What Predicts Treatment Utilization for Anxiety Disorders?
An Examination of Predictors Across Multiple Treatment Settings
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RESULTS
The majority of individuals with an anxiety diagnosis don’t obtain treatment. Although not everyone with a mental disorder needs treatment, pervasive underutilization has been demonstrated (e.g., Bijl et al., 2003; ESEMeD/MHEDEA 2000 investigators, 2004; Wang et al., 2005a,b).

Various predictors of treatment utilization (TU) for anxiety disorders have been repeatedly cited (e.g., ten Have, 2006), however extant studies haven’t tested these predictors across various treatment settings and psychotherapy settings. Because the robustness of predictors remains untested, knowledge about treatment seeking remains incomplete. Further, it remains unclear if the set of predictors can also be applied for non-utilization.

Aims:
1. Test bi- and multivariate predictors of treatment seeking in anxiety cases from the general population across various treatment settings.
2. Identify typologies of anxiety cases that report no lifetime mental health care utilization at all.

METHODS
Representative sample (N = 4,181) for the German non-institutionalized adult population in the age-range of 18-65 years
DSM-IV mental disorders were assessed using the Munich Composite International Diagnostic Interview (M-CIDI)
Treatment utilization was assessed by interview and questionnaire for the following domains:
- Any lifetime treatment utilization due to mental health problems, utilization of a mental health professional (psychiatrist or psychologist) within last 12 months
- High utilization (>4 times the median in the whole sample) of a mental health professional
- Utilization of a medical specialist other than mental health professional within last 12 months
- For these treatment variables, seven predictors were tested across five anxiety diagnoses: sex, age, socio-economic status (as defined by a three-stage social class index derived from educational status, income and current job position), number of comorbid mental disorders, panic attacks, number of somatic conditions, social anxiety (as defined by reporting core symptoms of social phobia without necessarily fulfilling the diagnosis), high social support (as defined by number of significant others who would take care if problems occur).

A latent class analysis (LCA) was conducted among the anxiety cases reporting no lifetime mental health treatment at all or reporting the same variable set. In a second step, the identified classes were examined with regard to specific anxiety diagnosis, regional characteristics and last year’s health care utilization other than mental health care.

Table 1: 12-month prevalence, lifetime and 12-month health care utilization rates for anxiety disorders

Table 2: Bivariate associations of predictor variables and treatment utilization

DISCUSSION & LIMITATIONS
- Predictors for treatment utilization in previous studies failed to consistently predict treatment utilization across treatment settings and anxiety disorders.
- Among non-users, about half show a relatively low severity, with a quarter medium and a quarter high severity. The high severity group reported normal contact rates with health services other than mental health services, suggesting possible attitudes (e.g. not presenting with mental health problems at the physician) rather than structural barriers.
- It is a limitation of the study that perceived need for mental health care and subjective reasons for non-utilization were not directly assessed.