

The Impact of Welfare Reform as Perceived by Users of Mental Health Services in New York City

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A total of 118 psychiatric outpatients, 43 percent of whom were foreign born, completed a 12-item questionnaire about the impact of the new federal welfare legislation. A majority of respondents were worried about the new law and believed that it would worsen their mental symptoms, their well-being, and the quality of life in their neighborhood. Nearly half felt that the law had already affected their mental symptoms. Foreign-born patients were significantly more worried about the law than U.S.-born patients. The results suggest that organized psychiatry and individual psychiatrists should become more involved in activities to diminish the impact of the welfare legislation on patients and their families. (*Psychiatric Services* 48: 1589-1591, 1997)

An ongoing debate in psychiatry has been about the role that psychiatrists should play in the sociopolitical arena. Some contend that sociopolitical issues are largely beyond the expertise of psychiatrists, and others contend that psychiatrists should be concerned with a variety of sociopolitical issues that may affect the mental well-being of the community as well as recipients of mental health services (1).

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Recent federal welfare legislation has underscored the importance of this debate. The Personal Responsibility and Work Opportunity Reconciliation Act (P.L. 104-193), which was signed in August 1996, contained several provisions that might affect mental health consumers and their families (2). The law as passed stated that legal immigrants who had not worked a total of ten years in this country or who were not refugees were ineligible for food stamps or Supplemental Security Income (SSI), and states were allowed, but not required, to cut off cash assistance, Medicaid, and social services for noncitizens currently receiving such aid. A five-year limit was set for recipients of Aid to Families With Dependent Children. Mothers will be required to work within two years of receiving benefits. The SSI program for children will be reduced over the next six years.

In 1997 Congress restored SSI and Medicaid benefits to elderly and disabled immigrants who lived in the United States before the welfare bill was signed. However, legal immigrants are still ineligible for food stamps, and legal immigrants who arrive after the welfare bill was passed will be denied disability benefits and food stamps should they need them (3).

Although the impact of this legislation is not entirely clear, it has been estimated that 3.5 million children may be dropped from the rolls by 2001 (4). Some 900,000 legal immigrants may lose their food stamps (5). Food stamp benefits for all families, working and nonworking, will be cut by as much as 19 percent (6), and ap-

proximately 150,000 low-income children with disabilities may lose access to benefits (7).

Thus this legislation has the potential to have an impact on the psychological and material well-being of psychiatric patients, many of whom are indigent or immigrants, as well as on their families and the general community. How does a psychiatrist or organized psychiatry determine the relevance of such sociopolitical issues? The aim of this paper is to examine the impact of the new welfare legislation as perceived by users of outpatient mental health services in New York City. In so doing, it will also illustrate how consumer surveys may assist psychiatrists in making decisions about whether a political issue is relevant to their clinical practice.

Methods

During a five-week period in October and November 1996, patients attending a university-affiliated outpatient psychiatric clinic in Brooklyn, New York, were asked to complete an anonymous 12-item questionnaire while they were in the waiting area. Patients were informed that it was a survey to learn about the impact, if any, of the new welfare law on users of mental health services. The survey was conducted several months after the passage of the original legislation but prior to the 1997 revisions.

A total of 123 persons completed the questionnaire. Five questionnaires were eliminated because of missing data, particularly data on place of birth, which were relevant to our analysis. Thus the final sample consisted of 118 persons with a

Table 1

Responses of 118 patients receiving outpatient mental health services in New York City to a 12-item survey on the impact of new federal welfare legislation

| Survey item | Total sample (N=118) | | U.S. born (N=67) | | Foreign born (N=51) | |
|--|-------------------------|----|------------------------|----|---------------------------|----|
| | N | % | N | % | N | % |
| How much do you know about the new welfare law? ¹ | | | | | | |
| Nothing | 33 | 29 | 21 | 32 | 12 | 24 |
| A little | 61 | 53 | 38 | 59 | 23 | 46 |
| A great deal | 21 | 18 | 6 | 9 | 15 | 30 |
| Have you been worried about this new law? ² | | | | | | |
| Not worried | 39 | 35 | 30 | 48 | 9 | 18 |
| A little concerned | 35 | 31 | 17 | 27 | 18 | 36 |
| Very worried | 39 | 35 | 16 | 25 | 23 | 46 |
| Has thinking about the new law affected your mental symptoms? | | | | | | |
| Has not worsened symptoms | 62 | 54 | 40 | 63 | 22 | 44 |
| Has worsened symptoms a little | 31 | 27 | 16 | 25 | 15 | 30 |
| Has worsened symptoms a great deal | 21 | 18 | 8 | 13 | 13 | 26 |
| Will the law affect your mental symptoms in the future? | | | | | | |
| Will not worsen symptoms | 45 | 44 | 29 | 49 | 16 | 36 |
| Will worsen symptoms a little bit | 26 | 25 | 14 | 24 | 12 | 27 |
| Will worsen symptoms a great deal | 33 | 32 | 16 | 27 | 17 | 38 |
| Will your monthly income be reduced? | | | | | | |
| Yes | 16 | 15 | 6 | 10 | 10 | 22 |
| No | 34 | 32 | 22 | 36 | 12 | 26 |
| Unsure | 58 | 54 | 34 | 55 | 24 | 52 |
| Will your food stamps be reduced or eliminated? | | | | | | |
| Yes | 24 | 22 | 12 | 20 | 12 | 26 |
| No | 22 | 21 | 15 | 25 | 7 | 15 |
| Unsure | 37 | 35 | 22 | 36 | 15 | 33 |
| Not applicable | 24 | 22 | 12 | 20 | 12 | 26 |
| Will your Medicaid or Medicare benefits be reduced or eliminated? | | | | | | |
| Yes | 30 | 28 | 16 | 26 | 14 | 30 |
| No | 16 | 15 | 9 | 15 | 7 | 15 |
| Unsure | 58 | 54 | 33 | 54 | 25 | 54 |
| Not applicable | 3 | 3 | 3 | 5 | 0 | — |
| Will your children's or parents' income or food stamps be reduced or eliminated? | | | | | | |
| Yes | 14 | 14 | 5 | 9 | 9 | 21 |
| No | 22 | 22 | 15 | 26 | 7 | 16 |
| Unsure | 23 | 23 | 11 | 19 | 12 | 27 |
| Not applicable | 42 | 42 | 26 | 46 | 16 | 36 |
| Will your children's or parents' Medicaid or Medicare benefits be reduced or eliminated? | | | | | | |
| Yes | 24 | 23 | 12 | 20 | 12 | 27 |
| No | 13 | 12 | 8 | 13 | 5 | 11 |
| Unsure | 46 | 44 | 27 | 44 | 19 | 43 |
| Not applicable | 22 | 21 | 14 | 23 | 8 | 18 |
| Will your friends' income, food stamps, or health benefits be reduced or eliminated? | | | | | | |
| Yes | 25 | 25 | 13 | 23 | 12 | 27 |
| No | 11 | 11 | 7 | 12 | 4 | 9 |
| Unsure | 38 | 37 | 20 | 35 | 18 | 40 |
| Not applicable | 28 | 28 | 17 | 30 | 11 | 24 |
| What effect will the new law will have on the quality of life in your neighborhood? | | | | | | |
| No effect | 14 | 14 | 10 | 17 | 4 | 9 |
| Small effect | 31 | 30 | 18 | 31 | 13 | 29 |
| Large effect | 59 | 57 | 31 | 53 | 28 | 62 |
| How much impact will the new law have on your well-being? | | | | | | |
| No effect | 25 | 24 | 18 | 31 | 7 | 15 |
| Small effect | 39 | 37 | 21 | 36 | 18 | 39 |
| Large effect | 41 | 39 | 20 | 34 | 21 | 46 |

¹ $\chi^2=8.18$, $df=2$, $p<.05$, for the difference between U.S.- and foreign-born patients

² $\chi^2=11.25$, $df=2$, $p<.01$, for the difference between U.S.- and foreign-born patients

mean \pm SD age of 43 \pm 13 years (range, 19 to 80 years). Sixty-one percent were African American, 14 percent were Caucasian, 12 percent were Latino, 4 percent were Asian American, and 9 percent were self-described as "other."

Sixty-seven patients (57 percent) were born in the U.S. The mean \pm SD age of the U.S.-born patients was 42 \pm 12 years. Sixty-three percent were African American, 22 percent were white, 9 percent were Latino, and 6 percent were in the category "other."

Fifty-one patients were foreign born, with 36 born in the Caribbean or West Indies, five in Europe, and ten in other countries. The mean \pm SD age for this group was 45 \pm 14 years. Their mean length of time in the U.S. was 21 \pm 10 years.

The sample represented 42 percent of the patients seen during the survey period, excluding those with dementia or mental retardation. The sample's demographic characteristics were similar to those of the overall clinic population (N=580). The mean age of the clinic population is 46 years. Fifty-six percent are African American, 18 percent are Caucasian, 16 percent are Latino, and 10 percent are in the "other" category. Fifty-seven percent of the clinic population is U.S.-born.

Because the questionnaire was anonymous, we were unable to provide clinical diagnoses for the sample; however, 31 percent of the clinic population have a diagnosis of schizophrenia, 36 percent have an affective disorder, 21 percent have an anxiety disorder, and 12 percent have other disorders.

Because the new welfare legislation may have a differential effect on persons who are immigrants, we divided our sample into U.S.-born and foreign-born patients and compared their responses to the various items using t tests or chi square analyses.

Results

As Table 1 shows, nearly two-thirds of the overall sample expressed worry about the new law, nearly half felt that thinking about the law had affected their mental symptoms, more than half thought it might worsen

their mental symptoms in the future, and more than three-quarters felt that the new law would have an effect on the quality of life in their neighborhood and on their well-being. Moreover, very few thought that the new law would definitely not affect their income or entitlements or those of family and friends. A majority of respondents were unsure about what might happen to these benefits.

Foreign-born patients were significantly more likely than U.S.-born patients to know about the new law and to be worried about the law. A trend toward significance was noted ($p < .10$) for more foreign-born patients to state that thinking about the new law affected their mental symptoms. A greater proportion of foreign-born patients than U.S.-born patients expressed fears about loss of income or entitlements for themselves, family, or friends, and a greater proportion felt that the new law would affect their well-being and the quality of life in their neighborhood.

Discussion and conclusions

The findings of this study suggest that the new welfare law is having an impact on the mental well-being of many indigent, racially diverse psychiatric outpatients in New York City and that many expect the law to materially affect them and those close to them. As anticipated, because immigrants are targeted in the new legislation, foreign-born patients have been especially worried about the law's effect on their mental and material well-being.

The serious concerns about the welfare legislation expressed by these outpatients support the idea that it would be appropriate for organized psychiatry and individual psychiatrists to become more involved in activities to diminish the impact of this legislation on patients and their families. Moreover, psychiatrists should recognize that many patients, particularly those born abroad, are already experiencing increased distress because of this legislation.

The study also illustrates that brief

surveys like the one here can be used to gauge the psychiatric and material impact of social legislation on the lives of our patients and the community. ♦

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Include data on the sex, age, and race of the study subjects. Preferably in the methods section, describe the data analysis procedure concisely and in a manner understandable by nonstatisticians.

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