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# Assessing Barriers to Mental Health Treatment

Britta Kilgus

Family Medicine Clerkship,  
July-August 2018

Waterbury Family Practice

Project Mentor: Justin  
Karlitz-Grogin, MD

# Problem Identification

- Difficulty obtaining mental health treatment is a nationally recognized problem, and is attributed to a variety of barriers including financial burden, lack of providers, and the stigma associated with mental illness and substance use disorders.<sup>3</sup>
- Previous studies have estimated that patient referral to mental health services results in a scheduled appointment less than 50% of the time.<sup>2</sup>
- In the 2016 Community Health Needs Assessment of Washington County, substance use and mental health were the first and second respective topics listed as “Priority Health Needs.”<sup>6</sup>

# Public Health Cost

- The National Institute of Mental Health estimates that 1 in 5 adult Americans suffer from a diagnosable mental health disorder.<sup>1</sup>
- Improving how individuals with mental illness and substance use disorders access care would benefit the individual, and the health care system as a whole.
  - Individuals with a mental illness are estimated to have a life expectancy 25 years less than that of the general population.<sup>6</sup>
  - The estimated cost associated with mental illness including health care expenditure, lost earnings and disability insurance was estimated to be \$467 billion in the U.S in 2012.<sup>1</sup>
- CVMC has been working with Washington County Mental Health Services to improve both quality and access to mental health treatment. Strategies recommended by the 2016 Community Health Needs Assessment included improved screening and integration of behavioral health practitioners into primary care practice.<sup>6</sup>



# Community Perspective

- I discussed this topic with the clinic's health coordinator Dorothy Robinson, MSW, and the psychotherapist and addiction counselor Cynthia Sprague, MS. Waterbury Family practice has made efforts to improve access to mental health care such as integrating mental health services into the primary care setting. They also provide in house substance use counseling and medical management. Despite this, both still felt that patients continue to face a multitude of barriers when seeking care, with many being the same barriers that are identified nationally.

- "Availability is a challenge, for example Family Psychiatry's wait time for an appointment usually runs 3-6 months." – Dorothy Robinson, MSW
- "Patients are often handed a 'list' of mental health providers in the community and then expected to contact on their own; I find that this often leads to many clients being lost in the cracks..." – Cynthia Sprague, MS
- "Stigma of being in therapy can often be a barrier; patients often decline referral to therapy due to the preconceived notions of what therapy entails and what it means to be in therapy." – Cynthia Sprague, MS

# Intervention and Methodology

- Discussed the perceived challenges to mental health treatment with individuals working within the community.
- Created a survey intended to assess the specific barriers patients with mental health or substance use disorders perceive to be the greatest challenge when seeking treatment in Washington County.
  - The type of health insurance was included, as this has been shown to influence cost and ability to access care.<sup>4</sup>
- Distributed survey to adult patients at Waterbury Family Practice who were being seen for behavioral health, substance use or both.



# Results

- Total number of survey's collected was 13.
- 46% of respondents were currently in treatment.
  - 38% had previously accessed treatment.
  - 15% had never been in treatment.
- **46% of respondents felt they experienced barriers to accessing mental health treatment.**
  - Of those who answered yes, the most frequently chosen barriers:
    - **Financial (25%)**, which included both personal expense and/or lack of insurance coverage.
    - **Unable to find available provider (25%)** (work obligations, inability to obtain child care, etc.)
    - Other responses included bad experiences with providers (15%), and scheduling difficulties (15%)
- **38%** of patients surveyed said they had **avoided seeking treatment** at some point **due to stigma**.
- 54% of respondents had private insurance and 38% had Medicaid.



# Evaluation of Effectiveness and Limitations

## Evaluation of Effectiveness:

- A useful evaluation of this project would be to discuss the results with providers and those involved in mental health care in Waterbury to see if they felt as though the data provided about the perspective of patients would be useful when evaluating what specific barriers should be the target of future efforts to improve access to care.

## Limitations:

- Due to the time constraints of this clerkship, it was difficult to gather a sample size large enough for data analysis to yield significant results.
- The survey was only distributed at Waterbury Family Practice, and therefore the results only represent individuals with behavioral health or substance use diagnoses who are patients of this practice, and may not be representative of all individuals with behavioral health and substance use disorders in the Waterbury community.





## Future Recommendations

- The survey used in this project could be distributed at more primary care practices in Washington County to obtain a sample more representative of the entire counties population.
- It would be informative to survey populations of behavioral health and substance use patients who see therapists that are integrated into primary care offices vs. those who are not to access differences in perceived access to care.
- Similarly, with more responses a comparison could be made between type of insurance coverage and perceived access to mental health and substance use services.
- A more extensive survey could be created to assess barriers more specifically.

# References

1. Insel, Thomas. Mental Health Awareness Month: By the Numbers. *National Institute of Mental Health*. 15 May 2015, <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2015/mental-health-awareness-month-by-the-numbers.shtml>. Accessed 5 August 2018
2. Kessler, R. (2012) "Mental Health Care Treatment Initiation When Mental Health Services Are Incorporated Into Primary Care Practice." *Journal of the American Board of Family Medicine*. 25(2): 255-259.
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4. Rowan, K., McAlpine, D., Blewett, L. (2013). Access and Cost Barriers to Mental Health Care by Insurance Status. *Health Affairs (Millwood)*. 32(10): 1723-1730
5. "2017 Annual Report." National Alliance on Mental Illness, Vermont. <http://namivt.org/wp-content/uploads/2017/11/2017-11-04-Annual-Report-FINAL.pdf>
6. "2016 Community Health Needs Assessment, Washington County, Vermont." CVMC. <https://www.cvmc.org/sites/default/files/documents/Community-Needs-Assessment-2016.pdf>

# Interview Consent Form

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview.

Yes  / No  If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name: Dorothy Robinson

Yes  / No  If not consenting as above: please add the interviewee names here for the department of Family Medicine information only. Name: Cynthia Sprague