

# Barriers to Mental Healthcare for Vulnerable Populations: Lessons Learned from Online Public Testimonies to Improve Medical Education



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## BACKGROUND

The U.S. mental health system is inadequate to support people with mental illnesses, their family members, and the communities that serve them. The presence of barriers to mental healthcare is known but not well-understood. With calls for mental healthcare reform, we seek to understand the social determinants of mental health to meet the needs of those living with mental illness, their caregivers and family members, and the community at large to help reform medical education.

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.<sup>1</sup>

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.

**Objective:** We investigated the gaps and barriers faced by mental health community members in the Denver Metro Area through public testimonies to identify opportunities to improve medical 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 and solutions to mitigate the barriers to accessing mental healthcare**

## METHODS

69 online public testimonies delivered in Sep. 2019 – Mar. 2020 were retrieved from the Colorado Department of Human Services Behavioral Health Task Force and analyzed using the Framework Method. Community members were from 9 locations: Arvada, Breckenridge, Colorado Springs, Denver, Douglas County, Durango, Eagle County, Grand Junction, and Westminster. A panel of community members with experience navigating the mental healthcare system was also recruited through the National Alliance of Mental Illness to guide our analysis.

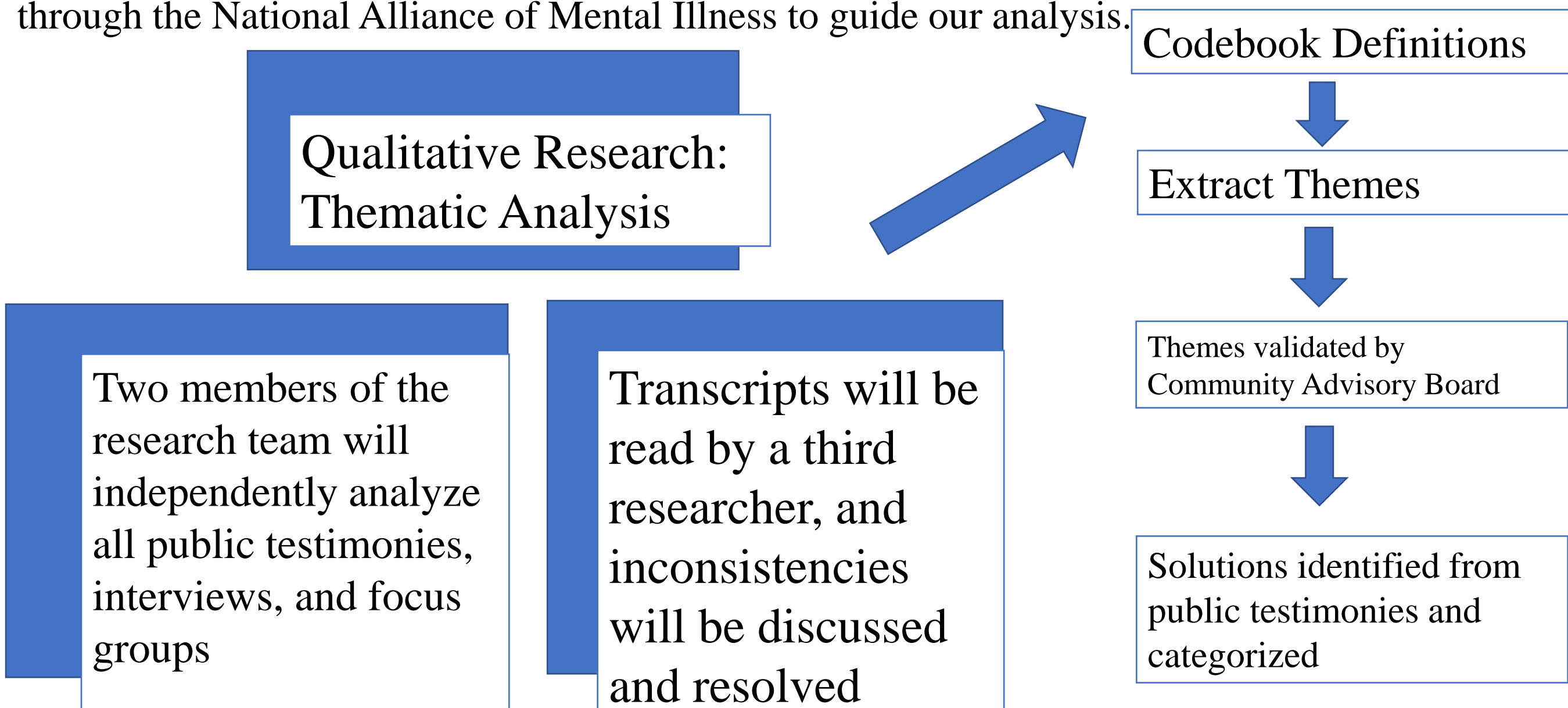


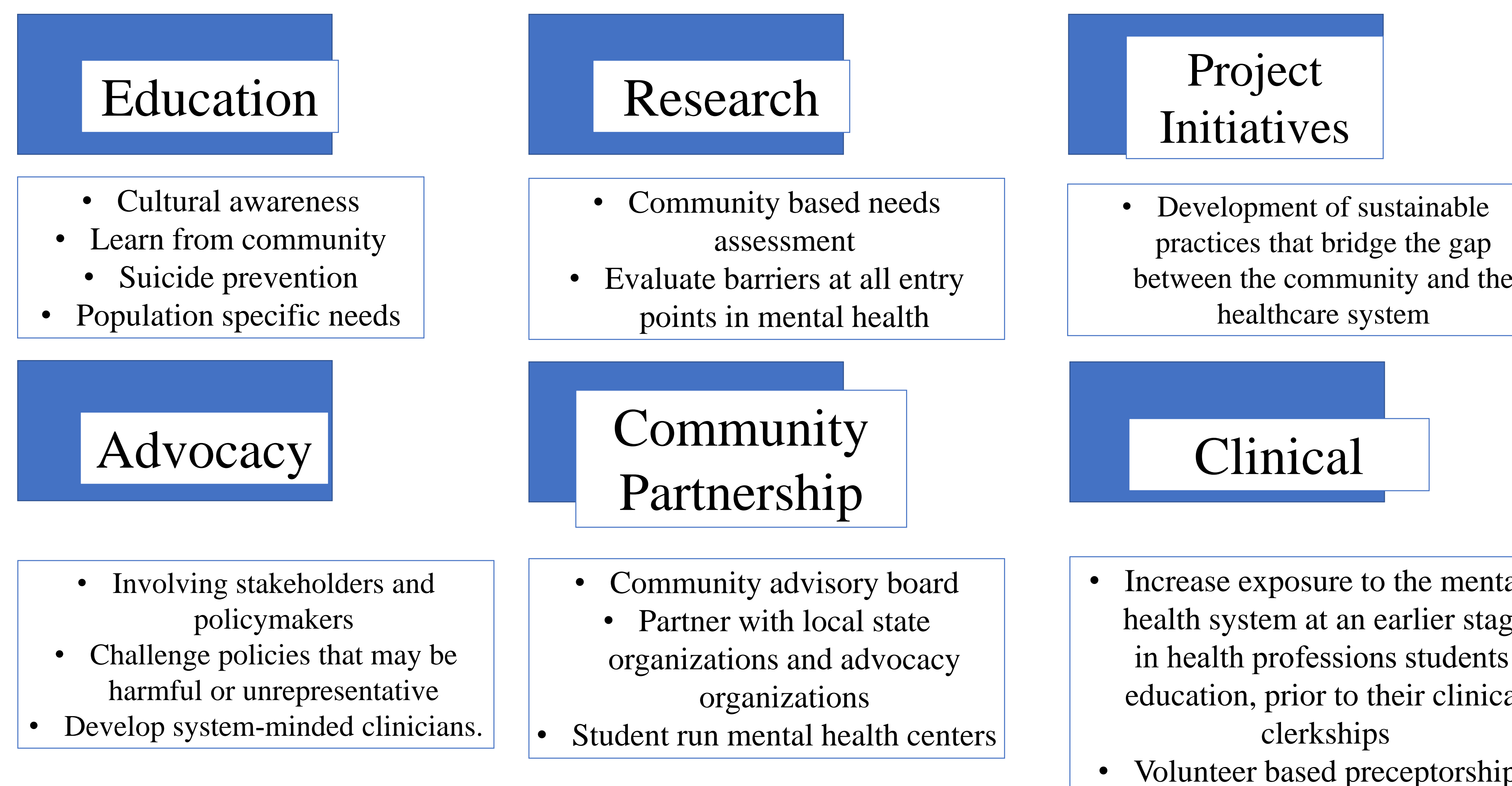
Figure 1. Illustration of Methods

## RESULTS AND SOLUTIONS

Qualitative analysis using the Framework Approach identified 4 primary themes: (1) structural barriers, (2) equity of access, (3) population-specific needs, and (4) training and education gaps.

Primary Themes	Definitions
<b>Structural Barriers</b>	Institutional/governmental policies and financial barriers that hinder access to mental health services in their communities. <ul style="list-style-type: none"> <li>• Insurance as an economic barrier</li> <li>• Navigating innumerable mental healthcare facilities</li> <li>• Lack of healthcare resources for mental health</li> <li>• Personal financial limitations</li> </ul>
<b>Equity of Access</b>	Social inequities that hinder access to mental health services <ul style="list-style-type: none"> <li>• Lack of transportation</li> <li>• Stigmas related to mental illnesses that disconnect patients and their communities from support systems, make it difficult to maintain stable work, and even prevent patients from seeking care</li> </ul>
<b>Population-Specific Needs</b>	Mental health disparities are exacerbated by specific needs of unique populations such as: <ul style="list-style-type: none"> <li>• Deaf and Hard of Hearing</li> <li>• LGBTQ+ community</li> <li>• incarcerated individuals</li> <li>• People experiencing homelessness</li> <li>• individuals with intellectual disabilities</li> <li>• People with substance use disorders.</li> </ul>
<b>Educational training barriers</b>	Need for improved mental health training and awareness for parents, teachers, healthcare professionals, and emergency responders

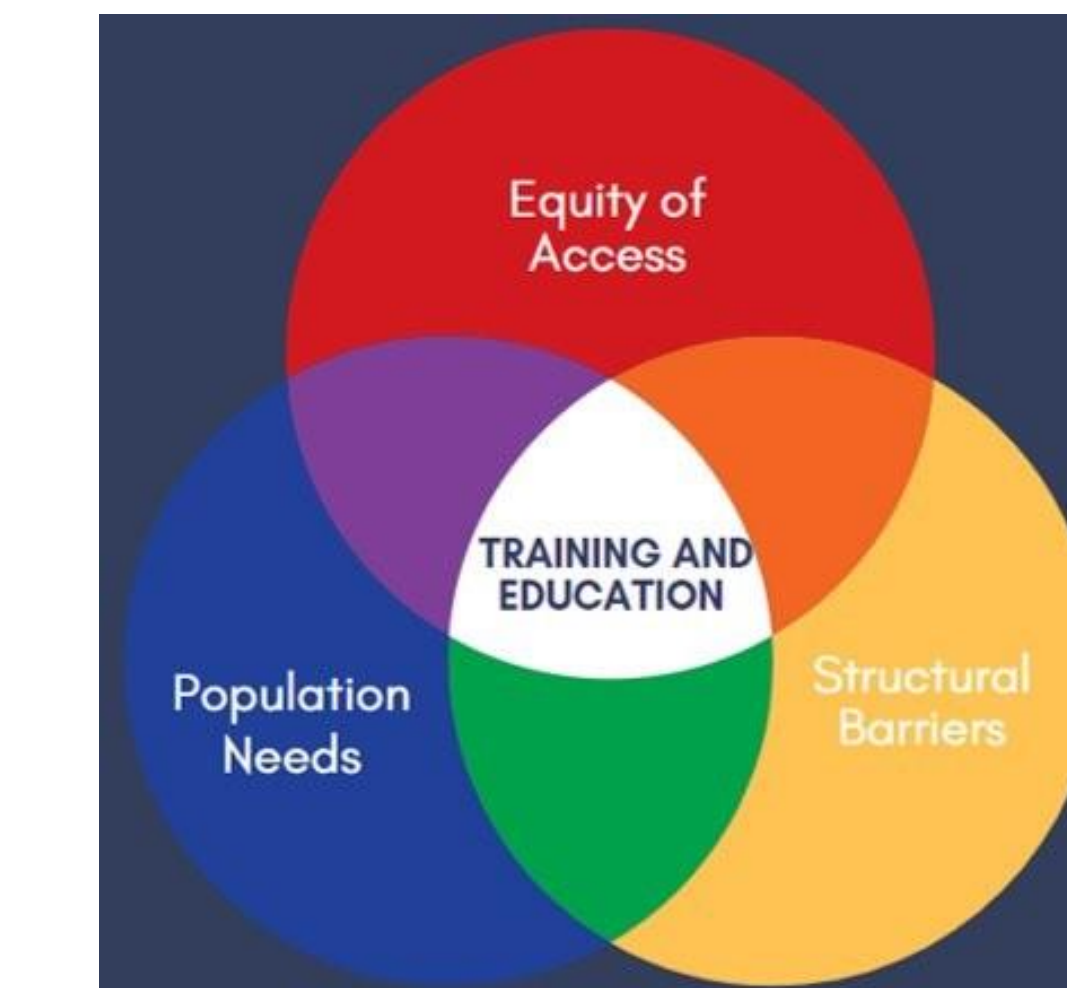
**Table 1: Codebook Definitions Organized by Primary Themes:** This table defines the primary themes extracted from 69 online public testimonies used to frame the codebook designed by the researchers.



**Figure 2. Solutions to Barriers to Mental Healthcare Access as Identified by Primary Themes.** This figure categorizes the 65 solutions identified from the public testimonies and were grouped into six categories: 1) Education, 2) Research, 3) Advocacy, 4) Project initiatives, 5) Community partnerships, and 6) Clinical.

## CONCLUSIONS

There is a pressing need to understand the perspectives of community members to identify barriers to treatment and improve the training of medical professionals. These barriers, or social determinants of mental health, can be analyzed to develop an educational model that mobilizes students to engage with their community in a productive and meaningful way.



**Figure 3. Primary Barriers to Mental Healthcare Illustrated**

We identify the barriers to accessing mental healthcare and address them with solutions through pre-clerkship medical student experiences (e.g., having students help patients and their families identify navigate systems, service-learning curriculum), with the hope of both reducing barriers for patients and their families and changing attitudes and beliefs among future physicians.

## NEXT STEPS

We are currently conducting 3 follow-up studies and have built a service-learning course that launched in January 2022 through the CU School of Medicine Trek Curriculum as a service-learning requirement. Our follow up studies include:

- 1) Focus groups to assess some innovative solutions generated by the themes found from public testimonies
- 2) Survey for University of Colorado medical students and University of Colorado residents in primary care and psychiatry to assess medical education.

## 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>

## ACKNOWLEDGEMENTS

