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Abstract: *One in five Americans are diagnosed with a mental illness, yet only 41% of adults received healthcare services in the past year. Due to barriers in accessing care, services are costly, wait times are long, and appointment times are inconvenient. Lack of access to quality, affordable care disproportionately affects those in rural areas and individuals with low socioeconomic status. School-based mental health education programs should be developed as a beginning step to combat increasing mental health conditions and limited access to healthcare facilities. Lack of access to care may lead to occupational injustices such as: occupational alienation, deprivation, and imbalance. Occupational therapists can address these injustices through assessing and promoting the mental health of all clients. Implementing school-based mental health education programs have proven to be effective. If implemented, the following outcomes are expected: decrease in suicide attempts, increase in overall health and well-being, and increased awareness of mental illness. This paper includes an analysis of current literature regarding limited access to mental healthcare and proposes a solution to this issue.*

Keywords: mental healthcare, access, availability, rural areas, psychiatric facilities, Medicaid, and Affordable Care Act

Facilities in the United States

The healthcare system in the United States is very complex, leading to several disparities in care. Although medical professionals are highly educated and trained, accessing healthcare facilities is often an issue while trying to obtain care. A key health determent is access to care (Shi & Singh, 2019). Shi and Singh (2019) demonstrate the need for availability, affordability, accommodation, and acceptability, in addition to the accessibility of healthcare. Access to care is one of the first steps to treating a medical problem and returning to valued occupations.

Lack of access to care continues to be an issue across all areas of healthcare, especially regarding access to psychiatric facilities. Despite the high prevalence of mental illness diagnoses, 55% of counties throughout the United States do not have practicing psychiatrists, psychologists, or social workers (Reardon, 2010). The American Psychiatric Association (2013)

defines mental illness as;

> A syndrome characterized by a clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. (p. 20)

Mental illness encompasses over 200 conditions that are separated into the five major categories: anxiety disorders, mood disorders, schizophrenia/psychotic disorders, dementias, and eating disorders (Triad Mental Health, n.d.). Although these conditions are common, only 41% of adults in the United States with a mental illness received mental healthcare services within the past year (National Alliance on Mental Illness [NAMI], n.d.). This disparity demonstrates a major lack of access to mental healthcare services within the United States. As a beginning step to combat increasing mental health conditions and limited access to healthcare facilities, school-based mental health education programs should be developed throughout the United States.

Literature Review

One in five Americans has a mental illness (NAMI, n.d.). Psychiatric conditions are very prevalent, yet they seem to be overlooked in regards to funding and guaranteeing access for individuals in need. According to the Center for Disease Control and Prevention (CDC, 2017), there were 42,773 deaths from suicide in 2014 throughout the United States. Because of the lack of attention, mental healthcare is not accessible for many individuals, which often leads to fatal consequences. Not only is this a national concern, but it is also an issue within the local area. Though 3.4 million Kentucky residents have a severe mental illness, there are only 11.3 mental health hospital beds per 100,000 people available, which does not meet the national standard of a minimum of 50 beds (Treatment Advocacy Center, 2017). A lack of available resources in technology, funding, and healthcare professionals plays a role in limited access to care. As a result, individuals are facing barriers in multiple forms including individual-level, practitioner-level, and resource-based barriers (National Collaborating Centre for Mental Health, 2011).

Individual-level barriers to accessing mental healthcare include experiencing stigma, fear, lack of knowledge of mental health symptoms and services, distrust of healthcare services, as well as feelings of shame and lack of support (National Collaborating Centre for Mental Health, 2011). Therefore, individuals may not be accessing mental healthcare because of personal or family-held beliefs regarding mental illness. Reducing the stigma surrounding mental illness is critical in allowing individuals in need to access the appropriate care. Those who overcome the individual-

level barriers to accessing care often are met with additional barriers at the practitioner-level. These barriers include poor communication and attitude with patients, inadequate assessments, and lack of referral for further treatment (National Collaborating Centre for Mental Health, 2011). Overworked practitioners may experience burnout and provide inadequate treatment to those in need. The National Collaborating Centre for Mental Health (2011) found resource-based barriers to include transportation issues, poor appointment systems, and not having the appropriate childcare services. Individuals may overcome the individual and practitioner barriers, but they may still experience resource barriers and fail to access needed care. The various barriers that patients face while attempting to access the appropriate care must be accounted for when discussing access to mental healthcare, both nationwide and in Kentucky communities.

Method

Design and Procedure

The purpose of this project was to analyze the available literature regarding the lack of access to psychiatric facilities in the United States to propose a solution to barriers in quality, affordable care to increase the accessibility of mental healthcare for those in need. Academic databases including Academic Search Complete, Medline, CINAHL, CINAHL Complete, and PsychInfo were searched. The following keywords were used: mental healthcare, lack of, access, availability, rural areas & mental healthcare, psychiatric facilities, Medicaid, and Affordable Care Act. The author reviewed each article carefully to determine which articles were appropriate for the topic. The lack of access to psychiatric facilities in the United States was analyzed with relevance to the national healthcare system, current healthcare policies, occupational science, and occupational therapy.

Results

Implications on Healthcare Service Delivery

Because of the barriers to accessing mental healthcare and the pervasiveness of mental health conditions in the United States, there are negative implications in the delivery of care. Bellamy et al. (2016) found mental healthcare services to be expensive, have long wait times, and include inconvenient appointment times and days. The Agency for Healthcare Research and Quality (2014) determined mental illness to be one of the top five most costly conditions in the United States. Although Medicaid helps to offset a portion of the costs, patients are left paying for two-thirds of the cost of prescriptions in addition to fees for each visit and treatment (Agency for Healthcare Research and Quality, 2014). Individuals who do not qualify for Medicaid are left paying costly premiums, fees, and the cost of prescriptions (Shi & Singh, 2019). The overall cost of the needed healthcare services is a strong barrier for individuals seeking care.

In addition to costly services, the waiting time to receive care is long. Because patients are required to obtain a referral from a primary care

provider to receive mental healthcare services, wait times are even longer than may be anticipated. Weiss et al. (2012) found that the wait time to receive mental healthcare services averaged 15 hours for emergency care. Individuals who work full time and have other responsibilities are often not willing or able to wait extended amounts of time to receive care.

Not only are the costs high and the waiting periods long, appointment times are also inconvenient for most patients. According to the Kaiser Family Foundation (2016), Kentucky only has enough mental health professionals to meet 56% of the need within the state. With a shortage of professionals, there are not enough time slots available for patients. Patients may not be able to find a time or day available for an appointment that is convenient for them. Because facilities are understaffed, healthcare delivery is often rushed, impersonal, and does not capture the entire essence of the mental illness, often leading to lack of referral and higher rates of hospitalization (Kaiser Family Foundation, 2016; National Collaborating Centre for Mental Health, 2011). Secondary complications due to lack of access to mental healthcare include higher rates of emergency room visits, outpatient medical costs, mortality, and caregiver distress, as well as reduced quality of life (Shah & Kaplan, 2015). Unfortunately, mental illness is often overlooked and creates poor health outcomes for those in need.

Populations Impacted

Because mental illness is not specific to one population, many individuals are impacted by the lack of access to mental healthcare. Most broadly, individuals who have mental health symptoms and are unable, for whatever reason, to receive care are most impacted. Overall rates of mental health conditions are similar for men and women; however, men may be less likely to seek help for these conditions (Addis & Mahalik, 2003; World Health Organization [WHO], 2018). Cultural factors and expectations of men, including gender stereotypes, may partially explain why men are less willing to seek out mental health treatment (Addis & Mahalik, 2003). Gender has been found to influence certain conditions, with women being more likely to experience depression and anxiety while men are more likely to experience conditions like alcohol dependence (WHO, 2018). Gender bias is present in diagnosing conditions and prescribing medication as well. For example, men are less likely to be diagnosed with depression even when they have similar scores as women on standardized assessments of depression and are also less likely to be prescribed psychotropic drugs that alter mood (WHO, 2018).

Access to mental healthcare services is influenced not only by gender but also within residential location. Research conducted by Ivey-Stephenson, Crosby, Jack, Haileyesus, and Kresnow-Sedacca (2017) indicated higher rates of suicide in rural areas when compared to more urban settings regardless of gender, age or race. Although suicide rates are higher in rural areas, McCall-Hosenfeld, Mukerjee, and Lehman (2014) found the prevalence of mental health illnesses in urban areas are similar to that of rural locations. Individuals living in rural areas experience an increased

lack of access to mental health facilities, and this partially accounts for the higher suicide rates. Recent closures and discontinuation of mental health services in rural areas due to lack of funding and low reimbursement rates have had a negative impact on access to care (Rural Health Information, 2017). These closures have resulted in greater travel distances between facilities, increased wait times, and inadequate time with mental health professionals. Overall, there is a wide range of individuals in need of care to do not have access to appropriate, convenient and professional mental healthcare services.

Mental health issues typically are seen in high numbers within the teenage and elderly populations. However, there has been a recent rise in mental health concerns within the American middle-aged adult population. Ivey-Stephenson et al. (2017) found the highest rates of suicide among middle-aged individuals, ages 35-64. High economic stress, easy access to prescription pain medication, and demanding schedules that do not allow time for mental health treatment play a role in the rise among this population (Parker-Pope, 2013). In addition to gender and age, race plays a role in accessing mental health facilities. McGuire and Miranda (2014) found that minorities in the United States have lower rates of mental illness, but they are less likely to access needed care and more likely to receive poorer-quality care when being treated. This may be due to discrimination, inaccurate assessments, and disparities in insurance coverage (McGuire & Miranda, 2014; National Collaborating Centre for Mental Health, 2011). In addition to increasing rates of mental illness in adults, there continues to be worsening mental health of youth populations. Mental Health America (2017) found that the percentage of youth with severe depression increased by 2.3% from 2012 to 2015. Also, 76% of youth with severe depression have insufficient or no treatment options available (Mental Health America, 2017). Mental illness is found within every population, regardless of age, and greater resources should be directed to this issue.

Discussion
Application to Occupational Science
Occupational justice should be considered when examining vulnerable populations' access mental healthcare. Townsend (2012) found individuals with mental health problems experience exclusion from their everyday occupations and often experience occupational alienation, deprivation, and imbalance. Occupations are all of the daily tasks that individuals want and/or need to complete such as getting ready in the morning, driving to work, attending classes, participating in valued leisure activities, and caring for family members or pets. Occupational alienation in individuals with mental illness occurs when an individual is not able to engage in social contexts as desired due to negative social stigma, and they experience a lack of choice of occupation (Wells, Black, & Gupta, 2016). Deprivation occurs when an individual cannot engage in valued occupations for an extended period of time due to factors outside of their control, such

as the inability to obtain effective healthcare (Wells et al., 2016). Finally, an occupational imbalance occurs when an individual is unable to balance both the productive and pleasurable aspects of an occupation (Wells et al., 2016).

Individuals with mental illness often attempt to achieve occupational justice on their own through social identity. Laliberte-Rudman (2002) explains that maintaining a positive social identity is very important to individuals with mental illness. Laliberte-Rudman's (2002) study found that individuals who value social identity will act, through occupation, as though they do not have a mental illness, provide misinformation regarding occupations, or overall avoid occupations resulting in negative stigma. Because maintaining an acceptable social role is valuable to many people, individuals with mental illness will attempt to hide their condition from others. This can lead to the discontinuation of healthcare services to uphold a social image or individual-level barriers as discussed above, resulting in the inability to access services.

Application to Occupational Therapy

Occupational therapy is useful in the prevention and treatment of mental health conditions. Mental health issues often arise as a result of acquired health conditions such as traumatic brain injury, diabetes, obesity, chronic obstructive pulmonary disorder, and many others (Burson et al., 2017). Occupational therapy practitioners are trained in assessing the mental health of a client and promoting mental health through the recognition of valued occupations and healthy habits (Burson et al., 2017). Through the promotion of healthy mental health habits, occupational therapists assist in preventing acquired mental health conditions.

Occupational therapists are not only trained in the prevention of mental illness but also offer services in mental health settings. According to the American Occupational Therapy Association (AOTA, 2016), there has been a recent push for an increase in occupational therapy services in mental health settings. This profession uniquely provides education for daily living skills, as well as community integration, environmental modification, and coping strategies and skills. Occupational therapists also work with individuals who have a mental illness to combat stigma, increase safety, and address issues of low socioeconomic status and lack of long-term housing (AOTA, 2016). As mentioned previously, the lack of access to services creates an even greater need and more extensive mental health problems or conditions.

Healthcare providers must advocate for the access and availability of services to all people who may need them. According to the National Alliance on Mental Illness (NAMI, 2014), 80 percent of Americans with a mental illness are unemployed. Occupational therapists work with potential employers to adapt the workspace environment and ensure the employer complies with the standards set forth by the Americans with Disabilities Act of 1990 (AOTA, 2016). By working with potential employers, occupational therapists advocate for the needs and rights of their clients. Returning

to work is considered to be one of the best treatments for mental illness (NAMI, 2014). Occupational therapy's role in advocating for their clients with a mental illness is critical for the well being of the client to promote their full participation in valued occupations, including work.

Connection to Current Healthcare Policies

Mental health issues have gained increasing attention over the past decade, resulting in policy changes. The Mental Health Parity and Addiction Equity Act of 2008 required insurance companies to provide the same level of benefits for mental and substance use treatment as medical and surgical care (Substance Abuse and Mental Health Services Administration [SAMHSA], n.d.; Shi & Singh, 2019). This act eliminated limits on inpatient care days, reduced copays, and provided coverage for out-of-network providers. However, this act did not require all insurances to provide mental health coverage; it only required insurances that already provide mental health coverage to guarantee this coverage equally (SAMHSA, n.d.).

The Affordable Care Act (ACA) of 2010 also expanded the coverage of mental health services. The U.S. Department of Health and Human Services (2013) found that the ACA provides mental health insurance coverage to over 62 million Americans. With this law, insurance companies can no longer discriminate because of a preexisting medical condition, including mental illness (Shi & Singh, 2019). There is also increased coverage for mental health treatment, including counseling, psychotherapy, and substance use disorder services. Although this is a great progression in providing mental health insurance coverage for millions of Americans, there are still many who are unable to obtain coverage and care. Chavez, Kelleher, Matson, Wickizer, and Chisolm (2017) found that even though the Affordable Care Act expanded coverage of mental healthcare, many individuals in rural areas were not able to access the necessary care. It is estimated that 47.5 million Americans continue to lack health insurance and 25% of those uninsured have a mental health or substance use condition (U.S. Department of Health and Human Services, 2013).

Healthy People 2020 is a national program that aims to identify and improve national health concerns within a ten-year period (Office of Disease Prevention and Health Promotion, 2014). Healthy People 2020 set the goal of increased focus on the improvement of mental healthcare. Shim and Compton (2017) discuss the midpoint review of Healthy People 2020 in regards to their mental health goals. Many of the mental health goals have not been met and outcomes have worsened since the 2010 review including increased suicide attempts, greater prevalence of eating disorders and major depressive episodes, higher drug use, and more alcohol-attributed deaths. There has also been a significant reduction in the employment of individuals with severe mental illness. The reduction of focus on mental health issues has resulted in an increase in societal issues regarding mental health.

Impact on Healthcare Service Delivery

Due to the high rates of social stigma surrounding mental illness and limited access to mental healthcare facilities, school-based mental health education programs should be developed and implemented throughout the country as an early step to increase positive outcomes for this population. These programs would serve as the first line of education on what mental health is, what symptoms of the conditions look like, and where one can seek further help and treatment. Individual-level barriers, such as social stigma, serve as a major deterrent to individuals with mental illness when seeking treatment (National Collaborating Centre for Mental Health, 2011; Laliberte-Rudman, 2002). Developing a program within schools will help to normalize mental illness and has the potential to reduce the social stigma surrounding these conditions.

In order to establish these programs, additional training for mental healthcare providers would need to be provided. Providers would also need additional time within their schedules to enter schools and teach these programs. If established, teachers should also be trained in recognizing mental health symptoms among students and have a developed system of referral for those in need. The American Psychiatric Association (2017) discusses similar programs that are already developed in some school systems such as FRIENDS, Positive Action, and Promoting Alternative Thinking Strategies, which have demonstrated success for reducing anxiety, improving self-management and overall mental health, as well as promoting positive self-esteem. Although these programs focus on different aspects of mental health, each program is incorporated into the regular curriculum of the classroom. These programs are not currently implemented in all schools, leaving many young populations without the appropriate knowledge and services needed to support their mental health; school-based mental health education programs must be implemented on a national level to meet the needs of these current students and future adults.

Consequences of Healthcare Service Delivery

As a result of establishing school-based mental health education programs, students would potentially be more knowledgeable and comfortable seeking help for mental illness symptoms. The American Foundation for Suicide Prevention (2015) found 8.6% of high school students made at least one suicide attempt in the past year. It is crucial to intervene with education programs at a young age to decrease suicide rates. Suicide rates would likely decrease in youth populations if the school-based mental health education programs are established. In addition to decreased suicide rates, lowered rates of drug use and abuse among teens could also be expected. Warning signs of drug abuse include changes in behavior, psychological changes, health problems, and changes in personal appearance (Tackett, n.d.). If educated at a young age, children and adolescents can recognize warning signs of drug use and abuse in peers and correctly refer the individual for help.

School-based mental health education programs within schools

would leave a positive impact on students' health overall. A similar program in Tokyo was established and evaluated. Ojio et al. (2015) found that after a mental health education program had been implemented, the percentage of students who would know how to report a mental health concern increased from 46 to 87% (p. 576). The study also found significant effects on the students' knowledge and attitudes regarding mental illness (Ojio et al., 2015). An education program has a high potential to reduce the social stigma surrounding mental illness, resulting in greater rates of individuals in need that seek treatment. Students who receive the proper treatment experience would have a higher quality of life, reduced hospitalizations, and would be further integrated as mainstream society contributors and members (Harnois & Gabriel, 2002). While school-based programs are directed at a younger population, they are also a first step in addressing the mental health concerns of future adults; many illnesses begin early in life with a large proportion of individuals who develop mental illness displaying symptoms as teenagers (American Psychiatric Association, 2017). Individuals can receive help sooner in order to support improved mental health throughout adulthood, as well as establish a knowledge base for those who may develop a mental health condition later in life to better understand their condition and know how to seek appropriate healthcare services.

Conclusion

The prevalence of mental illness within the United States remains high. However, there is still not enough attention placed on issues regarding access to mental healthcare. This continues to be an issue nationally and within the state of Kentucky. Because of the great demand for services, school-based mental health education programs should be developed to combat increasing mental health conditions and limited access to healthcare facilities. Lack of access to mental healthcare facilities impacts healthcare delivery through long wait times, impersonal care, and high out-of-pocket costs. Many people are continuously affected by this lack of access including individuals with mental illnesses, specifically minorities and those living in rural areas. However, with increased attention following the Affordable Care Act, the nation is beginning to recognize the need for greater mental health care services. Overall, the implementation of school-based education programs would provide increased access to care, reduce the social stigma associated with mental illness, improve rates of those seeking treatment, and, in the long-term, improve quality of life and reduce hospitalizations.

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