

NAVIGATING BARRIERS IN MENTAL HEALTHCARE: INSIGHTS FROM A QUALITATIVE ANALYSIS OF PUBLIC TESTIMONIES IN COLORADO



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BACKGROUND

Access to behavioral healthcare in the U.S. remains critically low, with only **26.8%** of the population having sufficient mental health provider coverage in 2024. This shortage leaves **122 million people** in designated Mental Health Professional Shortage Areas (MHPSAs). The demand for services continues to rise, as **58.7 million adults (22.8%)** were diagnosed with a mental illness in 2023. In **Colorado**, **2.74 million residents** live in MHPSAs, and **85%** of counties face widespread provider shortages. The state currently has only **34%** of the mental health workforce required to meet demand, with just **29%** of individuals with mental health or substance use disorders receiving specialized care in 2021.

Our study builds on public testimonies collected by Colorado's **Behavioral Health Task Force (BHTF)** from **September 2019 to March 2020**. By conducting a **deeper qualitative analysis** of these testimonies, we aim to highlight the lived experiences of community members, identify persistent barriers, and develop **community-driven solutions** to improve behavioral healthcare access in the **Denver metropolitan area**.

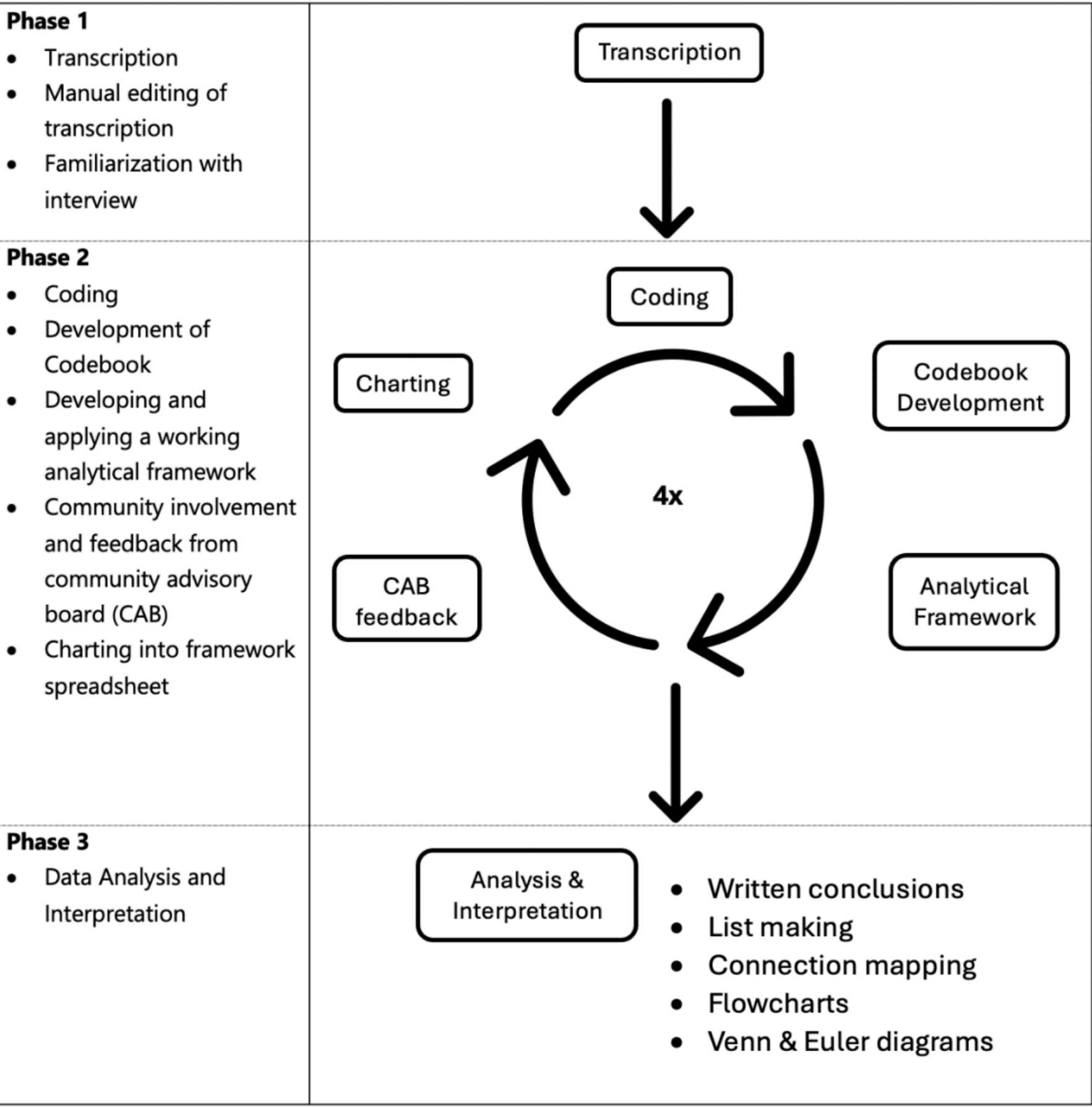
METHODS

69 online public testimonies (Aug 2019–Mar 2020) were analyzed using the **framework method of qualitative analysis**.

To identify key barriers and solutions in behavioral healthcare access, researchers

1. Developed a **deductive codebook**
2. Iteratively added **inductive codes**
3. Categorized findings into **themes and subthemes**

Figure 1. Overview of the Framework Method



Location (total number of participants)	Date	Number of Participants	Family Members and Caregivers	Community and Social Services	Mental Health Professional Experience	Individuals with Lived Experience	Government and Policy
Denver (54)	9/10/19	4	3	0	1	1	2
	10/23/19	13	4	9	1	1	0
	11/18/19	8	4	1	1	3	0
	12/5/19	10	1	5	0	1	2
	12/20/19	2	1	0	2	0	0
	1/14/20	13	5	4	4	2	0
Arvada (10)	3/6/20	4	2	1	2	0	0
	1/18/20	10	1	3	3	1	4
Westminster (1)	9/27/19	1	1	0	0	0	0
Douglas County (4)	8/28/19	4	3	1	0	0	1
Totals ¹ (%)	-	69	25 (36.2%)	24 (34.8%)	14 (20.3%)	9 (13.0%)	9 (13.0%)

Table 1. Roles of individuals giving public testimony by date and location. Most testimonies were gathered in Denver, while others came from Arvada, Westminster, and Douglas County, with the most common roles being Family Members and Caregivers, Community and Social Services Representatives, and Mental Health Professionals.

RESULTS

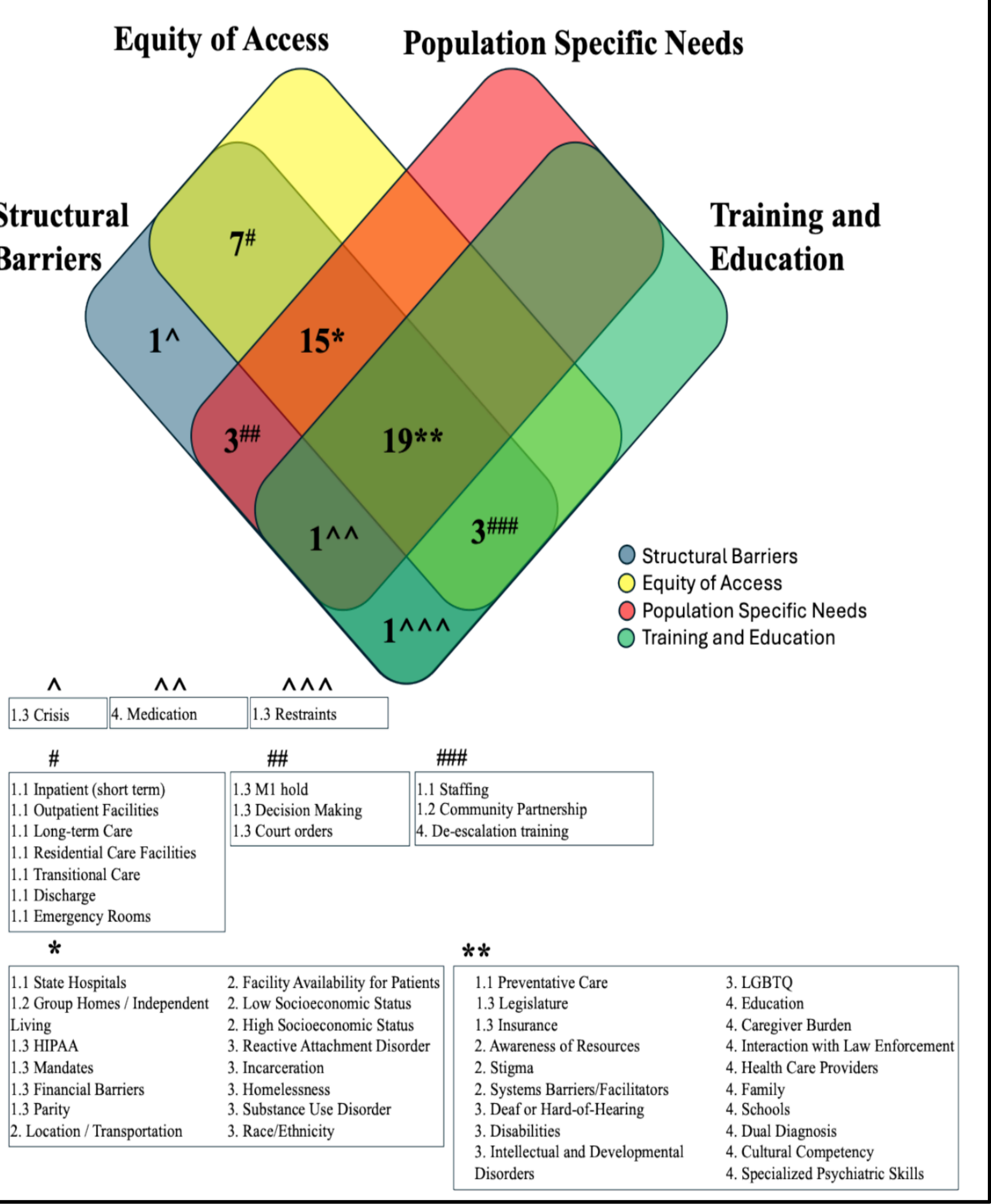


Figure 2. Euler Diagram displaying thematic overlap between the overarching themes of Structural Barriers, Equity of Access, Population Specific Needs, and Training and Education. Subthemes, as used in the testimonies and defined in the codebook, were placed into the appropriate overarching theme(s) to compare their thematic overlap.

Section	Description	Testimony Excerpt Examples
A	Difficulty navigating insurance	"Do you know what it takes to get a provision to see an out of network provider? It takes knowledge that you can even do that, getting on the phone negotiating with someone from the insurance company, trying to explain yourself and explain why you could not get care with the in-network provider. For those of you who know what it's like to have a mental health challenge or even a crisis, a person's ability for logic and reason is literally taken offline because their mind is compromised, so you're asking someone to navigate a system where they have no previous ability to do that..." - P1*
B	Difficulty navigating different behavioral health care settings	"Access needs to happen quickly when kids are in crisis. You know I think they actually illegally released us from the hospital with an appointment that was two weeks out. That's actually not even supposed to be legal because my child needed a follow up with the psychiatrist within a week of being discharged. We were able to get that changed but that's just so overwhelmed and under resourced..." - P2*
C	Personal financial limitations	"It happens every day a consumer will attend their initial mental health appointment and learn they have a co-pay of 40, 50, or \$60 or more. They recognize that they cannot afford to commit to the cost of treatment, and they withdraw immediately, never really being able to see if mental health services would have helped." P3 "It took me five and a half years to get a correct diagnosis and any sort of health care plan, and that was only after it had affected my life so much that I couldn't hold down a job..." -P4*

Table 2. Example Testimony Excerpts Regarding Structural Barriers. Includes: difficulty navigating insurance, difficulty navigating various behavioral health settings, financial barriers limiting access to care, and challenging institutional protocols and procedures.

Section	Description	Testimony Excerpt Examples
A	Lack of transportation, lack of nearby services and locations	"Providers couldn't come to our home because the closest RTD stop was a mile away from our house, and they had to walk a total of 6 hours between the bus and walking three each way to work two hours with him. We had no one to help, but we're supposed to take him home." -P5*
B	Lack of awareness of available resources and services	"I encounter on a daily basis a high number of families that are not aware of the proper health services...as well as needing assistance even finding a provider of those services. ...The health committee in partnership with JCMH are funding a part-time child navigator position to complete behavioral health screenings identify behavioral health needs, and work with the family to get the appropriate services, which is just a start of what these families need." -P6*
C	Stigma, self-stigma	"The stigma associated with mental illness often prevents people from accessing treatment. In my case I lost several jobs once my employer found out about my mental illness. I lost relationships with family members and friends. I also experienced self-stigma that interfered with access to the treatment process." -P7* "You know, when my family was having a really hard time managing his addiction it was also partially because of the stigma we had. We didn't want to tell people that I had a homeless brother who injected drugs." -P8*

Table 3. Example Testimony Excerpts regarding Equity of Access. Includes: difficulty accessing care from a participant's location, lack of transportation, lack of awareness of available resources, difficulty accessing known resources, facility availability, and stigma

Section	Description	Testimony Excerpt Examples
A	Wide array of population specific needs	"...His addiction was getting more and more severe. By the time he finished graduate school things were really bad, and he moved back to Saint Louis where his girlfriend was from and was evicted for the final time, and he became homeless." - P8* "The people with intellectual and development disabilities are a disempowered minority in our community...and that medical diagnosis is used by our health care system to discriminate access to behavioral health care." - P9*
B	Specific needs of people who are blind, deaf, and hard-of-hearing	"When I looked in our search engine of our insurance provider anything pertaining to gender dysphoria or the LGBTQIA community at large, it came up with nothing - absolutely nothing. It was like her diagnosis and her new community were completely invisible." -P10* "I'm here today to talk about the importance and need for health equity for our fellow citizens who are deaf, hard-of-hearing, and deaf/blind...Deaf people are subjected to a significantly greater number of mental health risks than their hearing counterparts. Risk factors faced by deaf populations include but are not limited to early or pervasive lack of communication access with family members or with society in general including the educational system, a lack of access of necessary physical and behavioral health treatment services, many of the risk factors occur in early childhood and several studies have shown marked differences in rates of social/emotional problems experienced by deaf peers as compared to their hearing peers." - P11*

Table 4. Example Testimony Excerpts regarding Population Specific Needs. Includes: blind, deaf/hard-of-hearing, incarcerated persons, homelessness, people with substance use disorders, reactive attachment disorder, different abilities and disabilities, intellectual and developmental disorders, members of the LGBTQ community, and the impact of race/ethnicity

Section	Description	Testimony Excerpt Examples
A	Public training and education, public awareness	"And while we are very appreciative of the efforts by the Colorado attorney general mental health organizations to promote an awareness campaign, there needs to be more. We need to do more to provide and connect students with necessary behavioral and mental health resources at school and in their community. Those who sign up for training sessions are parents, teachers, and community members of all ages. People are crying out for more resources." - P12*
B	De-escalation training for first responders	"Another program that I think has been really helpful is the law enforcement and mental health clinician co-responder program. There are a few of them across the state. There's one in Eagle County now, so our more recent experiences with 911 calls to our home have been very positive when a clinician responds with law enforcement instead of all the rest and they really de-escalate the situation and are very helpful..." -P13*
C	Cultural competency, specialized psychiatric/medical skills and knowledge	"My first step was to call her pediatrician who immediately told me that she had no experience as the primary care for any trans patients and that her practice that had one trans patient before for about six months...There's such a big difference to me in thinking that you've got it all covered and actually providing clinically and culturally competent care." -P10*

Table 5. Example Testimony Excerpts regarding Training and Education. Includes: public education, interaction with law enforcement and de-escalation training, schools, cultural competency, and specific psychiatric skills and knowledge.

CONCLUSIONS

Lack of access and inequitable mental healthcare remain critical issues nationally and in **Colorado**. This study analyzed **69 public testimonies** from the **Denver metro area** using a **framework method qualitative approach** to identify **barriers to care** as experienced by the community.

Key findings confirmed prior concerns about **access, timeliness, workforce shortages, and stigma**. Additionally, **50 unique subthemes** emerged across four major domains:

1. **Structural Barriers**
2. **Equity of Access**
3. **Population-Specific Needs**
4. **Training & Education** (including public awareness, law enforcement, and first responders)

Findings highlight the **interconnected nature** of these challenges, demonstrating how overlapping systemic barriers worsen community mental health outcomes.

Future research should explore rural populations, leverage **AI and large language models (LLMs)** for analysis, and develop **translational solutions** based on community-driven insights

REFERENCES

1. Bureau of Health Workforce Health Resources and Services Administration (HRSA) U.S. Department of Health & Human Services. (2024). (rep.). Designated Health Professional Shortage Areas Statistics. Retrieved from <https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport>
2. Substance Abuse and Mental Health Services Administration. (2024). Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health (HHS Publication No. PEP24-07-021, NSDUH Series H-59). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>
3. Substance Abuse and Mental Health Services Administration. (2020). Key substance use and mental health indicators in the United States: Results from the 2019 National Survey on Drug Use and Health (HHS Publication No. PEP20-07-01-001, NSDUH Series H-55). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>
4. Davenport, S., Darby, B., Gray, T. J., & Spear, C. (2023). Access across America: State-bystate insights into the accessibility of care for mental health and substance use disorders. Milliman Report. <https://www.inseparable.us/AccessAcrossAmerica.pdf>
5. Thornicroft, G. (2008). Stigma and discrimination limit access to mental health care. Epidemiology and Psychiatric Sciences, 117(1), 14–19. <https://doi.org/10.1017/s1121189x00002621>
6. Shim, R. S., Kho, C. E., & Murray-Garcia, J. (2018). Inequities in mental health and mental health care: A review and future directions. Psychiatric Annals, 48(3), 138–142. <https://doi.org/10.3928/00485713-20180213-01>

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