

The Tension of Accessible Services and a Living Wage

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Mental health is just as important as physical health, yet mental health services are very hard to access. To be sure, our access to preventive physical health care and comprehensive medical services leaves much to be desired. Yet accessing mental health services seems more elusive, even as more people realize the needs and benefits of mental health care.

The COVID-19 pandemic brought to the forefront for more people awareness of mental health challenges. In 2020, as compared to the same period in 2019, symptoms of anxiety disorder and depressive disorder increased considerably (Ahmad et al. 2021, Czeisler et al. 2020). In a representative survey of adults over the age of 18 conducted in June 2020, it was noted that 40 percent of adults were struggling with mental health or substance use conditions. In 2020, it was also found that overdose deaths increased by nearly 30 percent as compared to the previous year (Ahmad et al. 2021).

This increase in need led to a corresponding increase in accessing services, for those who could afford to do so. Therapists' waitlist grew, and the frantic search for an open slot ensued. A chain of six degrees of separation was commonplace, passing on referral to referral until the client found a therapist with an opening.

However, this difficulty accessing services is not a new phenomenon. For decades many people with significant mental health needs, and less economic resources, have struggled to find appropriate and sustained mental health care. Adults with Medicaid are more likely to report they needed but did not receive mental health treatment or counseling in the past year as compared to those with private coverage^a. The disparity in access increases when we consider ethnicity. Black beneficiaries with mental illness were less likely to receive treatment (36%) than their white peers (52%). Hispanic beneficiaries and beneficiaries who report two or more races also show similar disparities as compared to white beneficiaries.

As McGhee describes we must shift the dominant societal beliefs that contribute to inadequate law and policies. "So, what is the stubborn belief that needs to shift now for us to make progress against inequality" (p. 13) in mental health care? In order to answer this, we need to think about the contributing factors of racism and stigma.

Racism is embedded in the mental health system. For one, people of color experience a cumulative effect of discrimination and racism that can exacerbate mental health concerns. These experiences build upon stressors and other life events that may be experienced by all members of society, but are then compounded for minoritized

groups. Additionally, racism is prevalent in the diagnosis and treatment of people of color. As compared to their white counterparts, people of color receive more severe (and frequently inaccurate) diagnosis, poorer prognosis expectations, and less responsive treatment.

This differential treatment is partly a reflection of inadequate training available for therapists, and lack of representation among therapist providers. Training programs must prepare developing therapists to understand and address the impacts of racism and oppression within their work with clients, and to be mindful of how their diagnosis and treatment may be influenced by their unconscious biases and stigmas. To meet this aim, state and national licensing and professional boards must require training that attends to issues of racism and oppression, and integrates the use of cultural humility practices across all training programs. There also needs to be dedicated resources to encourage diverse individuals to enter into the therapeutic field to increase representation.

Racism is intertwined with the stigmas we hold. As a society we have long ignored the cost of untreated mental health needs, but are quick to pass judgment on those who suffer from the consequences. As Heather McGhee describes: "at its core, it's a moral question. Ultimately, an economy—the rules we abide by and set for what's fair and who merits what—is an expression of our moral understanding" (p. 216). We have attached a stigma to the suffering of others, literally pushing people out of sight and mind when their mental health needs become inconvenient for us. We stigmatize the people who have lost their jobs, homes, community, as a result of untreated mental illness and attribute their situations to moral failures or weakness. But what if we afforded the same grace and understanding to all people who struggle with mental health concerns?

Racism and stigma have presented barriers to thinking about mental health treatment as a collective endeavor. As McGhee describes, healthcare works best when there is collective buy in, and the lack of this societal response is why our systems perform so poorly, we have resisted universal solutions. This is evident in mental health care, and reflected in a lack of fair compensation.

There is a tension for many therapists who want to provide accessible services at a lower cost, and the reality of needing to make sure they have enough money to house and feed themselves. Lower participation by therapists in Medicaid programs reflects low payment rates, where significantly lower compensation rates and other barriers in receiving payments make it infeasible for many providers to take Medicaid. A recent study found that providers are less likely to accept new patients with Medicaid than patients with other forms of insurance. The result, those with economic resources are in a place to access services, leaving those with less having very few service providers.

In order to address the mental health needs of everyone, we will need to look at collective solutions. Historically, we have resisted the urge to put everyone in the same *pool*, letting racism and power decide who is *deserving* of services. When only a small group of people can access services, at a certain point everyone will suffer. "A functioning society rests on a web of mutuality, a willingness among all involved to share enough with one another to accomplish what no one person can do alone" (p. 35). This will require us to approach mental health care as a collective endeavor.

Reimbursement rates must be set at a rate that is comparable to what is available on the open market. Therapists must be able to provide services to all communities, and still get their own living needs met. The investment in mental health will also contribute to greater gains for society as a whole. People will be able to access treatment, we will see less deterioration in health, and an increase in those who are able to participate more fully in society. The sum of us will be better for it.

Reference

<https://www.macpac.gov/publication/access-to-mental-health-services-for-adults-covered-by-medicaid/>

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