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An Arduous Saving Grace: Mental Health Treatment for Disadvantaged Americans

To say that navigating the hectic waters of mental health treatment in America today is effortless, especially for people of low socioeconomic status, is to say that pole vaulting over Mount Everest is a walk in the park. But in fact, America's rising rates of mental health problems, especially amongst disadvantaged populations, is presenting an unexpectedly difficult challenge (Twenge, Jean M). Between arduous battles with monolithic insurance companies, doctor's shirking their duties to the sick, and a lack of affordable and efficacious therapies, there has never been a worse time to suffer from these debilitating diseases than today. But indeed, now has never been a better time to bring attention to the dangers of continuing this trend of downright ignoring the sick while jumping at the opportunity to take care of the of Dembosky calls the "worried well," because ultimately what is at stake here is an entire future generation of America's workforce struggling with a battle against themselves on a most fundamental level (Dembosky). However, first we must examine the core issues that economically disadvantaged populations' face when it comes to their mental health; with regard for the ability to access providers, the quality of the relationship with providers, and the extent to which it provides measurable benefit, treatment of these populations is overwhelmingly inferior compared to the treatment of populations of higher economic status.

Although I concede that access to mental health services for socioeconomically disadvantaged populations has indeed followed a trend into the positive in recent years, I still insist that it remains a challenging first step for these populations to find the care they need (JAMA). April Dembosky

interviews Stanford psychiatry professor Keith Humphreys in her article, who notes that despite doing everything in his power to make sure the next generation of psychiatrists will in fact take care of those with serious mental illness, many of them in fact opt for setting up private practices which can cost a patient an upwards of \$400 an hour (Dembosky). While this may seem like a more lucrative option for these doctors and definitely the way to go to make what you believe you deserve, it creates a problem for patients who rely on insurance companies to foot the bill. Dembosky notes that this becomes a problem especially in affluent areas of the country, such as the San Francisco Bay area. In these areas, doctor's schedules are already full of patients ready to pay tremendous sums of money out-of-pocket for their services, in turn closing the door on the less affluent patients who rely on these services (Dembosky). This subsequently damages less affluent areas of the country, as doctors migrate away from these areas to cash in on the riches of a cash-paying demographic. Thus, in a concerted effort, providers and insurance companies are systematically preventing disadvantaged populations from receiving the care that they need. As Keith Humphreys states, "in a system where the patient pretty much pays for themselves, the rich are always going to win" (Dembosky).

Another problematic area for disadvantaged populations is the relationship that a provider develops with their patient. Indeed, for more wealthy populations, studies have shown that providers are more apt to provide adequate treatment for wealthier individuals than those who aren't wealthy. From personal experience, I could argue that mental health patients often times require a more intimate relationship with their doctor or therapist than someone with a tangible physical illness, as Alexander S. Young et al. agrees with this, stating that "depressive and anxiety disorders are common and have a substantial impact on functioning and quality of life." Despite this, they go on to note in their study that patients with lower socioeconomic status often times receive less contact with their provider than patients with higher socioeconomic status (Young, et al.). Some readers may challenge my view by insisting that this may be because these populations do not seek treatment as readily as people with

higher socioeconomic status. Yet in fact, that appears to not be the case. Alexander S. Young et al. notes that 83% of patients with a probable mental health disorder will seek care from their provider. Yet amongst this group, only 30% reported that they received appropriate care, and an inferior level of care was more common amongst men, those who were black, and those who were less educated (Young, Alexander S, et al.). This ultimately demonstrates that even with a high rate of mental health treatment amongst people of lower socioeconomic status, there is still something wrong with the care they are receiving from their providers.

What remains as the final challenge that disadvantaged patients face is, in my opinion, the most difficult challenge to overcome. That is, the cost of mental health treatment in America, even amongst those with insurance, is staggering (Mukherjee, Sy). Not only that, these treatments often lack efficacy and are unable to fully alleviate the suffering of any condition (PsychiatryOnline.org). According to a report from the Substance Abuse and Mental Health Services Administration (SAMSHA) mentioned in Mukherjee's article, 50.1% of adults who seek care for mental health disorders report that they are unable to afford the costs of their treatment. Alongside this, Peter P Roy-Byrne et. al. notes in their study that – on average – only 30.4% of adults who seek care receive appropriate treatment (Peter P Roy-Byrne et. al.). Treatments for mental health remain particularly difficult because detecting a patient's mood cannot be done using any one standard test, instead, it relies on how a patient reports his or her feelings (Peter P Roy-Byrne et. al.). Moreover, if there is an effective treatment, cost remains a barrier which many patients must overcome for these therapies. Nevertheless, both members of the healthcare sector and its critics will probably argue that insurance, especially since the passing of the Affordable Care Act in 2010, can help these patients overcome these barriers. Yet as Mukherjee notes in his article, even with insurance, 50% of patients still reported that mental health care costs are still staggeringly high (Mukherjee, Sy).

In conclusion, recognizing and bringing the issues that people of lower socioeconomic status face when seeking mental health treatments remains an underrecognized albeit important issue. Whether it is doctors shirking their responsibilities to the truly sick in order to cash in on the “worried well,” the lack of appropriate access to caregivers and providers, or the lack of affordable and efficacious therapies for these patients, there are significant barriers that must be overcome to create a healthier next generation.

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