All responses are strictly confidential and anonymous. Thank you for your time.**

Your Age: \_\_\_\_\_

Your Race/Ethnicity:  Asian

Your Sex:

Male

Female

Pacific Islander

Black/African American

American Indian/Alaska Native

White (Not Hispanic or Latino)

Hispanic or Latino (All Races)

Unknown

Your highest grade or level of school that you have completed:

8<sup>th</sup> grade or less

Some high school, did not graduate

High school graduate or GED

Some college or 2-year degree

4-year college graduate

More than 4-year college degree

Marital Status:  Married

Divorced

Separated

Widowed

Never married

<b>Please circle how well you agree with the following statements:</b>	<b>Completely Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Do not agree at all</b>
	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
I feel/would feel embarrassed or ashamed if I had a mental health problem.	5	4	3	2	1
People would think differently of me if I received mental health treatment.	5	4	3	2	1
I feel comfortable talking about my mental health problems with my primary care doctor or social worker.	5	4	3	2	1
I feel comfortable talking about my mental health problems with a counselor or mental health professional.	5	4	3	2	1
I would feel embarrassed if I went to a setting that was clearly identified as a mental health clinic.	5	4	3	2	1
<b>If I had a mental illness I would:</b>					
See a doctor or mental health professional	5	4	3	2	1
Talk to my family	5	4	3	2	1
Pray	5	4	3	2	1

Ignore the problem	5	4	3	2	1
<b>My information about mental illness comes from:</b>					
Personal experience with mental illness	5	4	3	2	1
Experience with other people who are mentally ill	5	4	3	2	1
Family or friends	5	4	3	2	1
Information from TV, radio, films	5	4	3	2	1
Magazines, newspapers, books	5	4	3	2	1
Internet	5	4	3	2	1
School teachers	5	4	3	2	1
Doctors, nurses, specialists	5	4	3	2	1
Famous people with mental illness	5	4	3	2	1
<b>The cause of mental illness is:</b>					
Genetic	5	4	3	2	1
Psychological	5	4	3	2	1
Brain function	5	4	3	2	1
Learning, habit	5	4	3	2	1
Physical or body function	5	4	3	2	1
Pressure, tension at home	5	4	3	2	1
Virus, disease	5	4	3	2	1
Emotional trauma	5	4	3	2	1
Injury, accident	5	4	3	2	1
Act of God	5	4	3	2	1
Ghosts, demons, spirits	5	4	3	2	1
I don't know	5	4	3	2	1
<b>A person with mental illness should be helped by:</b>					
Person him(her)self with mental illness	5	4	3	2	1
Others with mental illness	5	4	3	2	1
Medical doctor, pediatrician	5	4	3	2	1
Religious leader	5	4	3	2	1
Physical/occupational therapist	5	4	3	2	1
The person's family	5	4	3	2	1
Psychologist, psychiatrist, counselor	5	4	3	2	1
Institution for mentally ill	5	4	3	2	1
Special care home for mentally ill	5	4	3	2	1

In the last 12 months, did anyone in this practice ask you if there was a period of time when you felt sad, empty, or depressed?

- Yes
- No

In the last 12 months, did you and anyone in this practice talk about things in your life that worry you or cause you stress?

- Yes
- No

In the last 12 months, did you and anyone in this practice talk about a personal problem, family problem, alcohol use, drug use, or a mental or emotional illness?

- Yes
- No

In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

In general, how would you rate your overall **mental or emotional** health?

- Excellent
- Very good
- Good
- Fair
- Poor

How did you complete this survey? Mark one or more.

- The questions were read to me
- Answered the questions myself
- Someone answered the questions for me
- The questions were translated into my language

**Thank you for completing our Survey**

Appendix 2:



Resources:

DEPARTMENT OF MENTAL HEALTH  
TOLL-FREE HELP LINE

(877) 210-8513

Mississippi Department of Mental Health

- (601) 359-1288
- [www.dmh.state.ms.us](http://www.dmh.state.ms.us)

Regional Community Mental Health Centers (by county):

- Hinds: (601) 321-2400
- Madison: (601) 544-4641
- Rankin: (601) 825-8800

\*\*Talk to your provider if you would like to speak to someone about your mental health. There are **services available** at Jackson-Hinds.

Resources for Medicare/Medicaid Clients

For a list of Mississippi Medicaid providers:

- Go to: [msmedicaid.acs-inc.com](http://msmedicaid.acs-inc.com)
- Under "Beneficiary," select "Search for Provider."
- Enter in criteria and search.

For a list of Medicare providers:

- Go to: [Medicare.gov](http://Medicare.gov)



Mississippi Mental Health Resources

Some resources available in Jackson, MS.



## References:

- Graham, C., Griffiths, B., Tillotson, S., Rollings, C. (2013). Healthy Living? By Whose Standards? Engaging Mental Health Service Recipients to Understand Their Perspectives of, and Barriers to, Healthy Living. *Psychiatr Rehabil J*.
- Heidrich, S.M. & Ward, E.C. (2009). African American Women's Beliefs About Mental Illness, Stigma, and Preferred Coping Behaviors. *Res. Nurs. Health*. 2009, October; 32(5): 480-492.
- Jimenez, D. E., Bartels, S. J., Cardenas, V. and Alegría, M. (2013), Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *Int. J. Geriatr. Psychiatry*. doi: 10.1002/gps.3928
- St. Louis, K.O. & Roberts, P.M. (2013). Public attitudes toward mental illness in Africa and North America. *Afr. J. Psychiatry*; 16: 123-133.

