The Impact of Mental Health Professional Density on Poor Mental Health

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There is a Mental Health Crisis in America Today!

Ninety percent of the public think there is a mental health crisis in the United States today

90%

One-third of all adults report that they have felt anxious either always or often in the past year

33%

One-third of respondents could not get the mental health services they needed

33%

Research Question

Does the Number of Mental Health Professionals per County Affect the Number of Poor Mental Health Days?

County Level Analysis

County Health Rankings & Roadmaps Dataset

Subject variables:

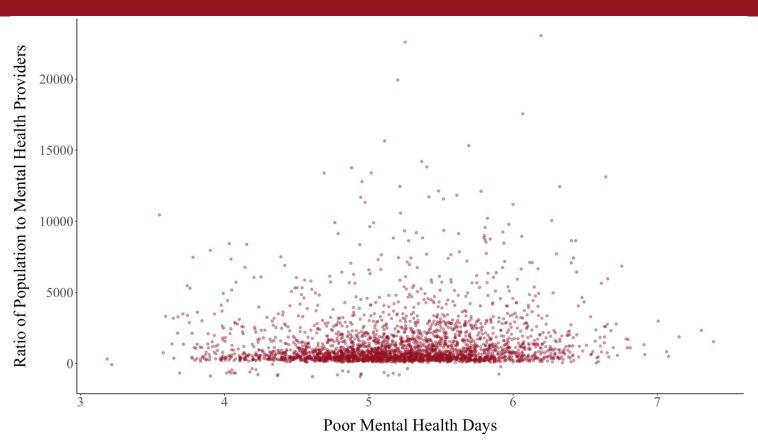
Ratio of Population to Mental Health Professionals

Poor Mental Health Days

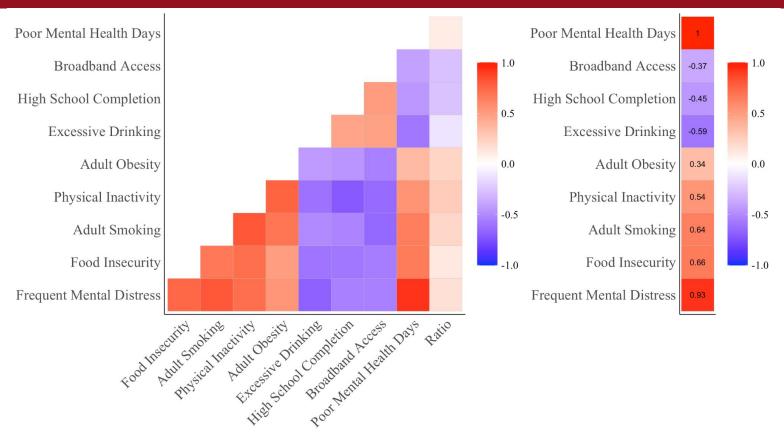
Variable Selection:

- Relevance to mental health and contributing factors
- Individual lifestyle factors vs demographics

No Correlation!



High Correlations Amongst Different Predictors



Linear Model Selection

Final model obtained through cross-validation and assessing predictors (BIC, RMSE)

Chosen model predicts Poor Mental Health Days using four variables:

Frequent Mental Distress

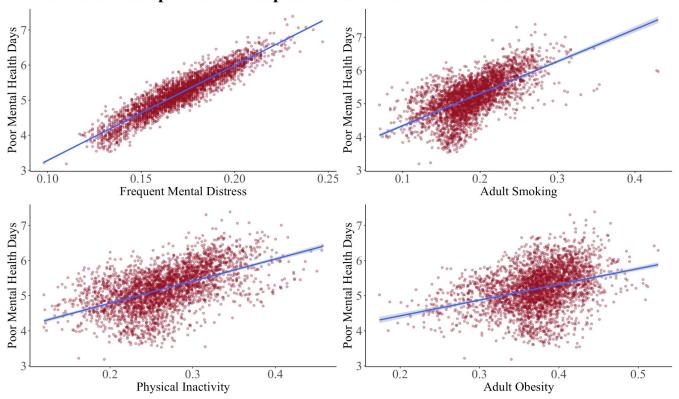
Adult Smoking

Physical Inactivity

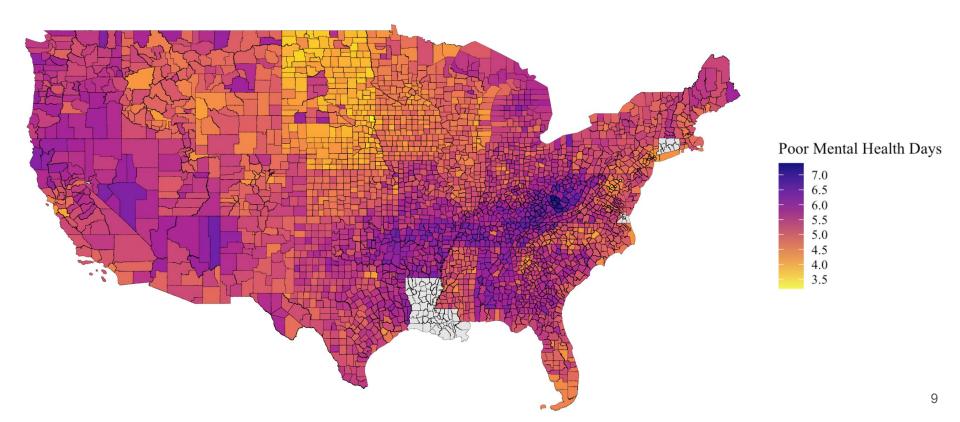
Adult Obesity

Predictors Reflect Lifestyle and Well-Being

Linear Relationship between Response and Predictor Variables



Mental Health Trends Vary Across Continental US

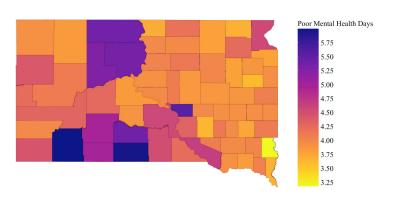


Predictors Have Different Impacts Among States

Poor Mental Health Days raw value

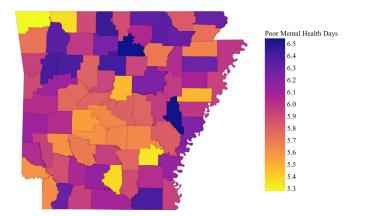
Predictors			
	Estimates	CI	p
(Intercept)	4.15	4.11 - 4.18	< 0.001
Frequent Mental Distress raw value	0.80	0.54 – 1.06	<0.001
Adult Smoking raw value	-0.30	-0.600.01	0.043
Physical Inactivity raw value	0.00	-0.18 – 0.18	0.993
Adult Obesity raw value	-0.01	-0.09 – 0.07	0.865

South Dakota:



Predictors Estimates CI5.95 5.90 - 5.99< 0.001 (Intercept) Frequent Mental Distress 0.37 0.27 - 0.48< 0.001 raw value Adult Smoking raw value -0.07-0.21 - 0.070.323 Physical Inactivity raw -0.06-0.18 - 0.060.316 value Adult Obesity raw value -0.02-0.10 - 0.060.631

Arkansas:



Conclusions

1

Ratio of Mental Health Providers to Population does not affect poor mental health days 2

Best predictors of poor mental health days are:

- Frequent Mental Distress
- Adult Smoking
- Physical Inactivity
- Adult Obesity

3

Insights on Substance Use and Mental Health

Insights on Substance Use and Mental Health

1. Negative Correlation

- 2. Implications for Mental Health Care
 - **a.** Interventions should focus on healthier coping mechanisms and reducing reliance on substances.
 - **b.** Increased access to:
 - i. Mental health services
 - ii. Community support programs
 - iii. Public health campaigns.
 - **c.** Education on the risks of substance abuse and promotion of mental well-being.

Current Limitations

- Can not compare across states due to data collection methods
- Small sample size for county level analysis
- Lack of statistical significance at state level

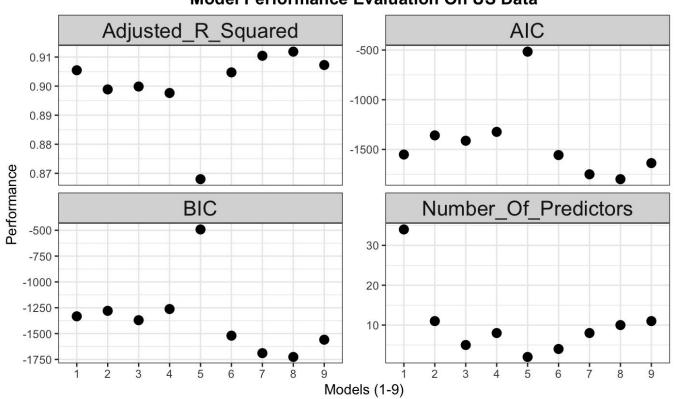
Future Work

- Focus on individual patient data
- Understand variability in state mental health policies and regulation

Appendix

Comparison of 9 Linear Models For US Data

Model Performance Evaluation On US Data



Model 6 Seems To Be The Most Practical Choice

Model 6:

- 1. Frequent Mental Distress
- 2. Adult Smoking
- 3. Physical Inactivity
- 4. Adult Obesity

Model 7:

Model 6 Plus:

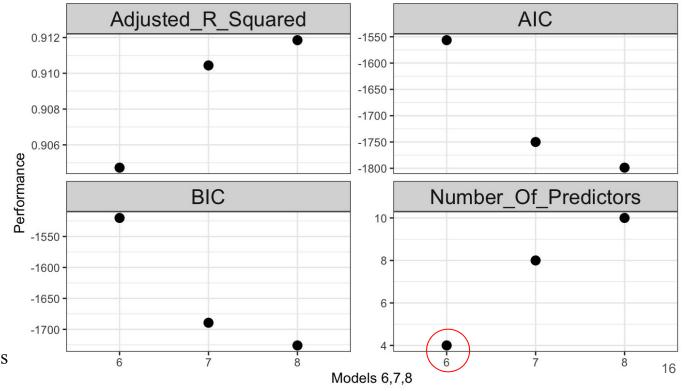
- 1. Excessive Drinking
- 2. BroadBand Access
- 3. Asian %
- 4. Social Associations

Model 8:

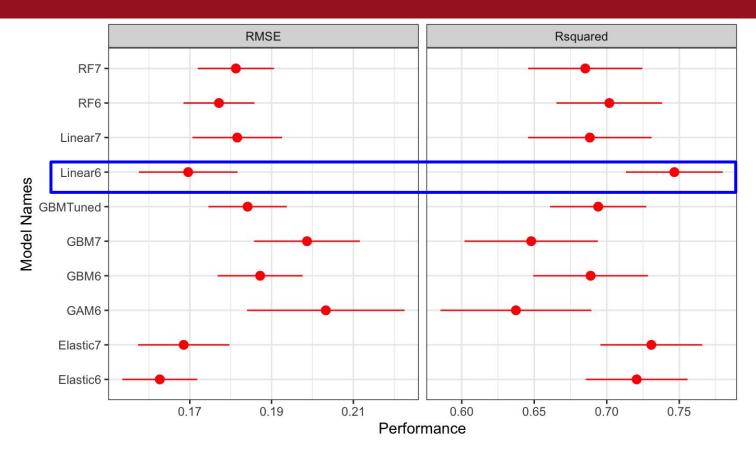
Model 7 Plus:

- 1. Poor Physical Health Days
- 2. Poor/Fair Health

Model Performance Evaluation On US Data

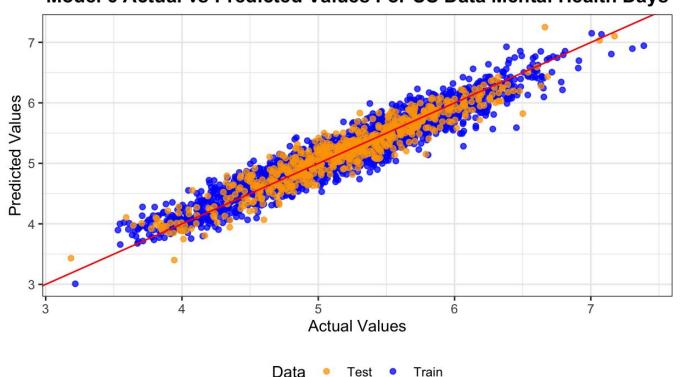


Similar Performance Between Models

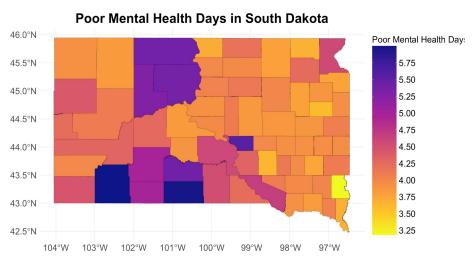


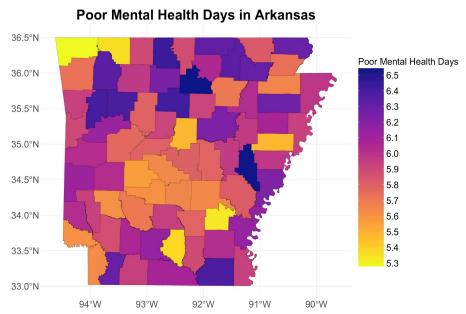
Assure Model 6 Does Not Overfit

Model 6 Actual vs Predicted Values For US Data Mental Health Days

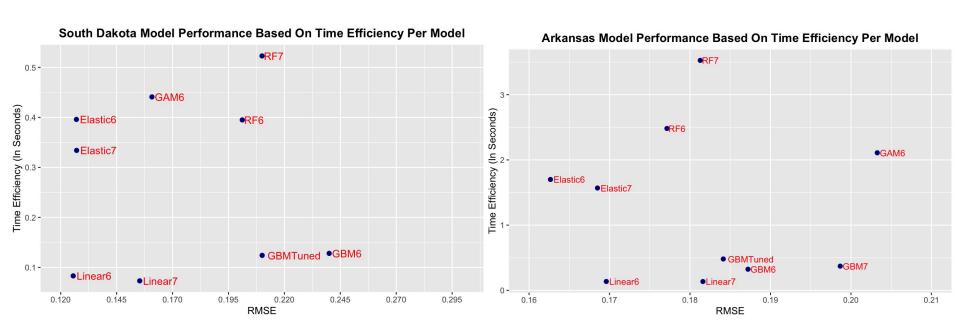


Do More Complex Models Seem To Assess The Data Better?





Model Complexity Does Not Equal Better Performance



Coefficient Plots Of The Predictor For State Level Data



Arkansas

