

Health Indicator Profile: **Anxiety and Other Mental Health Disorders**



Anxiety disorders include panic disorder, generalized anxiety disorder, agoraphobia, specific phobia, social anxiety disorder, post-traumatic stress disorder, obsessive-compulsive disorder, and separation anxiety disorder. People with anxiety disorders tend to experience disruptions in their job performance, schoolwork, and relationships.¹

Findings from the 2022 Santa Barbara County CHNA

Measure

The questionnaire measured lifetime anxiety and other mental health disorders by asking: “Have you ever been told that you had an anxiety disorder or other mental health disorder?” The percent of Santa Barbara County respondents that answered yes is reported in Table 1.

Data from the National Comorbidity Survey (NCS) serves as a benchmark for national prevalence of Lifetime Anxiety Disorders.² The 2019 and 2022 Santa Barbara County CHNA estimates may be inflated when compared to the NCS estimate, as the CHNA estimates include anxiety and other mental health disorders.

ANXIETY OR OTHER MENTAL HEALTH DISORDERS QUESTION

Have you ever been told that you had an anxiety disorder or other mental health disorder?

¹ National Institute of Mental Health (2017). Any Anxiety Disorder. Retrieved from https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder.shtml#part_155094

² National Institute of Mental Health NIMH » Any Anxiety Disorder (nih.gov) <https://www.nimh.nih.gov/health/statistics/any-anxiety-disorder>

Table 1. Percentage of Adults That Have Ever Been Told They Have an Anxiety or Other Mental Health Disorders

	2019 Santa Barbara CHNA	2022 Santa Barbara CHNA	National Benchmark
	% (95% CI)	% (95% CI)	%
Overall	23.1 (19.2, 27.0) [^]	26.7 (22.7, 30.7) [^]	31.2
Male	19.7 (14.4, 25.0) [^]	21.2 (15.3, 27.1) [^]	
Female	26.6 (20.9, 32.3)	31.2 (25.8, 36.6)	
Hispanic	22.2 (16.1, 28.2) [^]	30.7 (22.9, 38.6)	
Non-Hispanic White	25.4 (19.8, 30.9) [^]	23.1 (18.5, 27.8) [^]	
Other	19.7 (6.4, 33.0) †	28.6 (17.2, 40.1)	
Age 18-44	27.3 (20.8, 33.8)	36.9 (29.7, 44.1)	
Age 45-64	21.6 (15.9, 27.3) [^]	22.1 (15.6, 28.5) [^]	
Age 65+	14.6 (4.6, 20.7) [^]	15.5 (9.6, 21.5) [^]	
< High School	16.0 (7.2, 24.8) [^]	15.3 (3.7, 26.9) ^{^†}	
High School Grad	29.6 (19.7, 39.6)	31.5 (19.0, 44.0)	
Some College	29.3 (21.9, 36.8)	28.4 (21.0, 35.7)	
College Grad	16.5 (10.9, 22.2)	26.7 (21.5, 31.9)	
<\$35,000	29.6 (22.3, 36.8)	27.8 (18.7, 36.8)	
\$35,000-\$74,999	29.3 (19.9, 38.7)	26.2 (18.0, 34.4)	
\$75,000 or Greater	18.7 (12.2, 25.2) [^]	26.5 (21.1, 31.8)	

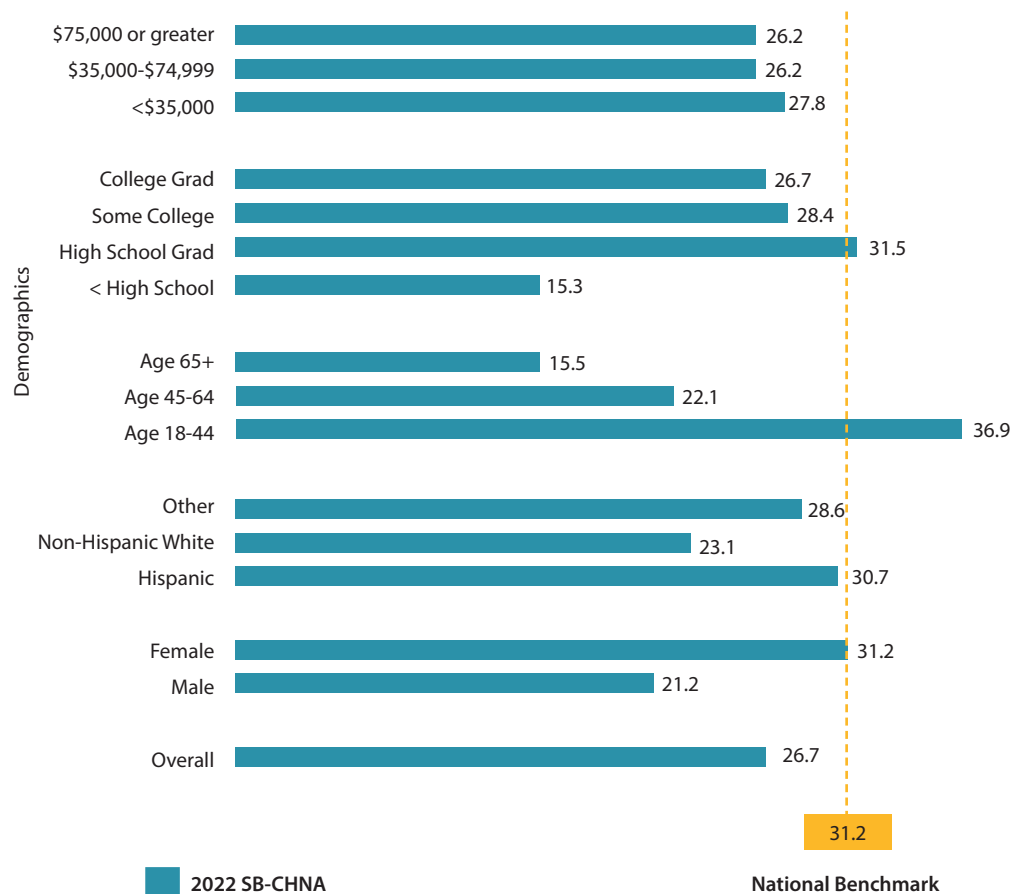
[^] Significant difference between estimate and NCS Benchmark

^{*}The national benchmark here comes from the National Comorbidity Survey (NCS) which uses a series of questions to determine a diagnosis of anxiety.

[†]Unreliable estimate (Relative Standard Error >0.3)

Most impacted demographic subgroups include females, those age 18-44 years old, those with a high school education, and Hispanics (see figures below).

Figure 1. 2022 Percentage of Adults Reporting Anxiety or Other Mental Health Disorders by Demographic Group



Factors and Health Outcomes Associated with Anxiety and Other Mental Health Disorders

Figure 2 below depicts the six health indicators that were significantly related to history of anxiety or other mental health disorders and includes binge drinking, Serious Mental Illness, 15 or more poor mental health days per month, depression, no primary health care provider, and no health insurance.

These health indicators remained independently correlated with anxiety or other mental health disorders after adjusting for demographics (age, gender, race/ethnicity, and education level). Lifetime depressive disorder was the greatest risk factor for reporting a history of anxiety with an increase in odds of 30.3 times.

The odds of reporting anxiety or other mental health disorders were 2.3, 2.9 and 3.6 times greater for those who reported 15 or more poor mental health days per month, those with Serious Mental Illness, and those who engaged in binge drinking, respectively.

Figure 2. Adults Reporting Anxiety or Other Mental Health Disorders by Significant Related Factors

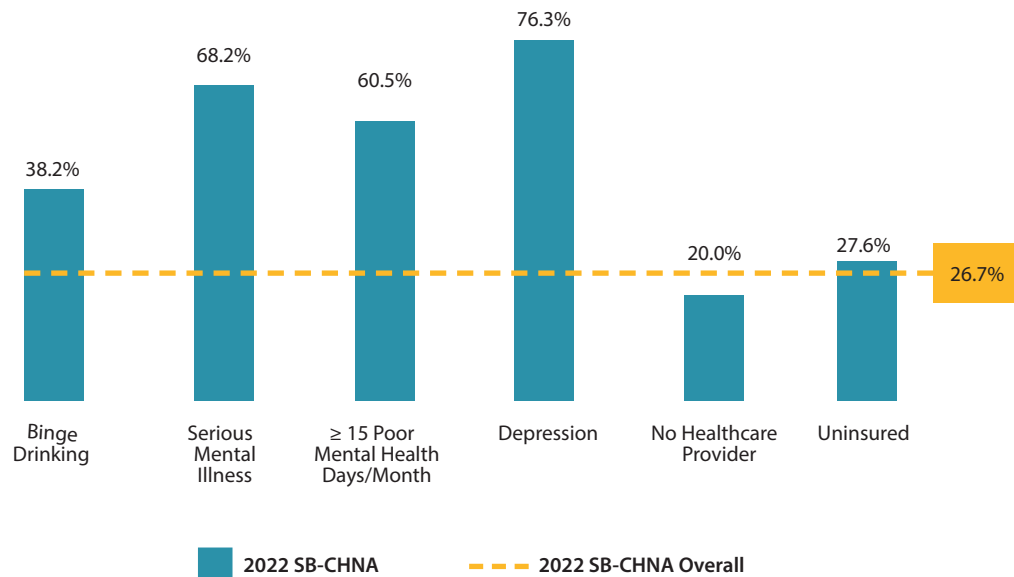


Table 2. Odds Ratio Estimates for Anxiety by Significant Related Factors

Significant Related Factors	Point Estimate	95% Confidence Limits	
Binge Drinking	3.6	1.5	6.2
Serious Mental Illness	2.9	0.9	8.9
≥ 15 Poor Mental Health Days/Month	2.3	1.1	4.7
Depression	30.3	15.9	58.0
No Primary Healthcare Provider	0.1	0.0	0.4
Uninsured	0.0	0.0	0.3

NOTE: The degrees of freedom in computing the confidence limits is 1300.

Findings from the 2022 Santa Barbara County Listening Tour

Through the 2022 Listening Tour, participants repeatedly identified the central role of mental health in the understanding of well-being. Struggling to receive help for identified and unidentified mental health disorders in oneself or one's family brings consequential problems in other aspects of life and persistent underlying stress as people move through their daily lives.

Implications of COVID-19 on Youth Mental Health

Youth in Santa Barbara County are experiencing **more extreme cases of mental health disorders**. COVID-19 heightened the negative thoughts and emotions that youth feel, and isolation prevented them from seeking care.

It's definitely an increase, not just in the number of children with anxiety, but like you guys had mentioned, the severity and complexity of the issue. And the number of children who have been presenting to us for the very first time, really since COVID and be in full, full-blown crisis on presentation. So we haven't seen the kid for two years, and now they come in. And, you know, the child's suicidal or in full crisis. – Physician

Increased Barriers for Marginalized Populations

Populations with more vulnerabilities expressed less access to services or fewer services available. This is especially true for indigenous-speaking populations as well as Spanish-speaking, LGBTQ+, and socio-economically under-resourced populations. Heightened vulnerabilities, combined with the inability to receive adequate services, result in increased challenges for these populations.

The service hours are tough for farmworkers that work 5 a.m. to 4:30 p.m. –Service Provider

It can be hard to communicate across cultures because things are done differently in different families. (It helps) if you have strict parents focusing on how well you're doing in school, but in some cultures they don't care at all about their kids, and they just want their kids to make money or stuff. Some cultures are definitely less stable than others. In my culture, we are less stable and have less resources. – Student

Talk therapy usually entails a therapist, and they don't give you a solution. Indigenous cultures rely on an elder or neighbor to come up with a solution for you. - Service Provider

It can be a challenge to connect with other cultures because we don't know what people are like or how they're treated at home. – Service Provider

Maternal Health and Mental Health Disorders

Expecting and new mothers are **struggling with mental health disorders** and are having a **challenging time finding providers who can help them**. Even their primary care physicians are struggling to refer them to psychiatrists or therapists who are able to see them during their pregnancy or when needed postpartum.

We try to get people...pregnant women who've come in with mental health issues, help get them established during pregnancy so that after pregnancy, they have help. But it's hard to find therapists; it's nearly impossible to get them into psychiatry during a pregnancy. And nothing against psychiatry; it's just, they're swamped too. And that seems to be a huge part of just trying to get a healthy pregnancy, is helping mental health during pregnancy because so many women come off their medications without really anyone's counsel. And then the other— just postpartum mental health is so difficult. We have such a narrow window to really get a hold of things. And it's just really difficult. – Physician

Importance of School-Based Support

Whether or not an individual feels heard and supported greatly impacts their wellbeing when experiencing poor mental health. Students emphasize **the importance of school faculty being sympathetic and attentive to their struggles**.

If I had a problem, I would never think to like, at school, I would never trust anyone at school. Because I personally, one time I was crying at school, and then someone that worked there told me to sit in the bathroom alone, like the whole class period. And I just like, could not believe that happened. Because I knew I was okay. And I was just having a bad day or whatever, like I was fine. But if someone wasn't fine, and that could have been, like, it for them. And I just like, couldn't believe that was happening. – South County Student

I'm pretty talkative in class, and I participate a lot. And he [the teacher] just like could tell I was just not having a good day, just kind of in the back of class. And then he, like, came up to me after and told me to wait after class, and he just checked in on me. And so I was just able to talk to him about what was going on. Luckily, there wasn't anything too serious, but just was there to vent, and he was just there to listen. So I really appreciated that. And I think teachers being that attentive, and being able to outreach to those students is just what was really important, and what I really appreciated. – Student

School-based resources are largely the most accessible to youth and families, but are often both limited in terms of the type or duration of services offered and unable to provide necessary supplemental support needed by students (e.g., navigation of external, non-school-based resources such as private therapists or support groups).

School-based resources are very accessible. – Student

[Therapy] is expensive and large public schools can't necessarily afford a therapist or offer it to all students. Many times students who needed a 504 plan couldn't get one. – Service Provider

At school, a lot of students get offered help, but it's only offered to certain people. Like they start providing help only when something big happens. – Student

Assistance is Needed to Identify and Navigate Resources

Identifying the appropriate behavioral health resources (e.g., programs, therapists, support groups, clinics) can be challenging, and **parents and youth are not able to successfully navigate to resources on their own**. For example, participants discussed being provided a long list of therapy resources, but not knowing who to call or where to start.

*Figuring out how to navigate the resources as a parent is really hard... I was entirely on my own.
– Parent*

There is not a lot of education in schools on what mental health resources we have, at all. You have to dig around for it on your own... which is tricky to do if you're in a really hard place. – Parent

Unhealthy Coping Mechanisms

People struggling with mental health disorders are finding it difficult to obtain the care they need in the county, so more of these patients are turning to **unhealthy coping mechanisms**. In some cases, residents are not seeking help and immediately turn to substances.



I was just gonna highlight, again, the unhealthy coping mechanisms that seem to be increased. That increased use of alcohol and drugs to help people cope with the anxiety that they're feeling. And they just don't know how to talk about it. – Countywide Service Provider

Conclusion

Anxiety and other mental health disorders can be addressed by increasing the number of providers and access to these providers in the county. Because of the shortage of providers, especially culturally representative providers, patients are not receiving one-on-one attention. Until more providers are available, interim services, such as free support groups or mental health workshops for all ages, can provide some level of support, particularly to help alleviate maternal mental health needs. Policies and programs addressing mental health disorders must ensure all residents have equal access.