

BRIDGES II HEALTH 2010 SURVEY

MENTAL HEALTH CARE: PROVIDING THE HELP PEOPLE NEED WHEN THEY NEED IT

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Barriers To Accessing Mental Health Care

A. Economic Barriers

1. Client believes she or he cannot afford mental health care.
2. Client does not understand his or her insurance policy.
3. Client does not have insurance.
 - Is unaware of resources for the uninsured.
4. Client cannot afford mental health care.
 - Has insurance, but cannot afford co-pay or co-insurance.
 - Cannot afford money to drive to the appointment, mass transit not an option.
5. Client is afraid that seeking mental health care will affect employment or promotion.
 - This is particularly observed among military personnel or other licensed health care providers.
6. Client believes that they would actually have to take off work and cannot afford to do that.
 - Lack of flexibility in work hours.
 - Lack of flexibility in how sick time is taken (e.g., teachers).

B. Geographic Barriers

1. No resources for mental health care in the community.
 - Or no resources for particular client problem in the community.
 - When resources do not exist within the client's community, they are less likely to know about resources in other communities
2. Resources require transportation and cannot access transportation.
3. Distance to travel raises cost of services.
4. Distance to travel overcomplicates client's life in a manner that reduces the likelihood of interest in treatment or compliance with treatment.
5. When the geography is too close or too small:
 - Mistrust of resources in small communities.
 - Client knows providers personally in small communities.
 - A sense of lack of anonymity or confidentiality in small communities.

- This problem tends to be particularly problematic for other health care providers seeking mental health care.

C. Socio-cultural Barriers

1. Stigma associated with mental illness.
2. The client's subculture's beliefs/ values about seeking help for mental health care.
 - Belief that should not tell others about problems or family business.
 - Belief that only the family should be involved in personal or family problems.
 - Belief that talking to a mental health care provider would be a dishonor or a disgrace to the family.
 - Subculture knowledge about, or interpretation of, mental health symptom/problem.
3. We are a John Wayne, pull yourself up by the boot strap culture, that values independence, fortitude and stoicism: values which decrease the likelihood of help seeking behavior.
4. Language/communication difficulties.

D. Individual Barriers

1. Personal philosophy interferes with help-seeking.
 - I should be able to figure this out on my own.
 - Only weak people need help.
 - Only failures need help.
2. Prior negative experience with the mental health system.
 - Poor fit with previous therapist.
 - Prior compelled service as a child or adult.
 - Previous provider unhelpful.
3. A sense of hopelessness that getting help would be beneficial.
4. Client anxiety about accessing mental health services.
 - Anxiety about the process---most people get their information about mental health care from television and the movies, which does not represent accurately what therapy is actually like.
 - Anxiety about the process of getting better.
5. Lack of knowledge that getting help actually can help.
6. Client not ready for help.
7. Client not ready to face factors that would need to change for help to be helpful.

8. Client believes needs a referral from a primary care physician to access help and doesn't have a primary care physician, or does not wish to disclose issues to that primary care physician.
9. Client believes that mental health problems cannot change without change in external factors that exacerbate these problems (e.g., "I can't be happy until I'm employed").
10. Client is unaware that what they are experiencing is a mental illness.

E. Health Care System Barriers

1. Primary care provider does not recognize that a referral to a mental health care provider would be helpful.
2. Primary care provider delays a referral to a mental health care provider by prescribing medications without a referral to evaluate if medications alone are effective
3. Primary care provider does not sell the idea well enough that the person is in need of mental health care, and that mental health care could be beneficial.
4. Primary care provider does not interact well with mentally ill patients
5. Waiting list/waiting time of mental health care organization.
6. Inadequate number of professionals to meet the demand/need.
 - In this community, psychiatric care, in particular, high demand and low supply.
 - Specialty areas.
7. Generalists within the mental health care system do not make appropriate referrals to specialties:
 - Do not know when to do so.
 - Do not know what they don't know.
 - Do not know specialty resources.
8. Mental health care agency requires too much from the patient upfront before they will schedule an appointment (e.g., must be in receipt of all records before we can schedule).

Breaking Down Barriers Within Own Community And Micro Community To Improve The Opportunities For People To Get The Help They Need When They Need It.

1. Identify pockets of prejudice about mental illness within your own micro community agency and department.
 - Address the prejudice.
 - Examine how policies within your own agency promote or limit access to mental health care.

- Offer informational sessions on mental health related topics.
 - Two examples:
 - a. Parent-student related programming.
 - b. Life Is For Everyone.
 - Make emotional well-being a part of wellness programming which can be a way to initiate the conversation about mental health and well-being, a natural segue to discussing mental illness.
- 2. Educate people within your communities and micro communities regarding the relationship of mental health to physical health and the influence of one or another.
- 3. Educate regarding the resources in and out of your community.
 - Be knowledgeable about those resources so that you are able to share them with others.
 - Establish interagency collaborative relationships.
 - Get to know the actual resources available in the community through telephone or face-to-face contact.
- 4. Know when to refer someone for mental health care.
- 5. Know how to refer someone in a way that increases the likelihood that the person will actually carry through with the recommendation.
 - Take the time to build a connection (over the issue of getting help) with the person you would like to refer for mental health services. Your main goals would be two-fold: to convey the message that help can help and to assist them in securing help.
 - Follow-up referral suggestions by a telephone call or a letter to the person.
- 6. Establish ITV links between your community and a resource geographically distant.
 - Know who in your community has ITV mental health care capabilities.
- 7. If you are a mental health care agency, examine your intake process and wait time for appointments.
 - Potential problems can include a lack of turnover on caseloads that create access problems.
 - Centralized intake process which gets people in the door, but not to their treating therapist in less than six weeks does not solve the access problems for which they were created.
- 8. Attempt to do something immediately helpful.