Access to Mental Healthcare as a Privilege

Lynn Giang and Sarah Rowat

Candidates for Master of Science in Clinical Mental Health Counseling

Drake University

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Privilege is defined as a special advantage or authority possessed by a particular person or group (Cambridge Dictionary, 2020). This study will explore positioning access to mental healthcare within the system of privilege. Participants will explore how privilege impacts access to mental healthcare, how funding for mental healthcare can be a privilege for certain groups. Mental health is a stigma barrier that relates to international persons and how privilege has impacts diagnosis and misdiagnosis across cultural.

This presentation will explore privilege in mental healthcare in terms of access to services, funding as a piece of privilege and access, access to culturally relevant services, access to someone from a similar culture, how privilege impacts diagnosis and misdiagnosis, and how these factors related to international persons. Examining mental healthcare as a privilege is essential in improving mental health worldwide, including policy around access, resources to support its central place in general health care, cultural fluency in education, and the role of advocacy services. Individuals and communities experience a scarcity of resources, and inequity in access to them, in seeking and obtaining mental healthcare. Further investigation into the impact of public and private policy related to access is essential to increasing equality in the healthcare system. Future research should consider the accuracy of diagnosis for individuals who are members of non-dominant cultures. Finally, the treatment gap and the proportion of those who need but do not receive mental health care, that is required to be examined with consideration for the stigma of seeking mental health care across cultures.

Access to Services

There are many barriers to accessing mental health services. “The main barriers to access to mental health services identified across the multiple studies were self-stigma, negative portrayal of psychiatry, distrust of authority, financial deterrents to access, lack of mental health literacy, and lack of information concerning mental health services available.” (Khan, M., & Shafqat, A., 2017).

Funding as a Piece of Privilege and Access

Access to mental health care varies by geography, among other factors. Along with the public policy, independent insurance providers make decisions about who receives mental healthcare, their type of care, level of care, and duration of care. More Americans are insured, but their coverage is lacking. The proportion of youth with private insurance that did not cover mental or emotional difficulties nearly doubled, from 4.6 percent in 2012 to 8.1 percent in 2017 (Mental Health America, 2020).

Many people could not afford to pay for mental health care due to the lack of funding services that are available to help them cover mental health services. Qualitative studies by Mishra, S. I., Lucksted, A., Gioia, D., Barnet, B., & Baquet, C. R. (2009) found that “Participants indicated that avenues for receiving information and mental health assistance or services must be accessible. Their comments included two types of accessibility. Some discussions focused on material or economic accessibility, such as the fear of not being able to afford care, not having transportation, not having health insurance that covered mental health services.”

Access to Culturally Relevant Services

A barrier to accessing mental health services that are not always considered is the availability of culturally relevant services in the United States. Though professionals in Counseling Psychology are indoctrinated into a field that advocates for social justice, diversity, and multiculturalism, an American society predicated on White supremacy and WP (white privilege) creates an environment of ethnocentric monoculturalism (Sue, 2004 as cited in Owen, 2017).

Stigma may also be an impediment to recovery from mental illness by serving as a barrier to seeking help for mental health problems (Coorigan, 2004). Of importance in considering culturally relevant mental healthcare services is the topic of stigma, with an emphasis on stigmas and how the stigma(s) vary across cultures.

Access to Someone from a Similar Culture

In Iowa, a vast majority of licensed therapeutic practitioners are white females. This illustrates a lack of access to someone from a similar culture and points to a potentially broader issue of lack of diversity in post-baccalaureate programs. Further research is needed to identify the ethnicity and culture of practicing counselors as well as counseling students and programs.

Diagnosis/Misdiagnosis

Rao, Feinglass, and Corrigan (2007) stated “diagnoses of mental illness are given based on deviation from sociocultural, or behavioral, norms. Therefore, mental illness is a concept deeply tied to culture, and accordingly, mental illness stigma is likely to vary across cultures” (p.1020). Culturally responsive mental healthcare and diagnosis of mental health disorders are primarily dependent on the counselor’s culture and their

competency for gaining an understanding of the client's culture in relation to their mental health concerns.

How these Factors Relate to International Populations/Persons

Language barriers are a significant challenge to provide timely and effective mental health services worldwide. For example, the Asian population in the United States with limited English proficiency are mainly and unlikely to receive mental health services. In the study by Snowden, Lonnie & Masland, Mary & Peng, Carol & Lou, Christine & Wallace, Neal (2011) mentioned, "Global mental health initiatives have made important inroads in raising awareness and increasing understanding of the need for mental health services, but they have largely neglected the important problem of language barriers to services use."

Mental health services may not be available in every country, especially those countries that are undeveloped. The lack of education in mental health services and resources tends to be the biggest problem many countries face. Following Saxena, Shekhar & Thornicroft, Graham & Knapp, Martin & Whiteford, Harvey (2007) reviewed and found that "Not only are resources for mental health scarce, but they are also distributed inequitably: between countries, between regions, and within local communities. Need and access tend to vary inversely—those with the highest need have the least access to care. The rate of mental disorders and the need for care are highest in poor people, those who are least educated, women, young people, and rural communities; yet these groups have low access to appropriate services."

Multicultural heritage is an important aspect when considering cultural and linguistic diversity to evaluating mental health needs in many countries. Ethnic minority,

refugees, and migrants tend to not seek for mental health due to the fact they may not have much education background toward mental health and services, which increase the likelihood that they will continue to suffer from mental health and not knowing where to seek for these services. Finding shows that “International research reports that migrants, refugees, and ethnic minority groups are less likely to, and report greater difficulty in, accessing or receiving appropriate health care.” (Armstrong & Swartzman, 2001; Betancourt & Cervantes, 2009; Cowan, 2001; Cummings & Druss, 2011; Garrison, Roy, & Azar, 1999; Murray & Skull, 2004; Pirkis, Burgess, Meadows, & Dunt, 2000; Whitley & Lawson, 2010 as cited in Logan, Shanna & Rouen, David & Wagner, Renate & Steel, Zachary & Hunt, Caroline, 2016).

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