

Barriers to Accessing Behavioral Health Care

Stigma in the Community and within the Family

- Fear/embarrassment of anyone knowing you or your family member needs help and/or has a mental health condition
- Fear of being classified by society as a dangerous person based on news, movies, and media reporting
- Family, person, or community has religious or other beliefs that deny the need for medical treatment of mental illness
- Family, person, or their community does not believe in mental health care (“toughen up,” “shake it off,” “get with the program” mentality) – reported as more prevalent from households in rural communities
- Feeling blame and/or guilt for having a behavioral health condition; “I must have done something awful to cause this”
- Fear of incarceration or being committed to a state hospital, etc.

Stigma experienced when Seeking Treatment

- Unwelcoming reception or no one at reception
- Disrespectful language; not using person-first language without labels of diagnosis, etc.
- Labelling people as “high” or “low” functioning/acuity or other stigmatizing language
- Lumping people into groups of care based on diagnosis or functionality without individual treatment plans that consider the person and their complete history
- There is not a professional who shares my race, skin color, culture, language, gender or sexual orientation; I am afraid we will not be able to relate to one another [also an Accessibility issue]
- Being talked down to like a child
- Psychiatrist or other behavioral health professional indicates recovery is unlikely or situation is hopeless
- Not giving the individual a “voice and choice” in their care
- Not listening to an individual or family member or dismissing issues such as past trauma
- Provider, facility, or area makes them (and family member) feel like a criminal (locked out/yelled at/threatened/security guards or behavioral health techs that seem threatening/unsafe neighborhood)
- Dilapidated state of treatment center, such as paint peeling on walls, railings collapsing, poor lighting, dark and dingy stairways, bathrooms that don’t function properly, etc.

Personal Fears and Beliefs

- Belief that nothing will help
- Belief that call-taker or other provider will not understand my feelings
- Anosognosia, Paranoia, Psychosis, Anxieties, Agoraphobia, etc.
- Fear of hospitals
- Fear of Police/Handcuffs/Police Car
- Fear of Security Guards at Facility

- Fear of being criminalized/arrested
- Fear of embarrassment in front of family, neighbors, friends, colleagues
- Fear of losing children or other repercussions
- Fear of hospitalization
- Fear of withdrawal from opioids, alcohol, etc.
- Fear of having to do bloodwork (needles)
- Fear of taking meds or reactions to meds
- Fear of losing autonomy, being forced into treatment
- Fear that they cannot afford to pay for treatment
- Fear of behavioral health professionals/doctors
- Fear of repeating a bad experience
- Belief that if treatment didn't work the first time, it won't work again
- "I'm feeling good enough now; I don't have to return"
- Trauma experienced from previous behavioral health treatment
- Trauma experienced from interaction with law enforcement
- Trauma due to social stressors; i.e., inability to pay bills and rent, buy healthy food, maintain a job, unstable housing, unhealthy relationships, living in dangerous neighborhood, etc.
- Lack of confidence and/or self-esteem; belief that they won't be able to follow treatment plan

Difficulties Navigating the System

- Lack of easily accessible information about where to go or how to start [may not know about 988]
- Lack of information in language spoken; inability to communicate
- Difficulty managing self-care and interaction with care providers because of the mental health/SUD condition interfering with cognitive abilities
- Lack of a support system to help with navigation (family/case managers/peer navigators/guardian advocates)
- Apps or websites or text/phone messages confusing or too time-consuming
- Too physically sick or in pain, incapacitated, or substance-impaired to call/text/chat for help
- Difficulty speaking, hearing, or understanding
- Criminal Justice System: Symptoms of illness or lack of basic needs (housing, food, etc.) affect person's ability to meet with parole/probation officer or attorney, attend court, etc.
- Challenges related to information sharing between providers in which circumstances client feels stuck/unable to complete ROIs etc., and linkage with provider breaks down [includes problems getting referrals from PCP to specialist]

Transportation and Scheduling [I moved this category below difficulties navigating system, since it's related]

- Lack of transportation
- Inability to pay for transportation
- Challenges for those in rural communities with long distances to travel
- Too many appointments to schedule – may have to go elsewhere for primary or dental care, etc.
- Fear of making phone calls to schedule appointments

Accessibility

- Lengthy wait time before appointment (patient may give up)
- Homeless with no tools to access care on the street
- Lack of Wi-Fi, PC, phone to access telehealth or connect to make appointments
- No insurance
- Inability to pay or inability to make copayment (living paycheck to paycheck)
- The provider does not take the person's insurance
- Inability to find a provider that treats their symptoms
- Lack of behavioral health professionals
- No one answers the phone in a timely manner
- "Integrated behavioral health with primary care," programs that require two different insurances
- Primary Care Physician (including pediatricians), who are often the first professional consulted but who are unable to provide effective linkage to behavioral health services; Private-care physicians not connected to the community systems of care, so can't provide referrals; any other doctor unaware of behavioral health resources in their area
- In jail [paranoia may prevent person from accepting treatment; jails don't provide all types of medications and MAT, therapies, etc.]
- On house arrest – need collaboration with criminal justice system for person to access treatment
- ER protocol of discharging ER patients within 2 hours (including victims of OD) — not allowing sufficient time for nurses to link with peer and/or treatment providers for ongoing care or discuss MAT options where appropriate
- Provider/Insurer opposition (due to expense or supply or insurance not covering) to using proven behavioral health medications [Clozaril, long-acting injectables], other treatments such as ECT or TMS; or medication assisted treatment (MAT) in substance use recovery programs [also happens in jail and prison settings] [I moved this to ACCESSIBILITY]

Availability of Needed Services [not an inclusive list; need thorough gap analysis]

- Lack of services available to rural communities
- Dual Diagnosis residential programs for those with intellectual disabilities/SMI
- Lack of complex care settings that include housing, medical care, and behavioral health
- Person does not qualify for the available residential care due to medical exclusions to qualify for residential care
- Lack of residential care, in general (SMI, SMI/SUD, I/DD, I/DD/SMI, SED, SED/SUD, etc.– all ages)
- Lack of Detox beds and connection to services immediately following detox
- Lack of various types of housing with supportive services
- Lack of respite centers
- Lack of temporary housing
- Lack of long-term hospitalization when needed, often to observe medication changes
- Lack of permanent supportive housing

- Lack of medication assisted treatment options
- Older medications and protocols used instead of more current treatment options
- Lack of follow-up to support continued adherence to treatment and provide social support (can be provided by more peers in behavioral health workforce)
- Lack of trauma-informed services
- Lack of certified recovery peer specialist services
- Shortage of community-based care coordinators
- Lack of walk-in crisis care for all ages, particularly adolescents
- Lack of mobile response teams for ages over 26

Criminalization of Behavioral Health Conditions

- Continued need to educate and train law enforcement on de-escalation; how to approach and deal with persons in crisis without using lethal force; avoiding arrest when possible
- Lack of statewide system of drug and mental health courts to divert people from jail where treatment is delayed
- Need to coordinate 988 and mobile response teams with 911 and law enforcement response to avoid arrests and incarceration