Barriers to Mental Health Treatment

Literature Review

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Access to mental health treatment in the United States is limited and underutilized.
According to the National Institute of Mental Health (2019), in 2017, only 42.6% of Americans
aged 18 and older received treatment for their mental illnesses. Many factors prevent individuals
from seeking mental health treatment, including distrust of medical professionals, limited
facilities and providers, negative stigmas, poor treatment quality, and affordability (Tristiana et
al., 2018). This literature review will assess qualitative research to determine the best evidence-
based approach to maximize access and utilization of mental health treatment.

Barriers to Mental Health Treatment Utilization in Wards 7 and 8 in Washington, DC: A

Qualitative Pilot Study

The purpose of this study was to explore obstacles preventing community members of an
underserved, low socioeconomic area in Washington, DC, from utilizing mental health services
(Ganz et al., 2018). The authors of the article work to determine why individuals within the
community are not receiving mental health treatment and how they can improve utilization.
Factors affecting treatment included personal, community, and physician-related issues. By
assessing community member perspectives and opinions, the authors narrowed down common
problems related to mental health treatment and usage.

Key Points

There are many barriers preventing access and utilization of mental health services.
Participants stated that limited mental health facilities and providers within the community
required individuals seeking treatment to perform long commutes to other areas within the city
(Ganz et al., 2018). The National Council for Behavioral Health (2018) determined that 46% of
Americans must travel over an hour to receive mental health treatment. The time commitment

necessary for a long commute is not practical for community members as many have prior responsibilities, and limited finances and free time (Ganz et al., 2018). Participants believed that if there were more services available within their community that did not require lengthy travel time, more individuals would seek help. Lack of confidence in the medical system was another deterrent for receiving treatment mentioned. Participants believed that patient-provider relationships emphasizing trust, and the provider's willingness to listen to their concerns was essential for successful treatment. The stigma associated with mental health is another barrier to receiving treatment (Ganz et al., 2018). Participants cited feelings of embarrassment and shame related to their condition and were hesitant to receive treatment due to this. Participants suggested normalizing mental health topics by increasing community awareness and involvement and incorporating more in-depth mental health screening at primary care offices to encourage discussion.

Assumptions

By understanding the perspectives and needs of community members better, prioritization of needed change can occur to increase mental health service utilization. The authors argue that changes to the current system will improve the use of mental health services and clients' quality of life (Ganz et al., 2018). The authors believe that an increase in providers and facilities within communities with a high prevalence of mental health disorders will make treatment more convenient and accessible. Hosting services and discussions related to mental health in places highly frequented by community members, such as churches and primary care offices, could increase access, decrease negative stigmas of mental health, and foster trusting supportive relationships. The authors also recommend community health campaigns focusing on normalizing mental health to reduce negative stigmas. Research supports this concept indicating

that mental health education interventions significantly improve attitudes about seeking mental health treatment and decrease negative perceptions (Kosyluk et al., 2016). The authors believe that the prevalence of mental health disorders within the community will remain high, and individuals will continue to live with decreased quality of life if change does not occur.

Deficit/Conclusion

There are many factors affecting utilization and access to mental health treatment. During this qualitative study, stigma, poor access to mental health facilities within the community, and mistrust of medical professionals were issues prevalently mentioned by participants (Ganz et al., 2018). The authors propose that improving the stigma associated with mental health, increasing access to providers and facilities, and promoting trust withing patient-provider relationships would encourage utilization. They believe that by addressing problems identified by community members, more individuals will begin to seek mental health treatment.

A Qualitative Study: Experiences of Stigma by People with Mental Health Problems

The primary purpose of this article is to examine stigmas associated with mental health (Huggett et al., 2018). The authors gather personal experiences and perspectives from participants to determine how negative stigmas impact individuals with mental health problems. This article identifies four primary sources of stigmatization. Mental health stigma occurs at an internal, familial, institutional, and societal level, contributing to feelings of shame, social isolation, and non-disclosure mental health problems (Huggett et al., 2018). By assessing stigma experiences, the authors were able to identify familiar sources and their impact on mental health.

Key Points

Stigma has a significant effect on individuals with mental health conditions and results in failure to disclose mental health disorders and receive treatment (Huggett et al., 2018). Research

suggests that the stigma associated with mental health conditions is a primary reason that individuals choose not to see a medical professional for their condition (Krans, 2018). Participants identified that diagnostic labels often contribute to stigmatizing views, as each diagnosis has its level of stigma based on public perception of the illness (Huggett et al., 2018). Individuals with more complex mental health conditions, such as schizophrenia, tend to experience higher stigma levels. Many participants stated experiences with self-stigmatization, recounting when they referred to themselves as "crazy" and "not normal." Labeling served as a significant barrier for many participants and was one of the main impacts of mental health stigma.

Another significant impact of stigma occurred during family and friend interactions (Huggett et al., 2018). Family members were hesitant to allow individuals to share information about their mental health conditions with others due to fear of judgment. Participants felt that family members and friends were ashamed and embarrassed by them, resulting in feelings of abandonment and lost friendships. Many participants also identified institutional stigma as having a significant impact on them. Many felt that healthcare professionals lacked appropriate knowledge about mental health disorders. They felt that they did not understand their feelings and situation. Due to this, they commonly chose to distance themselves from health care workers.

Assumptions

By assessing individuals' experiences and perspectives with mental health conditions, organizations can take steps to help decrease negative stigmas. Negative stigma discourages individuals from discussing their condition with others and seeking treatment, impairs close relationships, and leads to feelings of anxiety, embarrassment, and shame (Huggett et al., 2018).

According to the National Council for Behavioral Health (2018), 31% of Americans feared to tell loved ones that they suffered from a mental health condition and 21% admit to lying about their condition to prevent others from finding out. The authors argue that increasing understanding of mental health disorders will decrease stigma and improve experiences for individuals with mental health issues. The authors believe that encouraging family members and friends to take educational classes on mental health disorders can improve their understanding of the condition and decrease embarrassment and the desire to distance themselves. Also, open conversations about mental health can help increase understanding and acceptance and improve familial relationships. Implementing clinical guidelines and workplace training focused on mental health disorders will decrease institutional stigma by increasing understanding and knowledge of these conditions. The authors argue that increasing knowledge and understanding will improve patient-provider relationships (Huggett et al., 2018). The authors believe that if knowledge of mental health disorders does not improve, the stigma will remain high. Individuals with mental health disorders will continue to experience shame, hopelessness, social isolation, and fear disclosure of their condition, not receiving treatment for their condition.

Deficit/Conclusion

Many sources contribute to the negative stigma associated with mental health. During this qualitative study, societal stereotypes, family, and institutions had the highest impacts on individuals with mental health problems (Huggett et al., 2018). The authors believe that by providing education for family and friends, requiring training courses for health care workers, and establishing clinical guidelines for mental health assessments and care, the stigma surrounding mental health will improve. They believe that improving stigma will lead to better outcomes and experiences for individuals with mental health conditions.

Continuity of Care as Experienced by Mental Health Service Users - A Qualitative Study

This article aims to investigate participants' experiences with the continuity of mental health care to identify areas for improvement (Biringer et al., 2017). The authors of the article work to determine current mental health treatment experiences, how they affect care, and how they can improve these experiences. Relationship development, timeliness, choice of care, and knowledge were four areas noted to have the most significant impact on treatment experiences and quality. By assessing service users' experiences and perspectives, the authors were able to identify priority issues affecting the quality of care and utilization.

Key Points

Continuity of care is essential for individuals utilizing treatment options for mental health conditions. Participants stated that they often had to change providers, requiring them to end strong, trusting relationships, and start from the beginning with a different person (Biringer et al., 2017). Research supports the importance of reliable, trustworthy patient-provider relationships for effective mental health treatment (Ganz et al., 2018). Changing providers increased anxiety for many individuals because they had to relate to a new person they did not know. It also caused frustration due to having to repeat assessments and explain their personal story again. Participants also noted feelings of rejection and belief that their provider did not care about the relationship they had established. Participants noted the timeliness of treatment as another prevalent factor affecting the quality of care. Many stated that they often were kept waiting and not able to get treatment when they needed it. Delayed treatment a commonly occurring issue in America, as 38% of individuals seeking mental health treatment have to wait more than a week to get an appointment (National Council for Behavioral Health, 2018). Many individuals expressed experiencing negative consequences of delayed treatment, including struggling to

manage their condition, increased risk for suicide, suffering, and worsening of their condition (Biringer et al., 2017). Participants expressed the importance of having a choice in their care. Participants stated that when they were not allowed to participate in decision making regarding their care, they felt ignored, distanced themselves from providers, and became indifferent to the treatment plan. Participants also stated that being informed about plans for their care, including meetings, interventions, and evaluations, improved their treatment by fostering feelings of security, preparedness, and understanding.

Assumptions

Patient experiences and outcomes can improve by understanding individuals' experiences utilizing mental health services and making changes. The authors argue that improvements in mental health treatment and continuity will increase care quality, utilization, and health outcomes (Biringer et al., 2017). The authors believe that decreasing healthcare provider changes will improve patient-provider relationships. Offering support persons during long wait times will help avoid negative consequences of delayed treatment. The authors recommend discussing treatment options, plans, and interventions with clients to encourage participation and increase knowledge and expectations for treatment. The authors believe that if change does not occur to improve continuity of care, individuals with mental health problems will continue to experience unnecessary setbacks related to their condition, and the recovery process.

Deficit/Conclusion

Many components of mental health care contribute to adverse patient experiences and outcomes. During this qualitative study, participants identified the following critical factors affecting their experiences and recovery process, relationships with providers, getting help when needed, having a choice regarding care, and being informed about their care (Biringer et al.,

2017). The authors propose limiting provider changes, offering support persons, and including individuals in their care plan, can improve patient experiences. The authors believe that better patient experiences will improve treatment quality, utilization, and patient outcomes.

Conclusion

There is a high prevalence of mental illness in the United States as 1 in every 5 Americans reports having a mental health condition (National Institute of Mental Health, 2019). In this literature review, researchers identified several factors preventing individuals from receiving adequate, quality mental health treatment. Significant factors identified include lack of treatment services within the community, poor patient-provider relationships, negative stigma, and lack of involvement in their care plan (Biringer et al., 2017; Ganz et al., 2018). Changes need to be made to the current system for mental health care to offer more service locations and providers, limit provider changes, decrease treatment wait times, and include patients in their care planning process. The stigma associated with mental health is another significant area in need of change. Better educating the community, loved ones, and institutions about mental health disorders can decrease negative stigma, reducing fear to disclose mental health disorders, and encouraging individuals to receive treatment (Kosyluk et al., 2016). These changes will increase mental health service utilization, improve quality of care, and lead to better patient outcomes.

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