

Mental Healthcare Access for Low-Income Adults in the United States



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Introduction

Purpose of Study:

The research study was to investigate mental healthcare accessibility for adults in the United States, reflected through individual exposure to resources and willingness to seek mental health treatment. Individuals may have different exposure to the influence to seek mental health treatment, leading this study to identify potential weak areas of exposure and possible implementation of influences for participation in mental healthcare treatment.

Review of Literatures:

- One in five adults suffer from mental health disorder in the United States, but half do not receive any treatment (NIH, February 2019).
- Mental health care has become a more prevalent topic as public health is no longer considered only being physically healthy; but an overall proper wellbeing (Han, B., et al, 2015).
- Under the Affordable Care Act (ACA; 2010), Medicaid was able to expand and provide government funded healthcare to many low-income individuals that need healthcare and were unable to afford it. This coverage would expand to mental health, which opened access to different facilities and healthcare specialists that may not be in their area.
- Cummings et al.(2017) studied how mental health specialists and treatment facilities were predominantly found in different low and high income counties throughout the united states and saw that providers with specialties to mental health were located more in high income countries while facilities were more frequently found in low income areas.
- In the United States, being one of the most developed countries in the world, still does not have universal healthcare that would pay for any treatment needed, this including mental health. Han et al. (2015) found that among adults aged 18 or older in the United States, approximately 4.1% or 9.1 million had a serious mental illness; among those, the ones who did not receive treatment; 70.9% reported that they could not afford the cost.

Hypotheses:

Researchers hypothesized that:

1. an association would be found between the potential treatment facilities and options would be more prominent and easily accessible whether being the ease of payment or other reasons, and the individuals with mental health problems would be more willing to participate and take advantage of resources in order to attend treatment facilities that may fit their needs more often.
2. an association would be found between an individual with emotional problems would be unwilling to make an appointment with a psychologist, and the reason being that they do not have insurance to cover the cost.
3. an association would be found between an individual thinking there are not plenty of resources for them to get mental health problem treatment, and that they would also believe there are not enough Spanish speaking therapists.
4. an association would be found between an individual pertaining to a certain ethnic background, and the individual would believe there are not plenty of resources to receive mental health problem treatment.

References

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Methods

Participants:

The participants were 30 college students from a public university in Connecticut. Individuals of different age range beginning at the age of 18 years of age to 27 years of age and residing in the New England area and nearby areas. Individuals varied from different ethnic backgrounds including Caucasian ($n = 8$), African American ($n = 1$), Asian American ($n = 2$), Hispanic ($n = 17$), and other($n = 2$)

Measuring Instrument:

Mental Health Needs Measure Survey (Kanel, K., 2002)

A questionnaire of 16 multiple choice questions with 1 open ended question that included basic questions to more specific personal questions that relating to mental health, mental health treatment access and opportunities, and personal believe on mental health topic. The questionnaire can have the same results when being used on adult college students only, they were intended to target that population that are now more known to be facing mental health problems and are unsure of how to get help, if available.

Procedures:

1. Data collection among voluntary participants in various locations, including the student center, residence halls, and science building of a public university in New England was taken through completion of a questionnaire with including questions regarding mental health and willingness to seek mental health treatment. The measuring instrument took approximately 5 minutes to complete.
2. An informed consent form was provided along with the questionnaire, which also took 5 minutes to fully read and sign, for proof of confidentiality and consent.

Statistical Analyses:

Using SPSS 25 Statistics analyzing program, four Chi-square tests were analyzed because the variables were nominal data. Level of significance (α) = .05.

Results

1. There was not enough evidence to suggest a significant association between having plenty of resources for an individual to get mental health problem treatment and the willingness to take advantage of resources if they experienced any emotional problems ($\chi^2 = 5.904, p = .116$).
2. There was not enough evidence to suggest a significant association between unwillingness to make an appointment with a psychologist and the reason for not making an appointment being the inability for insurance to cover the cost ($\chi^2 = 2.637, p = .620$).
3. There was not enough evidence to suggest a significant association between believing there are plenty of resources for an individual to get mental health problem treatment and believing there are enough Spanish-speaking therapists ($\chi^2 = 0.259, p = .611$).
4. There was not enough evidence to suggest a significant association between Ethnicity and believing there are plenty of resources for an individual to get mental health problem treatment ($\chi^2 = 2.472, p = .650$).

Discussion

1. The data from this study gave many predicted answers, but did not result in having findings match through the use of the questionnaire. The results showed that there was not enough evidence to suggest any significant association with the variables analyzed. Even though there was close approximation to a p value lower than .05, due to not having enough test subjects there was not enough evidence that concluded to having significant values.
2. The population did play a role in the results while college students are from diverse backgrounds, which allowed for answers that were not expected to also be given. The answers of the participants with minority ethnic backgrounds did not show the predicted relevance as they also gave different answers. This showed how ethnicity and students from low income families did not play a role in mental health problem need for treatment and willingness of participation.
3. The results aligned with the findings of Han et al. (2015) stated that the ACA program excluded undocumented aliens from enrolling in Medicaid, which was prevalent in the answers as the Hispanic individuals answered that the reason for not utilizing the mental health care treatment was due to the lack of insurance to cover the cost.
4. This would also was reported in Cummings et al. (2017) when they stated that many services may only be accessible to those with financial resources to pay out-of-pocket, consequently having those services to be located in wealthier communities, which also was the reason why many answered that they do not know how to utilize mental health services if they were available. The unfamiliarity of those services was seen in the more minority ethnic backgrounds, as a number of Caucasian individuals stated they do see psychologists for their mental health problems, but not enough information was collected to show the difference in ethnic background and prevalence of use of services, but there was a close match to ethnicity and willingness to making an appointment with a therapist.

Recommendations to Mental Health Specialists, Public Health Workers, Medical Health Practitioners:

The findings of this study can be used for the practitioners interested in the needs of individuals and the ease of access to already present treatment possibilities. This study showed the number of college students do have mental health problems, as they participated in the study, and the difference of answers showed how students may or may not be aware of the potential mental health services present. College students showed they had knowledge of the services, but due to the lack of knowing how to use mental health services, they did not participate in using the services. This information can be used by practitioners interested in knowing how prevalent the knowledge of mental health services is in college campuses. The results were not relevant enough to draw a conclusion in finding out what can be implemented to a college campus to heighten the use of mental health services, but it does show that many can be adopted by potential users, if they are given the opportunity and knowledge of using mental health services.