



Social comparison of distress and mental health help-seeking in the US general population

Ramin Mojtabai*

Department of Mental Health, Johns Hopkins Bloomberg School of Public Health, 624 North Broadway, Baltimore, MD 21205, USA.

ARTICLE INFO

Article history:

Available online 1 November 2008

Keywords:

Social comparison of distress
Perceived mental health
USA
Help-seeking

ABSTRACT

The role of social comparison of distress in the mental health help-seeking process remains largely unexplored. The aim of this study was to examine the association of socially compared distress with mental health help-seeking and perceived need for mental health care in a population sample. In 36,679 adult participants of the 2003 US National Survey on Drug Use and Health, data on 12-month help-seeking and perceived unmet need for care were compared between participants who described themselves as more worried, nervous or anxious than others vs. participants who described themselves as *no more* worried, nervous or anxious than others. Compared to participants who described themselves as *no more* worried, nervous or anxious, than others, those who described themselves as more worried, nervous or anxious were significantly more likely to seek professional help (adjusted odds ratio = 1.84) or to perceive an unmet need for such help (adjusted odds ratio = 1.44). It is concluded that social comparison of distress is a significant correlate of mental health help-seeking and perceived unmet need for such help. Individual variations in social comparison of distress may partly explain the discrepancy between need—as measured by non-compared distress—and help-seeking in the general population.

© 2008 Elsevier Ltd. All rights reserved.

General population surveys of mental health in the US and other countries often record a discrepancy between need factors, as ascertained by psychiatric symptoms or ratings of distress and impairment in functioning on the one hand, and the use of mental health services on the other hand (Kessler et al., 2005; Mojtabai, Olfson, & Mechanic, 2002). Many individuals with serious symptoms, distress and impairment do not seek any help from formal health professionals and many of the individuals who do seek such help experience only minor symptoms, distress and impairment in functioning. Besides differences in access to services, attitudes about mental health treatment seeking and variations in interpretation and evaluation of the experienced distress may also contribute to this discrepancy (Angermeyer & Matschinger, 2005; Croghan et al., 2003; Jorm, Angermeyer, & Katschnig, 2000;

Pescosolido et al., 2000; Van Voorhees et al., 2005). A relatively unexplored component of these evaluations is social comparison of symptoms and distress.

The concept of social comparison was introduced by Leon Festinger (1954) who posited that when there are no clear objective means to evaluate one's opinions and abilities, people tend to do so by comparing their opinions or abilities with those of others. Later work by Mechanic (1972) and Schachter and Singer (1962) extended the social comparison concept to interpretation of emotional states and physical symptoms. More recent work on social comparison in medically ill patients focuses on the impact of such comparisons on adjustment to serious medical conditions (Buunk, Collins, Taylor, VanYperen, & Dakof, 1990; Helgeson & Taylor, 1994; Stanton, Danoff-Burg, Cameron, Snider, & Kirk, 1999) and medical help-seeking (Suls, Martin, & Leventhal, 1997). Little is known about the impact of social comparisons of psychiatric symptoms or distress on perceived need for mental health care and help-seeking behavior.

* Tel.: +1 (410) 614 9495.

E-mail address: rmojtaba@jhsph.edu

The present study explored the association of socially compared distress with help-seeking behavior in a large and representative general population sample. More specifically, the study uses data from the 2003 National Survey on Drug Use and Health (NSDUH) (Substance Abuse and Mental Health Services Administration, 2004)—a large survey of mental health and substance use disorders in the US general population—to compare 12-month professional mental health help-seeking and perceived unmet need for such help between individuals who perceived themselves as more or not more worried, nervous or anxious than others.

Methods

Sample

The design of the NSDUH is described in detail elsewhere (Substance Abuse and Mental Health Services Administration, 2004). Briefly, NSDUH is an annual survey of US civilians in the 50 States and the District of Columbia. The target population is comprised of residents of households, non-institutional group quarters, and civilians living on military bases who are 12 years old or older (response rate = 77.4%). Interviews are conducted in person, using computer-assisted interviewing methods. The 2003 NSDUH dataset contains a sample of 55,230 individual records. When weighted by the sampling weights, this sample is representative of the non-institutionalized US population. The sample for this study was limited to 36,679 participants of the 2003 NSDUH who were 18 years old or older and who responded to the questions about compared distress.

Assessments

Compared distress was assessed by two questions drawn from a modified structured interview for mental disorders included in 2003 NSDUH (Kessler et al., 2003): 1) "People differ a lot in how much they worry. In general, would you say you worry more than, about the same as, or less than most other people worry about everyday problems," 2) "In general, would you say you are more nervous or anxious than most other people?" Participants who gave an affirmative response to either question were rated as having a higher level of compared distress than others and were contrasted with the group who reported to be no more worried, nervous or anxious than others.

Psychological distress was ascertained by the K10 scale (Furukawa, Kessler, Slade, & Andrews, 2003; Kessler et al., 2002, 2003). The K10 asks participants to think of a one-month period in the past 12 months when they were "the most depressed, anxious, or emotionally stressed," and to rate how often during that period they felt nervous, were not able to calm down, felt tired, felt hopeless, felt restless, felt so restless that they could not sit still, felt sad or depressed, felt so sad or depressed that nothing could cheer them up, felt that everything was an effort or felt down on themselves or worthless. Each K10 item is rated on a scale ranging from "none of the time" (=0) to "all of the time" (=4). Thus, K10 scores can range from 0 to 40. K10 has been

shown to have a high internal consistency reliability (Cronbach's alpha = 0.93) and concurrent validity with the Structured Clinical Interview for DSM-IV (Kessler et al., 2003).

Impairment in role functioning due to psychological problems was ascertained by a 16-item version of the World Health Organization Disability Assessment Scale (WHO-DAS) (Kessler et al., 2003; Rehm et al., 1999) that assessed difficulties in cognitive, social and occupational functioning during a one-month period in the past 12 months when the participant's mental health problems interfered most with daily activities. Each item on WHO-DAS is rated on a scale from no difficulty (=0) to severe difficulty (=3). Thus, WHO-DAS scores can range from 0 to 48. This version of WHO-DAS has been shown to have a high internal consistency reliability (Cronbach's alpha = 0.94) and concurrent validity with the Structured Clinical Interview for DSM-IV (Kessler et al., 2003). In addition, duration of impairment in role functioning was also ascertained (categorized into 0, 1–4, 5–8, 9–26 and ≥ 27 weeks).

Mental health professional help-seeking was ascertained by asking if the participant had seen a doctor or mental health professional in the past 12 months for problems with emotions, nerves or mental health, was hospitalized overnight for these problems or was prescribed any medications for these problems. An affirmative response to any of these questions was rated as a positive history of mental health professional help-seeking. Thus, based on these questions, a dichotomous variable of mental health professional help-seeking was created (any help-seeking = 1 vs. none = 0).

Perceived unmet need for mental health care was ascertained by asking participants if there was any time during the past 12 months when they needed mental health treatment or counseling but did not receive it. This question was asked from all participants, whether or not they had received mental health care in the past 12 months.

Alcohol and other drug abuse and dependence were ascertained by a series of questions based on the DSM-IV criteria of 12-month substance disorders. The non-alcohol drugs included marijuana, hallucinogens, inhalants, cocaine, heroin, and non-medical use of tranquilizers, pain relievers, stimulants, and sedatives. Tobacco use was not included in these analyses.

Socio-demographic variables included age (18–25, 26–34, 35–49, ≥ 50 years), gender, race-ethnicity (Caucasian white, non-Hispanic black, Hispanic, other), Marital status (married, widowed, divorced/separated, never married), years of education (<12, 12, >12), work status (currently working, home maker or student, unemployed, disabled, retired), annual family income ($\geq \$20,000$ vs. $< \$20,000$), and insurance status (no insurance vs. any insurance).

Health status was ascertained by asking the participants to rate their "health in general" on a 5-point ordinal scale ranging from excellent to poor.

Analyses

The association of compared distress with past year mental health help-seeking and perceived unmet need for mental health care was assessed using bivariate and

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات