



# Closing the Gap in Mental Health Care

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## Abstract

The low accessibility to mental health care in the United States is a major public health problem. This poster reviews the literature on the causes and consequences associated with low accessibility to mental health care, such as the shortage of mental health professionals and health insurance coverage. The consequences are significant and impacts millions due to receiving less-than-optimal or no mental health care. The solution to this issue can be seen through an increase in mental health professionals and psychiatrists nationwide.

## Introduction

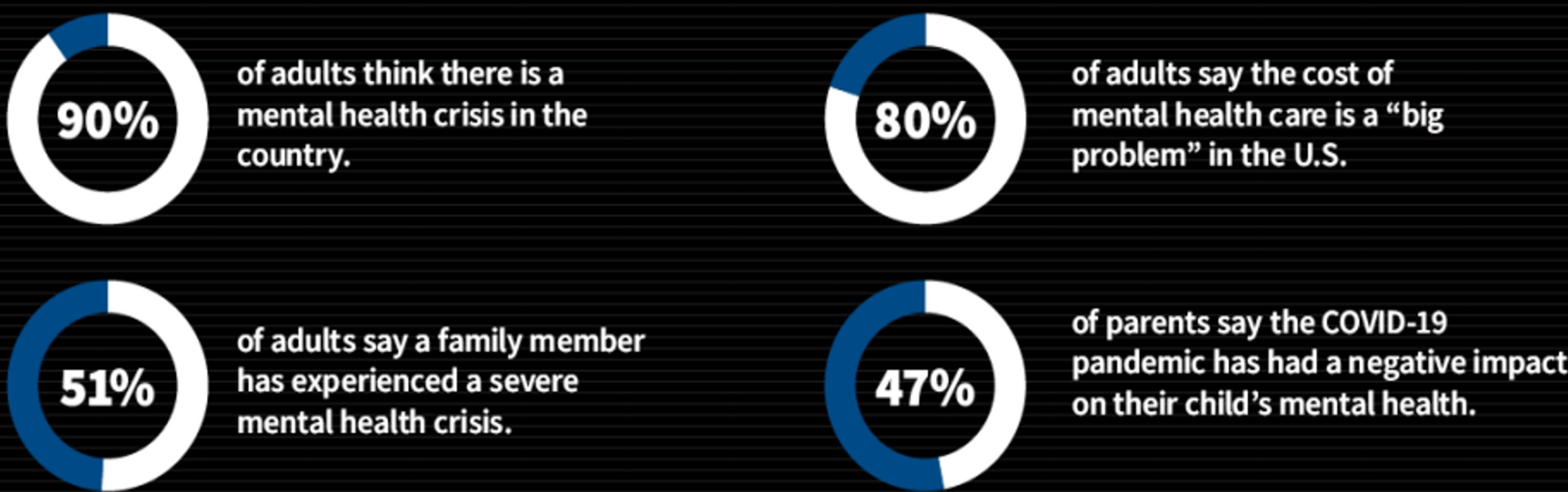
“More than one-third of the U.S. population lives in areas that are underserved by these professionals; about 80% of rural counties lack even a single psychiatrist” (Resneck, 2022). Mental health care accessibility has been exceptionally difficult for those of lower socioeconomic status to obtain and has only worsened after the COVID-19 pandemic. Access to mental health care is vital to one’s physical health, and should be treated as such by both patients and providers. However, it has been a continuous struggle to provide mental health care for the entire population due to multiple factors on a nationwide level.

## Who’s Affected?

- Adolescents and young adults, LGBTQ+ individuals, individuals from historically marginalized racial and ethnic groups, and those in the welfare or juvenile system. (Resneck, 2022)
- Racial-ethnic minority groups receive less-than-optimal care due to unconscious bias and stereotypes. (Mongelli et al., 2020)
- Rural communities, where more than 1/3 of the population lives in underserved areas. (Resneck, 2022)
- Primary care providers are also affected due to the increased integration of behavioral health services into their services, up to 60% of patients with a psychiatric disorder, leading to potential burnout and stress. (Mongelli et al., 2020)



### Mental Health in America



## Competing Options

Since the COVID-19 pandemic, telemedicine has become more popular and accessible, allowing patients to receive care virtually and not have to worry about waiting in-person. However, there is still limited and/or restricted access to in-network health care providers, long wait times, potential providers not accepting new patients, and other plan coverage limitations. Although telemedicine seems convenient, it poses its disadvantages, especially in regard to mental health, such as “difficulties in detecting nonverbal cues, and the lack of physical proximity in the doctor-patient relationship” (Collins, 2023). Another competing option that has tried to bridge the gap in mental health care is to provide more federal efforts through the usage of grants and enhancing crisis responses, such as investing \$836 million towards 9-8-8, according to SAMHSA. However, there is still an increased number of suicides: “30% for many vulnerable groups since the turn of the millennium” (Collins, 2023), so the problem lies more so in the accessibility to citizens directly, not corporations or businesses.

## Solution

In order to close the gap in mental health care, the amount of psychiatrists and mental health professionals available throughout the U.S. needs to be increased. By increasing the amount of providers in the country, we could alleviate the potential burden of having out-of-network providers, longer wait times, and minimize the potential that a provider is not accepting new patients. This solution could be implemented by familiarizing medical students to the field of psychiatry, as well as provide them with adequate opportunities to practice in the field. By ensuring students are clinically trained in both under- and over-served communities, they will be prepared for every field of practice and are “almost three times as likely to practice in underserved areas” (Mongelli et al., 2020).



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