

Mental Health Access Among Marginalized Groups



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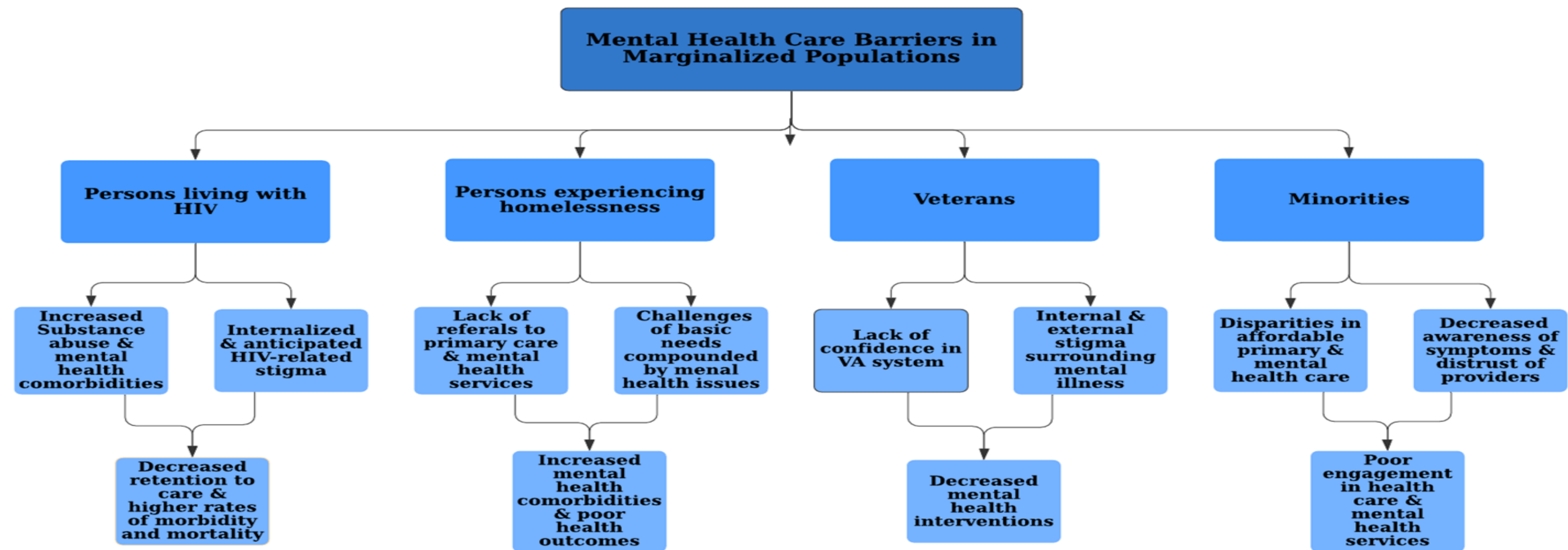
Introduction

There is a profound lack of access to mental health care for marginalized groups. Behavioral health disparities defined by the National Conference of State Legislators (NCSL) are differences in outcomes to services related to mental health and substance misuse in groups based on their social, ethnic, and economic status ("Behavioral health disparities," 2017). Intersecting comorbidities can also negatively influence engagement within healthcare systems. Mental health includes emotional, psychological, and social well-being, and poor mental health can increase the risk for other types of physical health problems. More than 50% of the population will be diagnosed with mental illness or disorder at some point in their lifetime, according to the CDC ("Health disparities," 2019). Therefore, access to mental health care is critical. **Our purpose was to identify barriers and other factors involved in accessing mental healthcare among four marginalized groups in the United States: minorities, veterans, people living with HIV, and the homeless.**

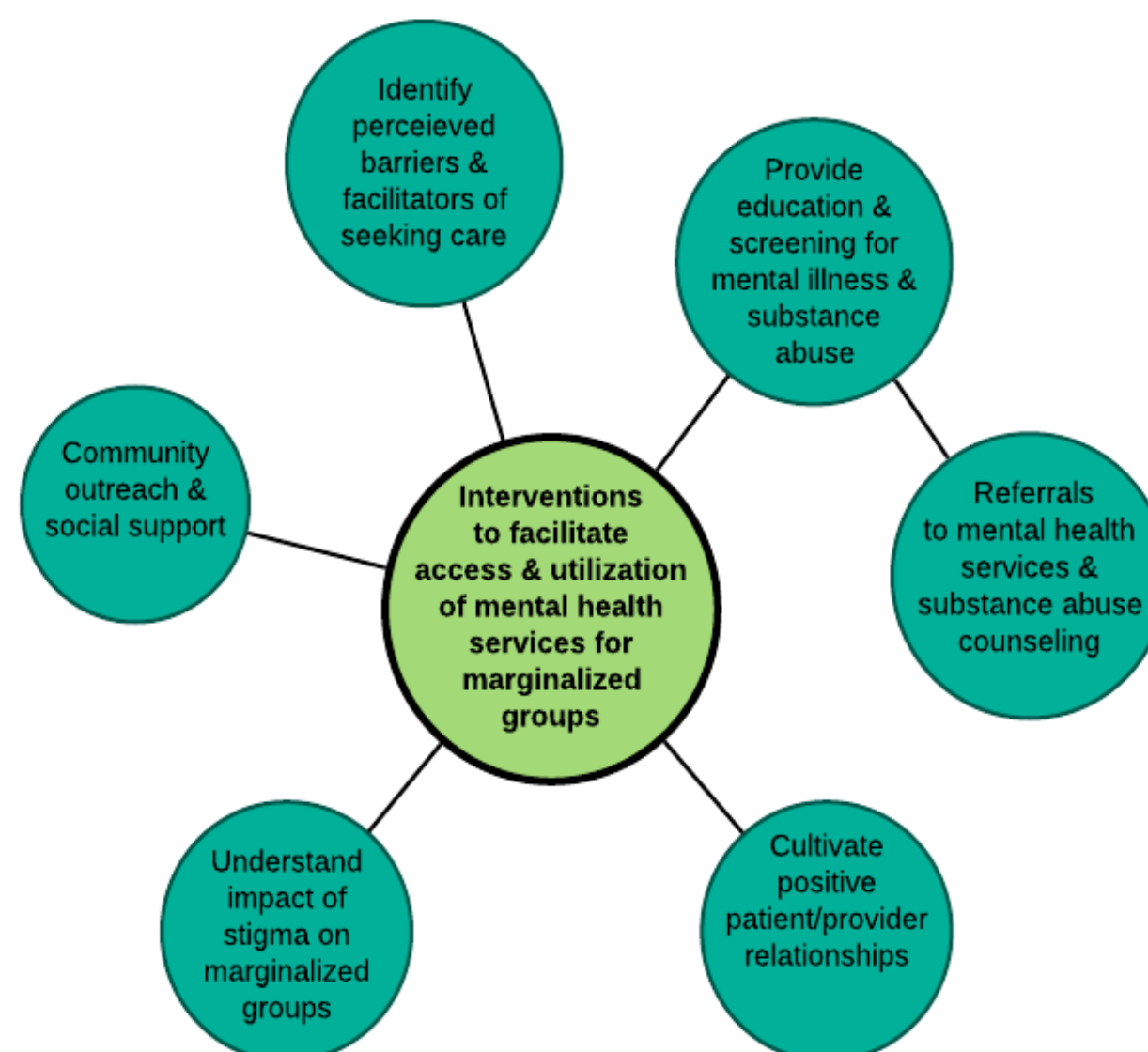
Background

The life expectancy of individuals with mental illness is estimated to be 20% shorter than the general population (Nowels, 2018, p. 97). Untreated mental illness can lead to deterioration in physical health and subsequent longer hospital stays, the cost of which is often borne by federal and state health programs (Rubin, 2019). Untreated mental health illness can cost up to \$300 billion annually (National, 2017), and because marginalized groups are both more likely to experience mental illness (Weinberger, 2019) and less likely to seek care (World, 2020), they may contribute disproportionately to the grim statistics. Because Western medicine is evolving to treat the mind and body as a holistic unit (Nowels, 2018, p. 97), nursing will need to adapt as well in order to contribute to improved morbidity and mortality statistics in these populations. Based on our unique interests, our team chose four marginalized groups to explore: persons living with HIV, the homeless, minorities, and veterans. Each of these subcultures faces unique and often intersecting challenges in accessing mental health care, as explored here.

Findings: Barriers to Access



Findings: Facilitators to Access



Conclusions

The studies revealed suboptimal health outcomes and less effective use of, and retention in, healthcare among the four marginalized groups in this review. Various factors were identified, and unaddressed mental health conditions were shown in several studies to exacerbate pre-existing disparities and comorbidities. The studies offered promising suggestions for interventions and implications for future research to reduce the burden felt by these groups. Further research with larger samples is needed to identify long-term retention rates of various interventions. However, we are hopeful this review encourages the use of treatment preferences identified to develop more effective interventions, as well as to facilitate the development of stronger mental health assessment skills among nurses and healthcare providers in the effort to improve outcomes for marginalized groups.

Literature Review and Methods

We selected twenty research articles that were retrieved from online databases, such as CINAHL, psychINFO, and PubMed. These online databases were accessed through our university library. Key search words included mental health, barriers, facilitators, access, minorities, veterans, HIV, and homeless. Our articles included one literature review and 19 qualitative and quantitative studies that explored barriers to mental health care access and interventions to improve mental health care access in four marginalized groups. Our exclusion criteria were peer-review status and publication date; all chosen articles were peer-reviewed and published between 2016 and 2021.

References

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