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Mental Health Resources for Low Income Individuals

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Mental Health Resources for Low Income Individuals

Annotated Bibliography

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Abstract

There are many barriers that low income individuals and populations face in accessing mental healthcare, including lack of health insurance that makes it hard to afford care, distance from clinics especially for people who live rurally, lack of transportation, inability to take time off work, and the stigma of mental illness coupled with poverty. Systemic racism in medical settings also plays a significant role in low income minority groups' lack of access to quality care, as doctors prioritize those with insurance. Unfortunately, poverty itself can cause major stressors which puts families at higher risk for mental illness and substance abuse, all of which can lead to long term consequences for this population's physical health as well. Since mental health services are most sparse in low income urban and rural areas, it is important for these individuals and families to have resources available to them in times they need access to mental healthcare. In researching recent advancements in facilitating access to care, organizations that provide mental health services and assistance, and advocacy that can bring about changes in the medical system, there are quite a few options to help more vulnerable populations get the care they need. These are resources along with some actionables for advocacy to address challenges that still remain. The first solution that was frequently mentioned in the research was Telehealth, which can help people who are constrained by distance, lack of transportation, or inability to take time from work. Patient education on telehealth can increase interest in usage among older

minority adults, and advocating for internet access can bring about change in communities where many do not have access to broadband. Mental health apps have also been proven to be a low-effort way to prevent and treat multiple mental health conditions using treatments that are not as widely available due to cost and availability. There are several nonprofit organizations, including HRSA, SAMHSA, Mental Health America and NAMI that have health clinics that serve patients regardless of ability to pay or socioeconomic background as well as offer screening, mental health services, education, and also partake in advocacy to spread awareness around mental health for different groups. With government assistance there are also Medical plans that may cover certain mental health services, although services covered vary by state and region. Lastly, we explored the benefits of integrating mental health care into primary care, and what changes patients could advocate for in the primary care setting to facilitate the delivery of mental healthcare.

Telehealth

Frank, H. E., Grumbach, N. M., Conrad, S. M., Wheeler, J., & Wolff, J. (2021). Mental Health Services in primary care: Evidence for the feasibility of telehealth during the COVID-19 pandemic. *Journal of Affective Disorders Reports*, 5, 100146.

<https://doi.org/10.1016/j.jadr.2021.100146>

I chose this article because it shows that for low income populations that have a primary care provider they are seeing to get help for mental health conditions, or are seeking a provider,

having the option to use telehealth could be a great way to help overcome obstacles that low income individuals face, such as lack of transportation, distance from the clinic, or limited time in one's schedule due to long work hours or no childcare. The research examined the attendance rates during COVID pandemic for a clinic whose majority of the patients are low income individuals, focusing on patients suffering from anxiety and depression while making the sample diverse in background and age. When reviewing attendance, the severity of the patients symptoms and their improvement, attendance significantly improved with telehealth, with fewer cancellations and more appointments attended, as well as significant improvement in symptoms. This can encourage low income populations to speak to their providers about using telehealth for meeting their healthcare needs if they have access to internet in their home and have trouble keeping appointments due to their circumstances.

Advocating for Broadband Internet Access

Source:

This source brings awareness to a major barrier to receiving care through telehealth that certain people in low income populations face, which is lack of access to the internet. Telehealth is a great way to bridge gaps in access to mental health professionals for people who do have access, so this knowledge opens up the opportunity to advocate for broadband access among all low income populations and explain how important it is for them to have it as a resource.

Advocating for broadband access can help us bridge socioeconomic gaps in mental health equity. For people without access to broadband internet, phone visits can make it easier to access care,

however as the article states, video appointments allow for more physical examination, better communication, and a more substantial patient-provider relationship. Further, a video connection allows a provider to see inside the patient's home where some social indicators may increase understanding of a patient's health condition. Video telehealth rates were higher among young adults ages 18 to 24 (72.5% reported using video telehealth), those earning at least \$100,000 (68.8%), those with private insurance (65.9%), and white individuals (61.9%). However, video telehealth use was lowest among those without a high school diploma (38.1%), adults ages 65 and older (43.5%), and Latino (50.7%), Asian (51.3%), and Black individuals (53.6%).

Jezewski, E., Miller, A., Eusebio, M., & Potter, J. (2022). Targeted Telehealth Education Increases Interest in Using Telehealth among a Diverse Group of Low-Income Older Adults. *International Journal of Environmental Research and Public Health*, 19(20), 13349. MDPI AG. Retrieved from <http://dx.doi.org/10.3390/ijerph19201334>

This article demonstrates how educational programs can increase the likelihood of health promotion among older adults by increasing confidence in accessing and using telehealth. Telehealth can allow older adults to take control over their health and preventive care; however, minority older adults use telehealth services less than their White counterparts. To increase telehealth use, vulnerable, low-income, minority older adults were targeted and provided education to improve knowledge of and identify barriers to telehealth use. Participants residing at independent living facilities, low-income housing, and elders of the Native American coalition received written education material, and some attended a 20-min presentation in person. After completing a pre and post survey, it was found that 39% were familiar with telehealth, and after

education 73% felt they understood how to access telehealth. 40% of participants said they would use telehealth in the future, with a larger proportion of in-person (73%) learners willing to use telehealth than at-home learners (41%). Divorced older adults and Blacks voiced greater likelihoods of using telehealth than their married/widowed and White counterparts, who respectively, which are groups that are faced with the greatest barriers due to lower socioeconomic status, and for people who are divorced, lack of a social circles, which means that the educational program was hitting many of the right targets.

Mental Health Apps

Chandrashekar, P. (2018). Do mental health mobile apps work: Evidence and recommendations for designing high-efficacy mental health mobile apps. *MHealth*, 4, 6–6. <https://doi.org/10.21037/mhealth.2018.03.02>

This source is important because it demonstrates that mental health apps have the potential to deliver high quality mental health care in the face of a psychiatrist shortage we are experiencing globally, and in locations that are lacking mental healthcare such as rural regions. There are mental health apps for a variety of healthcare needs, including immediate crisis intervention, prevention, diagnosis, primary treatment, supplement to in-person therapy, and post-treatment condition management, and they are a great way to receive treatment because they re easy to use frequently if you have a smartphone, not much time is needed, and they are satisfying to use. According to the article, when monitoring the effectiveness of mental health apps on depression, anxiety, and schizophrenia, 18 randomized controlled trials covering 22 mobile apps revealed that using apps to alleviate symptoms and self-manage depression

significantly reduced patients' depressive symptoms compared to control conditions. It was also found that people who used anxiety treatment apps had a reduction in their anxiety symptoms. 92% of schizophrenia patients who used mental health apps for treating their symptoms continued their usage with about 4 app interactions taking place each day and positive user experiences and clinical benefits reported. Cost and availability limit access to relaxation training, CBT, and mindfulness, and antipsychotic medications don't address behavioral symptoms the way psychosocial interventions, social skills training, cognitive training, and education on illness management can. Mobile apps can provide these treatments in a simple way where patients can self-monitor their mood and behaviors as well as treat symptoms that are shared across disorders.

Government Organizations and Nonprofits For Mental Health

What is a health center? What is a Health Center? | Bureau of Primary Health Care. (n.d.). <https://bphc.hrsa.gov/about-health-centers/what-health-center>

This source provides great information on how HRSA's clinics, being a government organization, help to bridge the gap in access to mental healthcare. According to the website, HRSA's Health centers are community-based and **patient-directed** organizations that deliver comprehensive, culturally informed, high-quality health care services to the nation's most vulnerable individuals and families, including people experiencing homelessness, agricultural workers, residents of public housing, and veterans. What makes these clinics so accessible to these populations is the fact that they serve their patients regardless of ability to pay and some of

their services are offered on a sliding fee scale., making sure they respond to the unique needs of diverse medically underserved areas and populations. They provide access to pharmacy, mental health, substance use disorder, and oral health services in areas where socioeconomic barriers limit access. They also offer health education, translation, and transportation, which are major barriers in underserved communities. Health centers receive Health Center Program federal grant funding to improve the health of underserved and vulnerable populations. Some health centers receive funding to focus on special populations, including individuals and families experiencing homelessness, migratory and seasonal agricultural workers, and residents of public housing.

Certified Community Behavioral Health Clinics (ccbhcs). SAMHSA. (n.d.).

<https://www.samhsa.gov/certified-community-behavioral-health-clinics>

Similarly to HRSA, SAMHSA, another mental health government organization, also has behavioral health clinics that are required to serve anyone who requests care for mental health or substance abuse, regardless of socioeconomic background. They provide crisis services, treatment planning, screening, diagnosis & risk assessment, outpatient mental health & substance use services, targeted case management and psychiatric rehabilitation services. They also provide community-based mental health care for veterans and peer, family support services. SAMHSA has clinics all across the United States, and have established criteria that help them deliver the best care and reach the most people in need, including managing staffing and availability of resources, and care coordination to assure everyone gets the treatment

they need. They also make sure to include consumer representation in their operations and have measures in place to track the quality of their services and improve as well.

Mental Health America. (n.d.). <https://mhanational.org/>

Mental Health America is a great nonprofit to turn to as a resource for mental health because they advocate for the prevention and early identification of mental illness, as well as providing resources to work through their symptoms and help them come up with a plan to get treatment. They have a screening tool that provides you with results that you can discuss with your provider, a stress test, as well as worksheets that help you manage your symptoms. They also have educational programs that cover topics such as mental health for people of color, mental health at school and in the workplace, and campaigns like IDONTMIND that encourage conversations about mental health. The MHA website offers tools for accessing help, including their Screening to Support tool that gives you your results with referrals to care, services, support and connection with peers. Some of the information and referral services MHA offers are from their Center for Peer Support, which has information and promotional materials on peer-run programs, support groups, and the efficacy of peer support to MHA affiliate locations that provide public education, information and referral, support groups, rehabilitation services as well as socialization and housing services to those confronting mental health problems and their loved ones. Another useful resource is their Its My Life Self Directed care intervention combining peer support practices and psychological intervention with self directed care and life coaching to help people build networks of friends and close-knit relationships.

Nami: National Alliance on Mental Illness. NAMI. (n.d.). <https://www.nami.org/Home>

Nami is another great nonprofit to look to for resources on education, support and advocacy. They offer educational classes and material for a wide range of audience members from mental healthcare professionals/providers, loved ones of people suffering from mental illness and of veterans and military service members, to those suffering from mental health conditions themselves. There is also material designed for people of color, including black and latinx populations. Their advocacy work aims to influence national public policy to help people with mental illness and their families, and there are many mental health awareness events such as walks and fundraisers that anyone can attend. Ways of getting involved with NAMI include sharing your story to encourage and support others with similar experiences through 2 safe online spaces called You Are Not Alone and OK2Talk, attending one of their educational classes, taking advantage of a NAMI Connection Support Group and/or NAMI Family Support Group, and sign up for NAMI Smarts for Advocacy—a training program that will teach you how to join the advocacy movement.

Medicaid

Behavioral Health Benefits. MACPAC. (2021, January 12).

<https://www.macpac.gov/subtopic/behavioral-health-benefits/>

All state Medicaid programs are required to cover certain behavioral health services, including medically necessary inpatient hospital services, outpatient hospital services, rural health clinic services, nursing facility services, home health services, and physician services.

However, many other services used to treat mental health and substance use disorders such as prescription drugs, case management, rehabilitation services along with clinical and social work services are optional services in the Medicaid program.. While this is true, behavioral health services can be covered under state plans, and various waivers, for Medicaid payment depending on state and county of residence, age, behavioral health diagnosis, severity of behavioral health diagnosis, and co-occurring diagnosis. Medicaid coverage for behavioral health services varies both across states and within states depending upon the state and county you live in, your age, behavioral health diagnosis, severity of behavioral health diagnosis, and whether you have co-occurring diagnosis, but if one needs coverage for mental health services, it is possible that Medicaid is an option to get government assistance for mental healthcare.

Improving Mental Healthcare Access in the Primary Care Setting

Funk M, Saraceno B, Drew N, Faydi E. Integrating mental health into primary healthcare. Ment Health Fam Med. 2008

This article explains how integrating mental health care into primary care can be a great way to help more people to have access to healthcare, and the benefits it can have on patients' with mental health conditions. They begin with the fact that integrating mental healthcare in primary care helps people get the diagnosis and care they need earlier on. Primary healthcare is usually the first level of care sought when one is experiencing symptoms, and for people who have access to primary healthcare, it is usually close to home so they are able to access the care they need close to home without the extra expenses associated with travel and transportation are

avoided. Primary care is also less expensive than secondary or tertiary care as well, which makes mental healthcare delivered in primary care settings accessible and affordable. Patients may also experience better health outcomes as well, especially because evidence shows that anywhere from mild to severe depression can be treated in a primary care setting. Mental health conditions often co-occur with other physical health problems, which can impact treatment and recovery. A primary care physician can provide more holistic treatment and care that takes into account mental health, and increase the chances of a good health outcome. A person also sees their PCP consistently throughout their life unless they change their provider, making continuity of care for their mental health easier.

Kroenke, K., & Unutzer, J. (2017). Closing the false divide: Sustainable approaches to integrating mental health services into Primary Care. *Journal of General Internal Medicine*

While implementing mental health care into primary care can be effective for treating mental health disorders, there are still barriers that exist to integrating adequate mental healthcare that is accessible for all demographics and socioeconomic backgrounds. However, this source recommends some changes for primary care offices, which underrepresented populations can advocate for, to enhance the delivery of mental health care. Although prescribing medication is the most common treatment modality in primary care, brief psychological therapies such as cognitive behavioral therapy, motivational interviewing (or listening and directing/ guiding the patient, or problem-solving treatment and counseling for anxiety are an important component of effectively integrated behavioral health care. Care management involves a clinician (most

commonly a nurse but in some settings a pharmacist, social worker, medical assistant, or other health care professional) with dedicated time to follow patients with particular disorders. Just like there are physiological and laboratory measurements for conditions such as diabetes, hyperlipidemia and hypertension, patients being treated for mental disorders like depression and anxiety need to be able to provide patient-reported outcomes (PROs) so that physicians can screen for symptoms, assess the severity, and monitor treatment response. In other words, mental health symptoms should be viewed just like any other physical symptom. These assessments should be easy to score and interpret, and available in multiple languages for patients. In addition, taking into account socioeconomic factors such as housing, employment, food insecurity, violence, other stressors as well as other culturally relevant factors, including language, is important for treatment as well. Trials conducted showed that African-American patients had greater patient satisfaction and superior outcomes with depression among low-income Hispanic primary care patients. Lastly, another major barrier to wider implementation has been payment systems in insurance companies that have often been separated for medical and mental health (MH) care, when in reality, mental health and physical health go hand in hand as the outcome of one can affect the outcome of another. Many providers and insurance companies have surveys or questionnaires where patients can leave feedback on their experiences with their doctors, and requesting one or more of these changes may result in increased training for primary care physicians, more embedded behavioral specialists, or partnerships with nonprofit community health centers.