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# Kentucky Needs Assessment Project Brief Report

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## Self-Rated Emotional Health among Kentucky Adults

### IN BRIEF

- Among adult Kentuckians, worse emotional health ratings were associated with: female gender, minority race/ethnicity status, unemployment, lower income, younger age, and less education.
- Poorer emotional health ratings were also associated with having no health insurance, having more past-year health care visits for emotional and physical problems, and ratings of poorer physical health.
- Poorer ratings of emotional health were reported by those who met DSM-IV-TR criteria for past-year alcohol or drug dependence or abuse. Worse emotional health was also reported by those with past year use of marijuana or other illicit drugs; conversely, those reporting alcohol use in the past year reported somewhat better emotional health status than non-users of alcohol.

An estimated 11.5% of Kentucky adults reported “poor” or “fair” emotional health over the past 12 months; 23.9% rated their health as “good,” 29.4% rated it as “very good,” and 35.2% described their emotional health as “excellent.” The Kentucky Needs Assessment Project (KNAP) 2004 Adult Household Survey asked adults aged 18 and older about their health, alcohol use, and illicit drug use over their lifetime, past 12 months, and/or past 30 days, as well as other information about substance abuse and dependence. Emotional health was self-rated on a five-point scale from excellent to poor for the past year. Self-ratings of emotional and physical health have been consistently found to be useful correlates of physician-rated health and medical services use. Illicit drug was defined as the unprescribed use of marijuana, cocaine, other stimulants, oxycodone or Oxycontin, other opiates, sedatives, hallucinogens, club drugs, inhalants, or any other substances used for their psychotropic effects, excluding alcohol and tobacco. Substance abuse and dependence were defined using Diagnostic and Statistical Manual of Mental Disorders Fourth Edition, Text Revised (DSM-IV-TR) criteria. Abuse and dependence

should not be interpreted as clinical diagnoses. This report focuses on self-reported emotional health by Kentucky adults aged 18 and over.

### STUDY OVERVIEW

The Kentucky Needs Assessment Project (KNAP) is a series of studies designed to estimate substance use levels and substance abuse treatment need of Kentuckians. Data for this report were taken from the 2004 Adult Household Survey, a telephone survey of 4,210 Kentucky households using random digit dialing. Only respondents in residential households were sampled and included. The findings from this study can only be

generalized to adults residing in Kentucky households, and not to those in institutional, dormitory or group home settings. Another potential source of bias is the understatement or overstatement of actual behaviors. The validity of self-report data depends on the honesty, memory, and understanding of the respondents. The detailed methodology of this study is described in the full report which can be viewed at <http://cdar.uky.edu>.

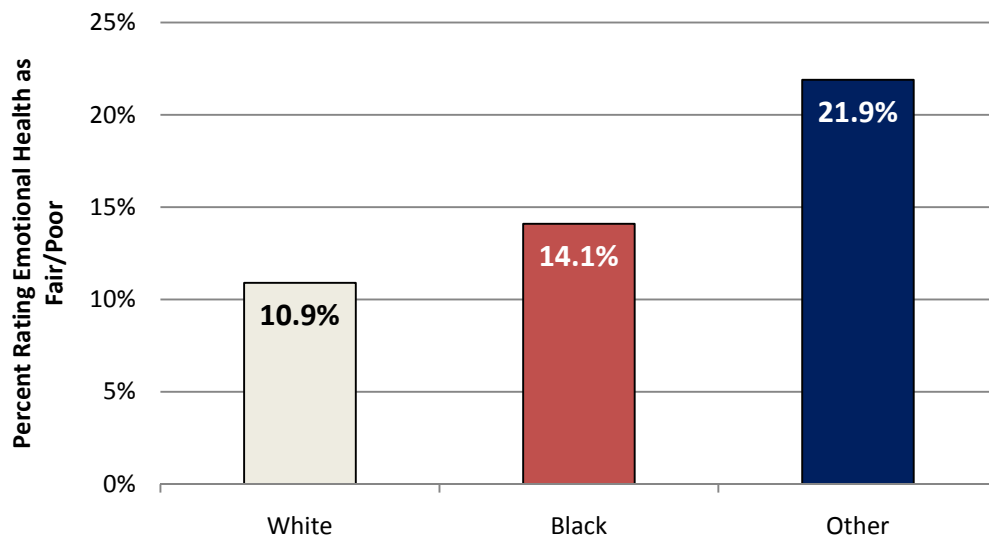
## DEMOGRAPHIC CHARACTERISTICS AND EMOTIONAL HEALTH

The percentage of Kentucky adults 18 years of age and older who reported fair or poor emotional health in the past year is an estimated 11.5%.

**Gender** – An estimated 12.8% of adult Kentuckian females reported their emotional health as fair or poor, compared to 10.1% of males.

**Race** – An estimated 10.9% of white adult Kentuckians reported fair or poor emotional health in the past year, and an estimated 14.1% of black adult Kentuckians reported fair or poor emotional health in that same time period. An estimated 21.9% of adult, non-black minority Kentuckians reported fair or poor emotional health (figure 1).

Figure 1: Percent of Adult Kentuckians Reporting Fair or Poor Emotional Health by Race

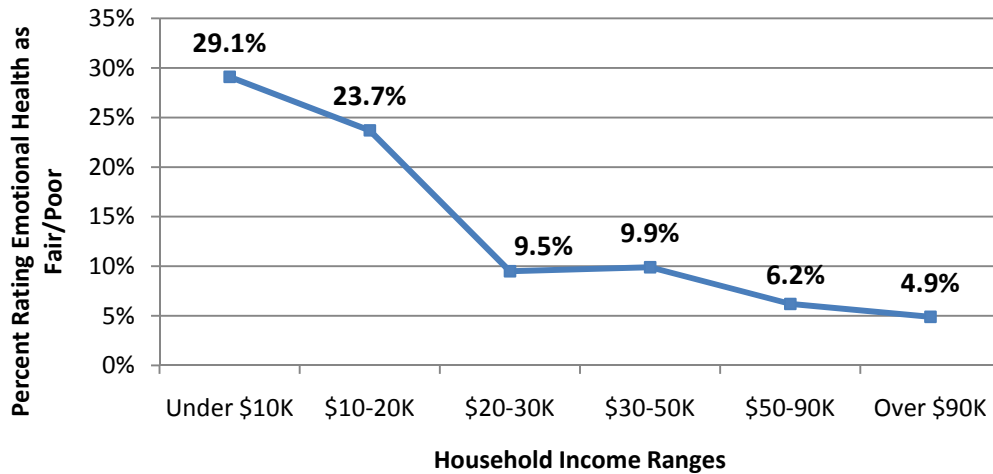


**Education** – Adult Kentuckians with less formal education reported poorer emotional health during the past year. An estimated 25.4% of those with less than a high school diploma or GED reported fair or poor emotional health, whereas only 5.3% of those with bachelor’s degrees reported fair or poor emotional health. 12.4% of Kentuckians with high school diplomas but less than a college degree reported fair or poor emotional health.

**Current Employment** – An estimated 16.9% of unemployed adult Kentuckians reported having fair or poor emotional health over the past year. The percentage fell for those who were employed part time (9.9% with fair or poor emotional health), and for those with full time employment (7.6% with fair or poor emotional health).

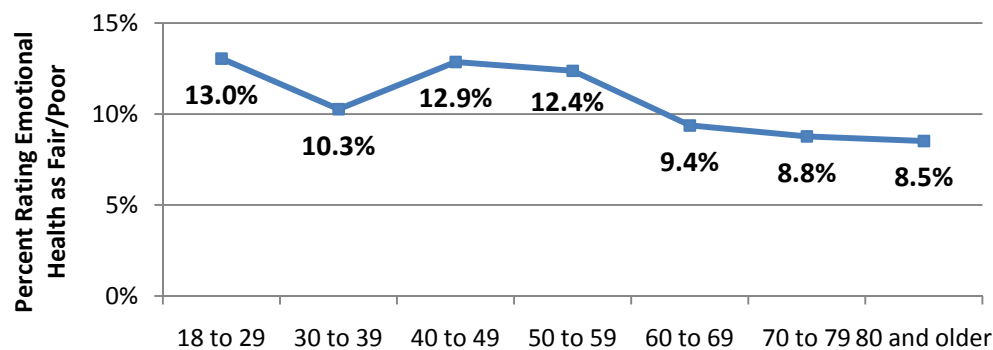
**Income** – Adult Kentuckians with the lowest household incomes reported higher percentages of fair or poor emotional health. Specifically, 29.1% of respondents with annual household incomes of less than \$10,000 reported emotional health in the previous year as fair or poor. In contrast, only 4.9% of respondents with annual household incomes of more than \$90,000 reported fair or poor emotional health status (figure 2).

Figure 2: Percent of Adult Kentuckians Reporting Fair or Poor Emotional Health by Household Income



**Age** – An estimated 10.4% of Kentuckians age 50 or older reported fair or poor emotional health, whereas 12.1% of those younger than 50 reported fair or poor emotional health. Figure 3 suggests a possible trend over decades of age toward less negative emotional health.

Figure 3: Percent of Adult Kentuckians Reporting Fair or Poor Emotional Health by Age

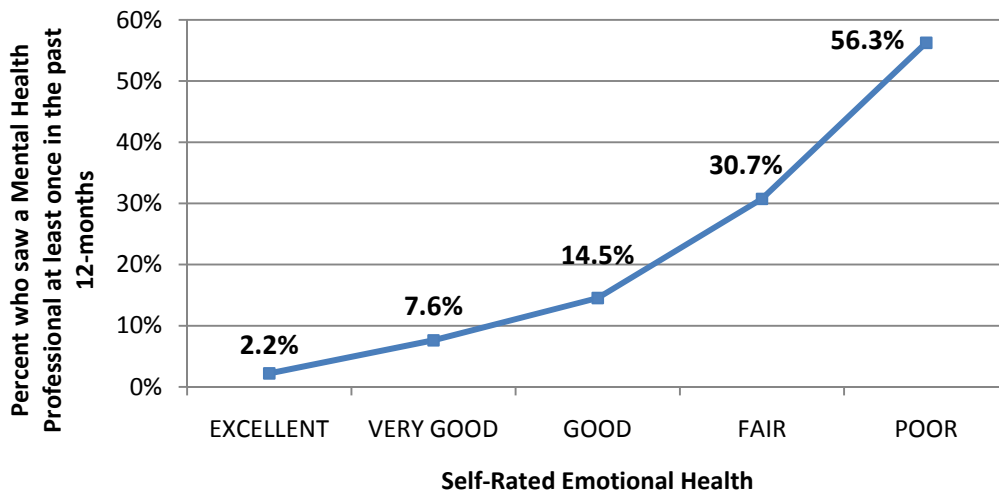


## HEALTH CARE UTILIZATION AND SELF-RATED EMOTIONAL HEALTH

**Health Insurance Coverage** – Adult Kentuckians without health insurance coverage were more likely to report having fair or poor emotional health in the past year (20.2%) compared to adult Kentuckians with health insurance coverage (9.9%).

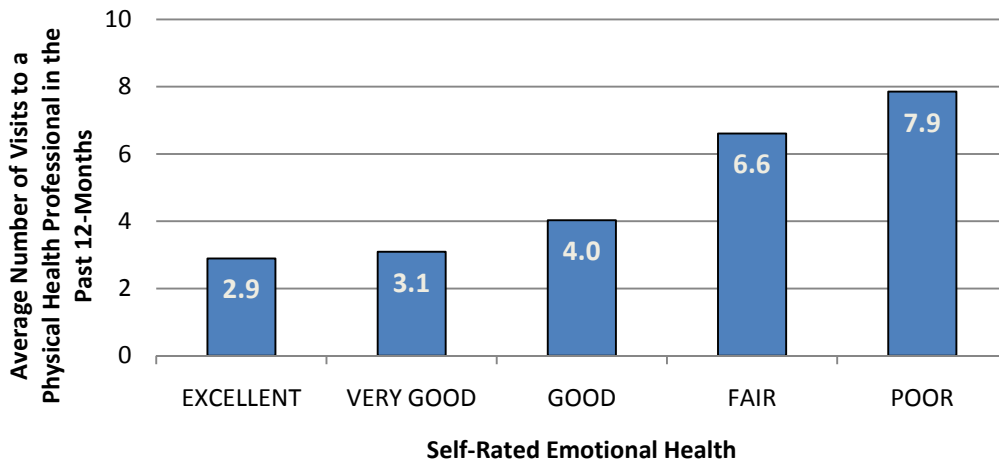
**Emotional Health Care Visits** – Figure 4 demonstrates that there is an association between poorer self-rated emotional health and the likelihood of visiting a mental health professional in the previous year. Hence, 56.3% of those rating their emotional health as poor visited a mental health professional at least once in the past year, whereas only 2.2% of those rating emotional health as excellent did so.

Figure 4: Percent Who Visited a Mental Health Professional at Least Once in Past Year by Self-Rated Emotional Health



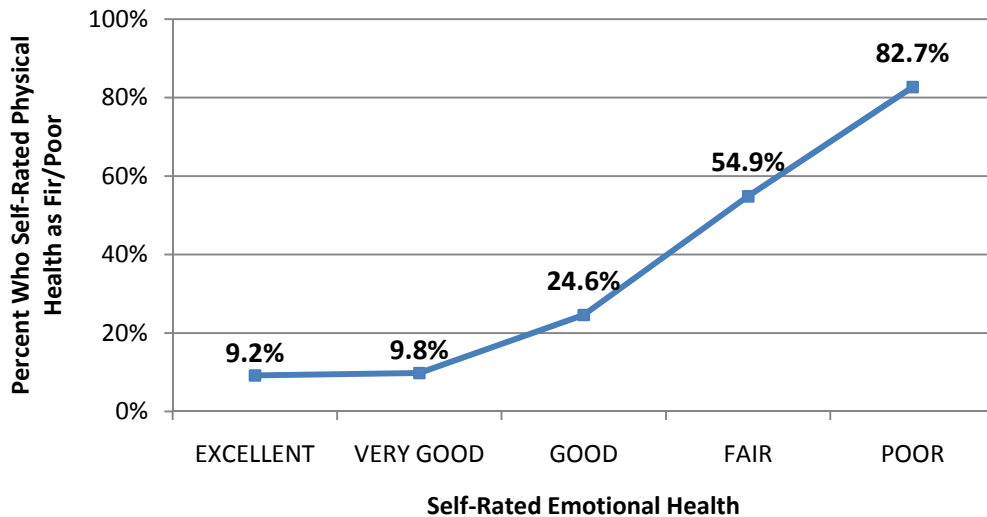
**Visits for Physical Health Problems** – Adult Kentuckians who rated their emotional health as fair or poor were more likely to visit a health professional for physical problems in the previous year than persons who rated their emotional health as good, very good, or excellent, 6.9% versus 3.3%, respectively.

Figure 5: Average Number of Visits to Health Professional for Physical Problem in Past Year by Self-Rated Emotional Health



**Self-Rated Physical Health** – Self-ratings of physical and emotional health are related. Specifically, among adult Kentuckians, the percentage of those who rated their physical health as fair or poor was greatest among those who rated their emotional health as fair or poor. For example, only 9.2% of those rating their physical health as fair or poor rated their emotional health as excellent; however, 82.7% of those rating their physical health as fair or poor rated their emotional health as poor (figure 6).

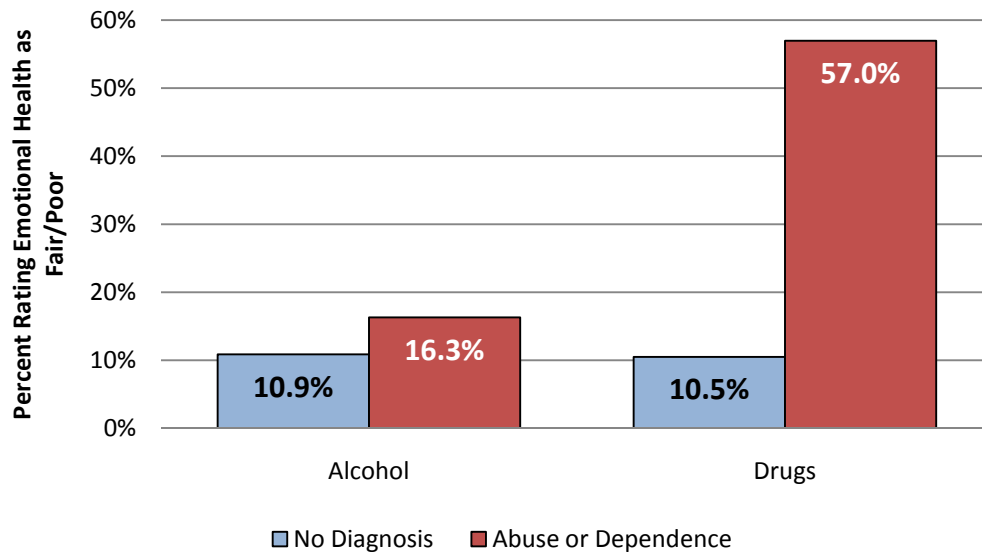
Figure 6: Percent of Persons Who Self-Rated Physical Health as Fair/Poor by Self-Rated Emotional Health in the Past Year



## DSM-IV-TR CRITERIA FOR SUBSTANCE ABUSE AND DEPENDENCE, AND SELF-RATED EMOTIONAL HEALTH

**Past-Year Alcohol and Illicit Drug Abuse and Dependence** – Among adult Kentuckians who met DSM-IV-TR criteria for drug abuse or dependence during the previous year, 57% reported having fair or poor emotional health, whereas only 10.5% of those not meeting these criteria reported fair or poor emotional health. The difference between adult Kentuckians meeting and not meeting criteria for alcohol abuse or dependence was not as large. 16.3% of those meeting alcohol abuse or dependence criteria reported having fair or poor emotional health as compared to 10.9% of those not meeting criteria (figure 7).

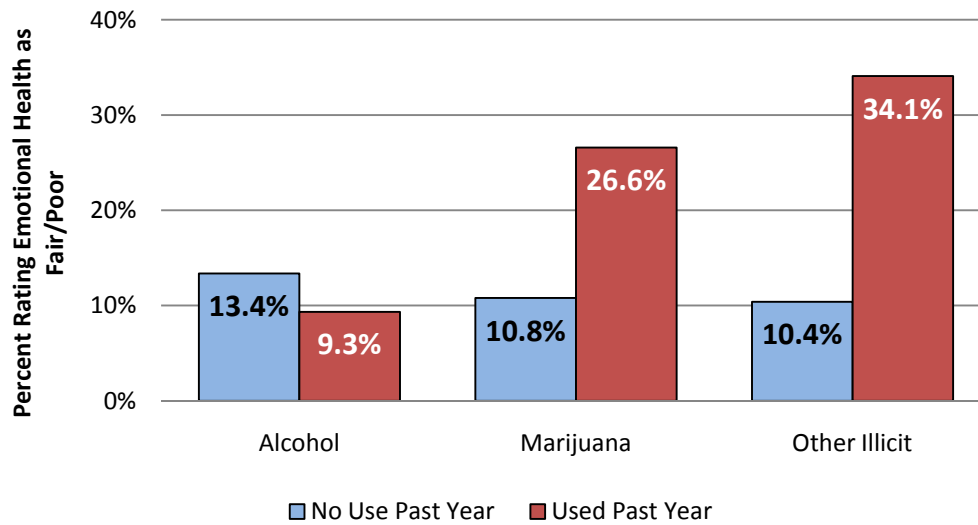
Figure 7: DSM-IV-TR Defined Past Year Alcohol or Drug, Abuse or Dependence by Self-Rated Emotional Health



## SUBSTANCE USE AND SELF-RATED EMOTIONAL HEALTH

**Use of Alcohol, Marijuana, and Illicit Drugs in Past Year** – Adult Kentuckians who used alcohol in the past year were somewhat less likely to report fair or poor emotional health (9.3%) than non-users of alcohol (13.4%) over the same period. However, past year users of marijuana reported considerably higher levels of fair/poor emotional health (26.6%) than non-users (10.8%). 34.1% of users of other illicit drugs in the previous year reported fair or poor emotional health, whereas 10.4% of non-users of illicit drugs reported fair or poor emotional health. Note that the associations for alcohol and drug users were in opposite directions (figure 8).

Figure 8: Percent of Adult Kentuckians Reporting Fair or Poor Emotional Health by Past Year Alcohol, Marijuana, or Other Illicit Drug Use



## SUMMARY AND IMPLICATIONS

Self-rated emotional health status, as measured by a simple five-level scale ranging from excellent to poor, is a global indicator of the respondents' subjective appraisal of their recent emotional health. As such it is closely related to numerous other self-assessments of global and specific aspects of emotional well-being, such as anxiety and depression. This measure of self-rated emotional health can be expected to relate to various measures of health behavior, such as use of mental health services. This report examined a variety of potential correlates of self-rated emotional health of adult Kentuckians, including demographic characteristics, psychological and physical health services use, DSM-IV-TR classifications of drug and alcohol dependence and abuse, and the reported use of several substances of abuse.

In relation to demographic characteristics, the following were associated with ratings of poorer emotional health: female gender, minority race/ethnicity, unemployment, lower household income, less education, and younger age. Poorer self-ratings of emotional health were also associated with having no health insurance and having made more past year psychological and physical health care visits. Ratings of poorer emotional health were strongly related to self-ratings of poorer physical health. Likewise, self-ratings of fair or poor emotional health were considerably more prevalent in the respondents' meeting DSM-IV-TR past-year criteria for drug abuse or dependence. Self-ratings of fair or poor emotional health were less prevalent in the respondents' meeting DSM-IV-TR past-year criteria for alcohol abuse or dependence, and the difference between those meeting and those not meeting DSM-IV-TR criteria was smaller than for drug abuse criteria. The same difference was found in relation to self-rated emotional health and use of alcohol and illicit drugs in the past year.

The co-occurrence of illicit drug use and reported emotional health problems among adult Kentuckians suggests that mental health problems are present in a substantial number of those who use illicit drugs. This should alert drug abuse counselors that need for psychological help may be required for more than just those who have been dually diagnosed with drug dependence or abuse, and with a formal psychiatric disorder.

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### **Acknowledgements**

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