



# **Access to Mental HealthCare in the United States**

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*AP Seminar at Weymouth High School*  
Submitted 13 March 2023

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## **Abstract**

Poor accessibility to mental health care is an increasing issue. Major causes include affordability and stigma around mental health treatments and services. Without proper care, mental health struggles have many negative implications that affect everyday life. One possible solution proposes that mental health care be incorporated with primary health care. This can be completed under state regulated insurances and funded and run by the Affordable Care Act (ACA). This solution will lower uninsured medical payments for mental health treatments, reduce stigma and reach a greater number of people.

*Keywords:* Affordable Care Act, Stigma, Medicaid, Self-judgment, Affordability, Accessibility, Resilience, Economic Barriers, Primary Care, Psychology

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## **Introduction**

Resilience encourages adaptation and overcoming adversity, which in today's society is common among those struggling with mental disorders. Migrant Mother, a photograph of a woman living in poverty with her children, was used during the Great Depression to depict life at that time, however, the story of the woman in the photo was misrepresented (Making of Migrant Mother). While this image portrays poverty, it is important to consider the effects poverty has on one's mental health and ways to provide for this class. Guitele Rahill, professor in social work, discusses the outcomes of the tragic earthquake in Haiti of 2010,

including a rise in post traumatic stress disorder (PTSD) (580). Both events demonstrate the overcoming of hardships to achieve a better life. Many face difficulty accessing treatment for mental health, leading to the important question of how can the United States increase access to mental health resources?

The HuffPost states "more than 8.3 million Americans suffer from a serious mental health issue" (Holmes 1). Mental health access is declining and the World Health Organization says "the pandemic has triggered a 25% increase in anxiety and depression worldwide" (Martin 1). This is an important topic because it involves a large majority of the American population, and can be observed

through the educational, sociocultural and psychological lenses. Including mental health care with primary healthcare through state regulated insurance is the best solution to increasing accessibility to mental health services in the US because it lowers out of pocket spending for treatment, reduces stigma around getting help for mental health, and reaches a greater number of people.

### **Mental Health In Schools**

Experts agree that in the United States, school systems play a huge role in providing mental health resources, typically for adolescents. Victor Jones, Louisiana attorney, advocates for students from low income families, stating mental health issues may contribute to “learning difficulties, behavioral issues, and strained family, peer, and social relationships” (26). These implications can be damaging to the quality of life for students and can “lead to unemployment or underemployment” later in life (Jones 26). Barbara Burns, nationally recognized mental health services researcher suggests “schools may offer an alternative to insured services” (107). She shares the importance of incorporating mental health resources into school programs, due to the fact that ineffective insurance and lack of affordability is a leading cause of the problem (Burns et al 105). The US Department of Education supports Burns, arguing school based programs help with enabling students from low-income families “who have experienced trauma that negatively affects their educational experience” (5). The purpose of these school incorporated mental health programs “is to expand the pipeline of high-quality, trained professionals” in order to “address shortages of mental health services in high-need schools” (US Dept of Ed. 1). School based programs are not the most ideal solution to increasing access to mental health resources because they only target children and not the adults of the population who also need care. However these programs are still

valuable and deserve more funding and attention, as they positively benefit many students.

### **Wealth Inequality and Mental Health**

In modern society, experts emphasize wealth inequality's role accessibility for proper mental health care. Holmes for the HuffPost claims many people impacted by mental illnesses do not have insurance coverage (1). Gilbert Gonzales, a researcher in public policy and human health adds to Holmes's perspective arguing care for mental illnesses is just as important as care for physical health (527). Anna Porretta for E-health, the largest private health insurance market in the US, says before the Affordable Care Act (ACA) “health insurance plans were not required to cover mental healthcare” and oftentimes “people could be denied coverage based on pre-existing conditions” (Porretta 1). Porretta differs and blames poor insurance policies in place prior to the ACA for driving patients away (1). Burns, finds this cause damaging and argues the implementation of a Medicaid waiver would begin to pave the way for a more integrated type of care for all mental health patients (97). This idea of integration can be applied in many settings such as schools, medical centers and throughout the community to save money.

### **Stigma around Mental Health**

Experts express although some patients may have access to treatment and proper payment coverage, other factors are holding them back. The University of Toronto's Aaron Turpin advocates that stigma around mental health is extremely damaging to self esteem and “experiences of stigma have been shown to cause internalized self-judgment” (85). Holmes for HuffPost contributes to Turpin's idea voicing “prejudicial outlooks on mental health often stand in the way of people getting the help they need” (1). There is often this social barrier preventing people from getting adequate care. Natalie Wong, a researcher in the medical field

shares her findings; Chinese individuals expressed society looks down upon mental illness and viewed it as something dangerous and unspoken (2). They even went as far to say seeking treatment for mental health was a “personal failure” (Wong et al 2). H.C. Gorton, a pharmacy specialist, suggests educating people on mental health conditions will help to reduce the stigma. Pharmacy students involved in a mental health stigma study felt “they had received insufficient education to fulfill this role” (Gorton et al 2). Pharmacists who work directly with pharmaceutical care for mental health patients should be receiving more education to better assist their patients. Wong relates to Gorton saying in her research she found positive attitudes towards treatment seeking were often obtained from college students enrolled in psychology courses (7). All experts notice stigma and societal pressure contribute to the lack of access for mental healthcare, however Wong and Gorton urge for this to change as society implements more informative programs throughout the community to spread awareness.

#### Solution

Including mental health services with primary care services, specifically under insurance will target a larger amount of people in need of care. Those already receiving primary care under government based insurance such as medicaid or medicare will have an easier time accessing these services. The hope is to bring more citizens on adequate insurance, paid for by the government. Including mental health care with primary healthcare through state regulated insurance is the best solution to increasing accessibility to mental health services in the US because it lowers out of pocket spending for treatment, reduces stigma around getting help for mental health, and reaches a greater number of people.

## Reducing Uninsured Mental HealthCare

One of the main barriers preventing people from accessing proper care for mental health issues is the cost. By including mental health care with primary care under the ACA, insurance coverage for appointments and medication will increase. Howard Goldman, former Assistant Director of the National Institute of Mental Health highlights the benefits of this solution, advocating that originally medical care assistance agencies only provided for “individuals who lacked health insurance or had no other means to pay for their care”, but now “they may serve all the citizens of a State” under the ACA. Gonzales and Porretta contribute to the conversation, sharing that new insurance policies can ideally help lower class families to gain resources for mental healthcare without making sacrifices elsewhere in their budgets, as well as “guard against the financial risk of future medical needs” (Gonzales et al 524). Insurance organizations such as eHealth are already making strides to improve their policies, targeting people who can not afford care, while the ACA requires insurance companies to “cap customers’ out-of-pocket spending” and “prohibits limits on annual or lifetime coverage for mental healthcare” (Porretta 1). Overall this solution is important for targeting the lower class. In Lange’s Migrant Mother image, the effects of poverty and its toll on an individual’s life are demonstrated, further enhancing the need to provide assistance for this group of people. Mental health should be easily available to people of all wealth statuses and this begins with implementing the proper system for insurance.

## Reducing Mental Health Stigma

Other than economic barriers, social barriers prevent many from accessing the care they need. Wong’s study showed that individuals who report more positive attitudes toward mental

healthcare are more likely to seek treatment for psychological concerns and by categorizing these treatments under the same umbrella as primary care, accessing treatment would be more normalized (2). A college student interviewed by Gorton urges “more of a focus on how to keep your mental health healthy as opposed to focusing on it in the context of sickness” (3). Wong and Gorton both emphasize, including mental health care with primary care would increase normalizing the topic and decrease negative projections. Michelle Funk, from World Health Organization, points out primary care is not associated with any specific health condition and with that the “the fear of being stigmatized as mad, bad and dangerous” is reduced (1). Migrant Mother focuses on how the media can negatively affect personal stories which play into mental health perception (Lange). Oftentimes the media does not accurately show the story behind one’s mental health and urges viewers to rely on what they see at first glance. A huge part of stigma is caused by misinformation spread through social media outlets which can ultimately drive patients away. With judgemental attitudes being a concern among those seeking mental healthcare, including services with primary care will change the perspectives of those in fear of being judged or discriminated against.

## Reaching More People

Including mental health care with primary care proves to be the most effective solution because it reaches more people than any other solution, such as school based programs or increasing education around mental health. Gonzales has studied among people who are newly eligible for Medicaid and “particularly those with mental health problems, may be more likely to enroll than their healthier counterparts” into programs like Medicaid that provide financial support (534). This increase in enrollment leads to a larger number of

patients seeking the necessary treatment. Burns states programs like Medicaid could provide care at the same level as private insurances (106). This positive fact once again ties into assisting members of the lower class who would not be able to afford care otherwise. Funk makes an effort to incorporate the idea of community into her argument for mental health care inclusion. When mental healthcare is available through primary care, people are better able to access the treatment near to their homes, in order to “keep their families together, maintain their support systems, remain integrated and active in the community” (Funk et al 1). This solution will not only make accessing care easier for the patient but also for the patient’s family. Rahill discusses how in a time of disaster, during the 2010 earthquake in Haiti, the mental health of survivors began declining. Rahill emphasizes how the community was able to come together to better each other’s mental well being, “we also were introduced to “new” friends that participants had made as a result of the earthquake—people who had offered help during or after the earthquake” (595). Haitian survivors’ perceptions of resilience “increases the ability of clinicians, researchers, and policymakers to implement resilience- based interventions for them” which includes the proper mental healthcare (Rahill et al 581). While resilience is required to overcome mental health adversities, the importance of community and coming together is not lost when advocating for mental health access for all people in the United States.

## Limitations and Implications

A limitation to the proposed solution is brought to attention by a researcher in healthcare, Lorena Porras-Javier, who says the connection between primary care doctors and mental health professionals needs to improve in order for this solution to be successful (672). Primary care physicians express “frustration about the difficulty of

sharing information between organizations” and particularly the lack of feedback they receive from those mental health clinics (Porrás-Javier et al 673). Aside from the disconnect between primary care doctors and mental health specialists, not everyone is eligible under the ACA for healthcare insurance. Unfortunately unauthorized immigrants will be ineligible for expanded Medicaid coverage (Goldman and Karakus 431). Oftentimes Medicaid insurance coverage does not cover institutions for mental disease, which leaves these patients excluded from insured care (Goldman and Karakus 432). Despite these limitations, including mental health care with primary healthcare is beneficial. Goldman points out “early psychosis patients will be able to remain on parents’ health insurance for longer because of the ACA” (433). Adrienne Nevola, from the Center for Health Systems Effectiveness, advocates that increasing the coverage through these programs will help to control costs, improve quality of care for service users and better service user’s reported quality of life (1164). However these limitations do not outweigh the positive benefits.

## Conclusion

The evidence presented highlights the struggles faced by US citizens accessing mental health care and the need to improve their quality and availability of care. Experts agree this problem is weighing society down and the best approach is to implement mental healthcare along with primary care already covered by the ACA and Medicaid. This solution reduces uninsured medical bills, reduces mental health stigma and reaches a greater number of people, therefore specialists advocate for more communication between medical fields and coverage for more varieties of mental healthcare.

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