

BARRIERS TO MENTAL HEALTHCARE FOR VULNERABLE POPULATIONS: LESSONS LEARNED FROM

ONLINE PUBLIC TESTIMONIES AND IMPLICATIONS FOR MEDICAL EDUCATION



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BACKGROUND

Medical school curriculum varies across the United States, but physicians regularly admit that they do not feel adequately prepared to treat mental illness or navigate the family dynamics inherent to the mental illness experience in their daily practice (1).

By reducing pre-clerkship education to one year, the University of Colorado School of Medicine (CU SOM) has reduced already limited pre-clinical coursework in psychiatry and mental health care. The importance of caregivers and family members in the experience of mental illness is not a specific learning objective in pre-clinical education.

The objective of this community-based participatory research study is to identify issues facing patients with mental health problems in the Denver Metro area that could be mitigated through changes in medical school education.

SPECIFIC AIMS

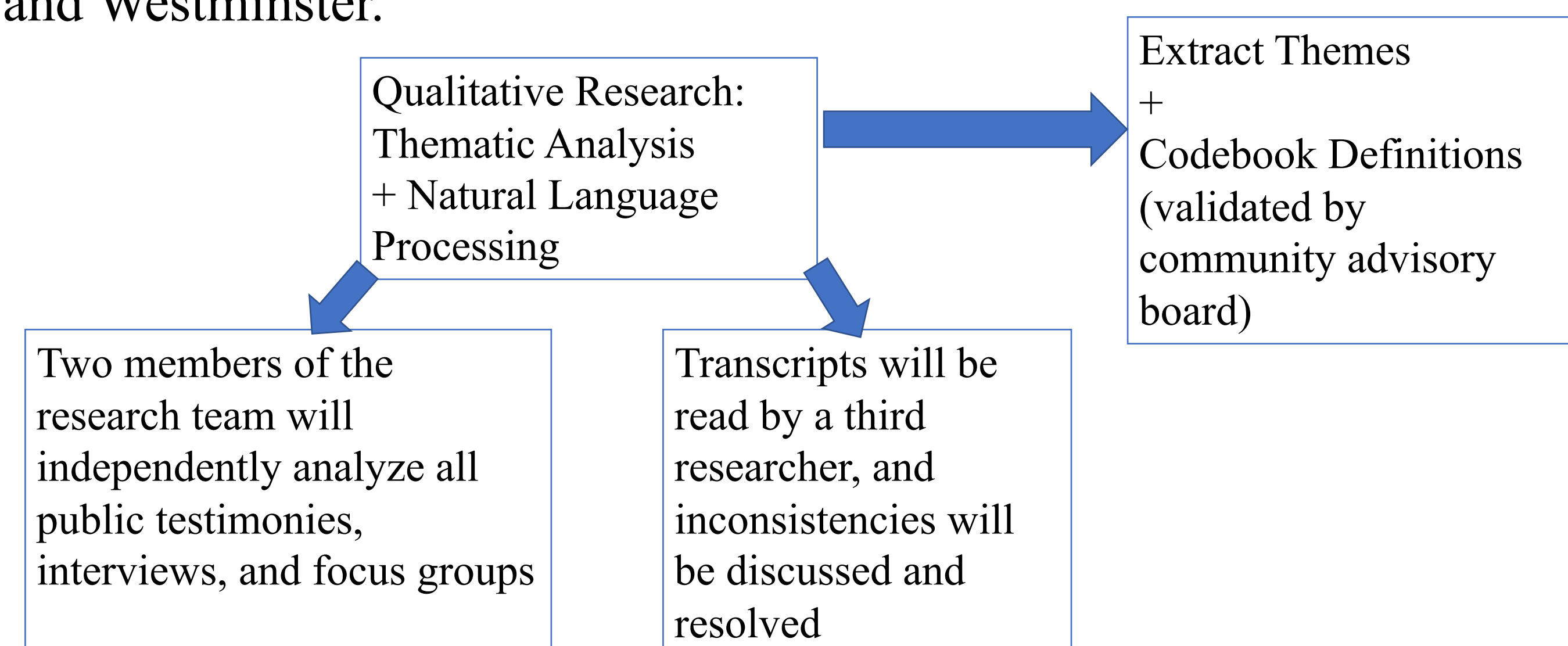
To describe the attitude and beliefs of the mental health care received and the impact of the current mental health system on patient and family wellbeing.

To determine the gaps and barriers faced by community members attempting to receive care.

To identify potential opportunities for improving mental health medical curriculum.

METHODS

In the initial phase of this project, we collaborated with Mental Health Colorado and reviewed 69 online public testimonies from the Colorado Behavioral Health Task Force. Community members were from 9 locations: Arvada, Breckenridge, Colorado Springs, Denver, Douglas County, Durango, Eagle County, Grand Junction, and Westminster.



RESULTS

Qualitative thematic analysis and Natural Language Processing (NLP) were used to analyze and interpret the results. The qualitative thematic analysis using the framework approach identified four primary themes of barriers faced and developed 50-60 innovative solutions based on the key topics. Furthermore, the results depicted by NLP were consistent with the qualitative thematic analysis done by the 2-3 independent researchers.

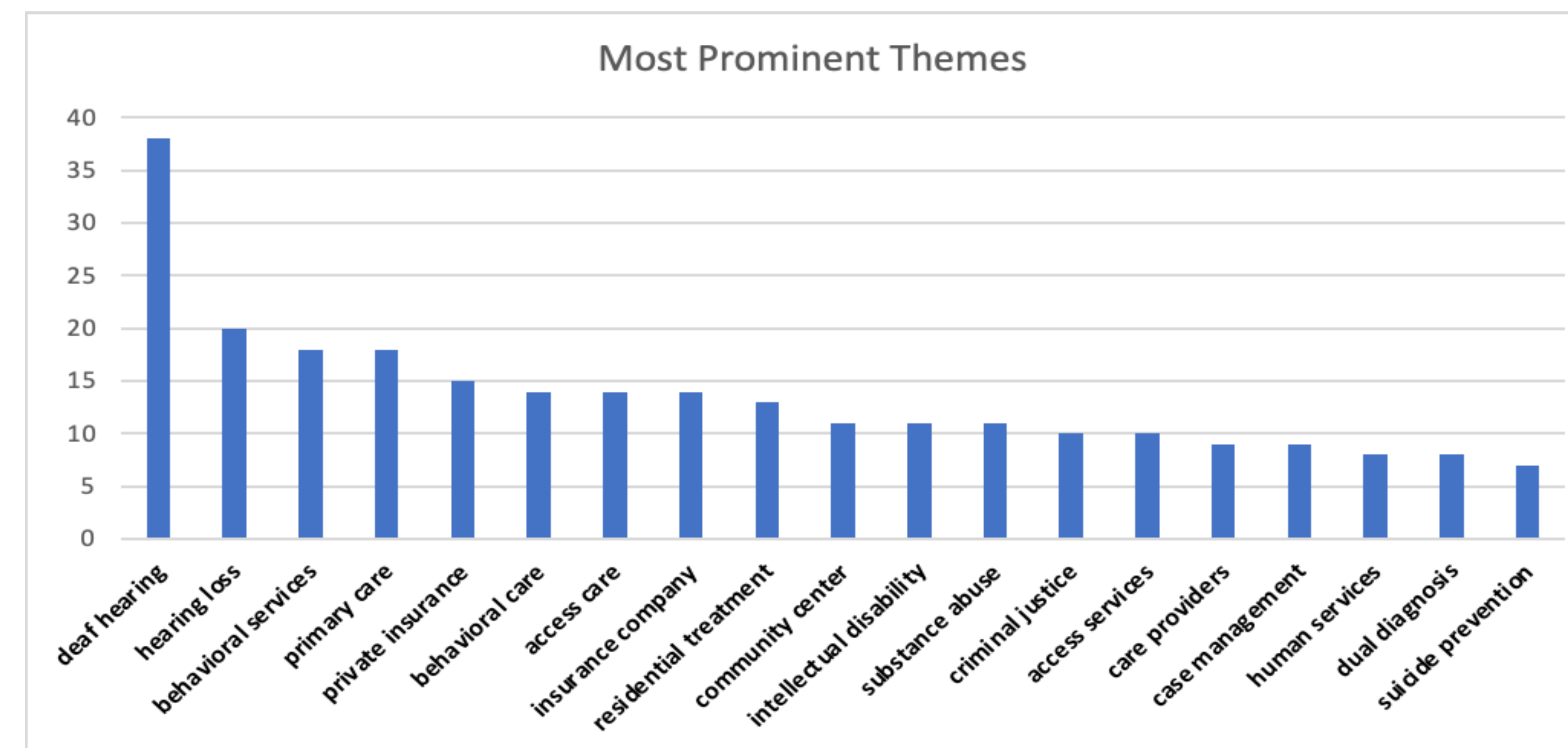


Figure 1. Prominent Themes

Barriers Identified

- **Common structural barriers** include political and socioeconomic barriers such as lack of medical expertise, policy and economic struggles, poorly funded mental health community programs etc.
- **Social inequities** included stigma, poor education, and lack of awareness of available resources etc.
- **Population specific needs** were identified among the deaf and hard of hearing, incarcerated people, those experiencing homelessness, and patients with substance use disorders
- **Training and educational barriers** include lack of cultural awareness, difficulty identifying and diagnosing complex illness, and care coordination

Innovative Solutions Identified

- Service-learning curriculum for medical students to enable community engagement with the mental health community in Colorado, increasing exposure and awareness of issues faced by community members
- Continuing education in medical student and residency on de-escalating mental health crisis and suicide prevention training
- Provision of medical-legal education along with education on insurance as it relates to mental healthcare

LIMITATIONS

- Public testimonies were limited to those who had access to transportation to public forums as well as availability for these events
- Given the nature of qualitative research, there is potential for independent researchers bias to affect results

CONCLUSIONS

In conclusion, we have identified barriers at every entry point of the mental health system that highlight the interdependence of various social structures and infrastructure and how they impact access to mental health care. This study also highlights the continued need to engage with community members to truly understand their perspectives and identify barriers that are important to them.

From the results, we discussed each barrier and developed 50-60 innovative solutions that could mobilize students to help bridge the gap between the micro-, meso- and macro- level of these barriers, while integrating an invaluable learning experience for medical students. These are areas of learning that should be investigated. Continuing to engage with community can inform an overall mental health curriculum and help identify potential opportunities for medical students to serve as advocates for patients with mental illness and their families and/or caregivers.

REFERENCES

1) Schraeder, K.E., Brown, J.B. & Reid, G.J. Perspectives on Monitoring Youth with Ongoing Mental Health Problems in Primary Health Care: Family Physicians Are “Out of the Loop”. *J Behav Health Serv Res* 45, 219–236 (2018). <https://doi.org.proxy.hsl.ucdenver.edu/10.1007/s11414-017-9577-4>

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