



Barriers to Mental Health Services: Narratives from Community Stakeholders

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The U.S. Department of Health and Human Services launched a “Healthy People 2020” campaign in 2010. One of their national goals is to improve the mental health of the U.S. population through prevention and access to appropriate, quality mental health services.¹ However, as 2020 approaches, the burden of mental disorders remains high, with estimates of lifetime prevalence rates of any mental disorder ranging up to 46.4%.²

In 2012, there were an estimated 43.7 million adults aged 18 or older in the U.S. with any mental disorder in the past year, representing approximately 18.6% of all U.S. adults.³ The most prevalent disorders include anxiety disorders, externalizing disorders, mood disorders, and substance use disorders. Importantly, large numbers of individuals experience subthreshold symptoms of disorders that are significant enough to warrant clinical attention. One study of 35 U.S. states showed approximately 40% of people reporting serious psychological distress (SPD) over the past 30 days.⁴ Despite the existence of numerous efficacious psychosocial and pharmacological treatments for mental disorders, many individuals in need do not receive adequate treatment.² In particular, racial and ethnic minorities (including immigrant and refugees), individuals from lower socioeconomic backgrounds, and men are less likely to receive adequate mental health care.^{2,5-7}

WORCESTER MENTAL HEALTH NEEDS ASSESSMENT

In Worcester, Massachusetts, a “Community Mental Health Needs Assessment” was completed in 2016 as part of the 2012 Greater Worcester Community Health Improvement Plan.⁸ The sixty-one study participants represented Worcester residents and/or consumers of mental health services, as well as providers and executive directors of mental health and community-based services. The sample of residents and consumers was racially and ethnically diverse, with 88% of the participants self-identifying as racial/ethnic minorities and just over two-thirds of the sample indicating they were U.S. immigrants. Overall, the results of the Worcester Mental Health Needs Assessment demonstrated that addressing the mental health needs of the Worcester community can be successfully addressed by (1) developing mechanisms for enhancing collaboration among mental health care providers and other related service providers regarding mental health, and (2) expanding access and tailored services to meet the specific needs of the community in order to improve mental health outcomes.⁶ The outcomes of the study offer critical insight to better understand challenges in access to mental health, particularly for immigrant and refugee populations.

Providers, mental health consumers, and residents felt that there was a need for more mental health literacy about both mental health conditions and services offered in Worcester. Mental health literacy has been linked to increased willingness to seek help from a psychiatrist or counselor.^{9,10} Elevated rates of lifetime and current exposure to violence and trauma were identified among immigrant and refugee residents, but many immigrant and refugee residents lacked knowledge of what mental illness is, how to recognize early signs, what treatments are available, and how and when to seek professional help.

Providers who worked with communities of color consistently articulated the need to deliver services in a culturally responsive way. This includes understanding the political histories and cultures of immigrant and refugee populations, and ideally being proficient in the language of the consumers. Considerable research has documented the historical, cultural, and contextual challenges that are particular to different immigrant and refugee populations, including stressors related to migration and readjusting

to a resettlement country, perceptions of both traumatic experiences and adaptation processes, gender differences in the presentation of mental health problems, and culturally-informed views of mental health.¹¹⁻¹⁴

COMMONLY EXPERIENCED BARRIERS TO MENTAL HEALTH SERVICES:

- Difficulties navigating the mental health system
- Non-Western notions of mental health
- Language barriers
- Long waiting lists to see providers
- Lack of coordinated care

POLICY RECOMMENDATIONS

Interventions targeted at both providers and patients might be able to influence the constructs identified in this study and improve health services in Worcester and beyond. Greater and broader care was consistently articulated by Worcester participants, which would include increased integration of general health and mental health services. Integrated care has been linked to improvements in clinical outcomes, compliance with medical regimes, lower total medical costs to patients, patient and provider satisfaction, and access to behavioral health care particularly for groups that are difficult to engage.¹⁵ Greater use of health professionals (case managers, patient navigators/advocates, community health workers, cultural brokers) could help facilitate consumer navigation of the health care system, trouble-shoot insurance complications, and help coordinate outreach to residents who may lack a Western understanding of how the body works or have difficulties attending services due to stigma, linguistic or logistical barriers. Patient navigation is emerging as an effective intervention to reduce health disparities, as it can identify and target specific barriers to treatment engagement (e.g., difficulties navigating the mental health system, non-Western notions of mental health, and language barriers).¹⁶ Psychoeducation, i.e. education about a situation or condition that causes psychological stress, can help individuals and their families feel more in control of the situation and in turn reduce the stresses associated with it. Finally, providers paying attention to stigma-related concerns can also make a significant difference in the experience of consumers.

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