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Barriers to Mental Health Care in the United States and Latin America

Eilis Reardon
ereardon@conncoll.edu

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Neuroscience Department

CISLA Senior Integrative Project

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Introduction

Access to treatment for mental illness is a worldwide public health crisis, especially because of how prevalent mental disorders are. In 2020, mental disorders accounted for 13% of the global burden of disease, and that number is predicted to rise to 15% by 2030 (Carbonell et al., 2020). The problem is not just that people are struggling with various mental illnesses, but rather that they are facing many barriers to getting proper treatment. Not only do these unaddressed mental health problems affect the individual and their close family and friends, but they have implications for the safety of others, poverty levels, and the economy. While there are cultural influences that lead to barriers being different from country to country, many countries are dealing with the same obstacles that are stopping people from getting treatment. There is data on the severity of mental illness rates, but there is not ample research examining the various barriers in different countries and how these barriers might interact to make the situation worse. As a person who considers mental health to be of the utmost importance and who wants to work with patients one day in a clinical setting, I am passionate about examining the reasons that people are struggling to get proper mental health care. Not only am I interested in doing this research within the United States, but I am interested in examining trends surrounding this topic in Latin America. This paper will examine barriers to receiving treatment for mental illnesses in the United States and in Latin America and hopefully provide some data and options about ways to improve this issue.

Firstly, some statistics are important to understand the gravity of this issue. A study has been examining rates of mental health in 2022 and found that over half of the adults with a mental illness in the United States are not receiving treatment, which is over 27 million adults (“The State of Mental Health in America”). The numbers are even worse in low and middle-

income countries, with upwards of 76% of people with a severe mental illness not getting treatment (Blukacz et al., 2020). The percentage of adults who are not getting treatment for their mental illness has also been increasing since 2011. Americans are also struggling with insurance, which is a big problem for receiving care. Data shows that 11.1% of people in the United States that have a mental illness are currently not insured and this percentage has also been increasing ("The State of Mental Health in America"). Youth in the United States are also affected by mental health as well, and 10.6% of youth have severe major depression ("The State of Mental Health in America"). This number is also higher for the youth of color in the United States. Unfortunately, over 60% of the youth that are struggling with severe major depression are not receiving any mental health treatment ("The State of Mental Health in America"). These numbers are staggering, and they are continuing to rise each year, making it crucial that reasons for this data be examined. Changes need to be made, and the first step is acknowledging and understanding various barriers that are causing issues with receiving treatment.

Data about current rates of mental illness was harder to come by for Latin America. However, a study done by Kohn et al. (2018) found some data on the mental health gap in Latin America. Among children and adolescents, the population with mental illness was 38.3% in Chile, 39.4% in Mexico, and 16.2% in Puerto Rico (Kohn et al., 2018). The treatment gap was incredibly high as well, at 64% in Puerto Rico, 66% in Chile, and 86% in Mexico (Kohn et al., 2018). Not only is mental health treatment an issue in the United States, but it is clearly an issue in Latin America as well.

There are many barriers to people accessing quality mental health care in both the United States and Latin America. Sociocultural, economic, geographical, and racial barriers will be explored for both countries in this paper, as well as the impact of stigma in both locations. Both

Latin America and the United States are suffering from large treatment gaps and a high number of people dropping out of treatment, making this research very important to solve an issue affecting millions.

Structural Barriers

There are many structural barriers that prevent people from receiving the care they need for mental health. Things like health insurance, money allocated to mental health care, not knowing where to get help, geographic inaccessibility, not having ample amounts of medical professionals, and insufficient insurance coverage are all part of the structural problems in place. Having a budget set aside for mental health is key to solving many of the issues that are present. This budget, however, also must be sufficient to manage how vast the problem extends. Kpobi et al. (2018) found that 28% of countries have no set budget for mental health and that 36% of countries allocate less than 1% of the health budget to mental health. This simply is not sufficient money for how large of a problem mental health is in the United States and other countries and is most certainly causing a lot of issues.

In the United States, it was found by Walker et al. (2015) that the inability to afford the cost of treatment was the most reported structural barrier. Unfortunately, about 20% of people with mental disorders are uninsured, leading them to have to deal with issues on their own or burden others because they cannot afford care (Walker et al., 2015). The study also found that 75% of uninsured adults with a mental illness did not receive treatment while 56% of uninsured patients with severe mental illness did not receive treatment either (Walker et al., 2015). Unfortunately, this data shows that people who need treatment are unable to get it due to cost barriers. Data also found that people with mental health problems are more likely to be

uninsured, which represents a systematic public health issue that needs to be changed (Walker et al., 2015). It was also found that the odds of having health insurance were 40% lower for people with serious psychological disorders compared to people without (Rowan et al., 2013). Unfortunately, this trend seems to be consistent in both the United States and in Latin America.

There are various types of health insurance in the United States. Most of the population in the United States during the year 2020 had private health insurance or had insurance through programs like Medicare or Medicaid (Walker et al., 2015). Private health insurance is what most people in the United States have and this type of insurance covers aspects of mental health like psychotherapy, medication, and counseling. However, insurance is expensive, and the cost of these services is even more expensive without insurance. For example, an individual therapy session can be upwards of $250 an hour and people usually attend therapy once a week (Walker et al., 2015). There are also some providers who do not take certain insurances or any insurance at all. One study conducted in the United States found that only 55% of office-based psychiatrists accepted health insurance (Bishop et al., 2016). Unfortunately, since there is also a lack of psychiatrists, people often have no choice but to pay huge amounts of money out of pocket to get the care they need.

Another barrier that further hinders people from accessing mental health care is geographical location. There are two main types of mental health treatment centers: community mental health centers and outpatient psychiatric facilities. The community mental health centers aim to focus on all people, and these are usually accessible to low-income populations and tend to be in areas where these populations reside. Data shows that about 93% of these facilities accept Medicaid and 88% provide payment assistance for those who are struggling (Cummings et al., 2017). The second type of center is outpatient psychiatric facilities, and these are more

likely to be in wealthier communities, reducing geographic accessibility, and accept Medicaid and private insurance a lot less. Cummings et al. (2017) also found that these office-based practices were significantly more likely to be in higher-income areas. This means that people who do not live in these wealthy areas have to find transportation to get there, which is often difficult. Due to the poor location of these facilities for lower-income populations and the fact they do not accept all insurances, these populations are often unable to seek care here.

Access to psychiatrists is also another structural barrier that people face in the United States. In a study that interviewed primary care physicians about their ability to refer their patients to psychiatrists, two-thirds of the primary care physicians reported having difficulty referring patients for mental health reasons (Bishop et al., 2016). The same study also found that from 2003 to 2013 there was a 0.2% decrease in the number of practicing psychiatrists, which when adjusted for the change in population was almost a 10% decrease (Bishop et al., 2016). Unfortunately, this is likely worse now. This issue is also more prominent in more rural areas, where the lack of psychiatrists is more severe. Unfortunately, this is a structural barrier that needs to change if more people are going to be able to get help for their mental illnesses (Bishop et al., 2016). Without enough psychiatrists, people will have to wait a long time to receive care or might not be able to receive any.

Latin America is also facing issues due to the burden of mental illness. The proportions of the health care budget that are being allocated to mental health in many areas of Latin America are not enough to deal with the public health challenge of mental illness. For example, Chile has allocated 1.5% of the budget to mental health care, which is one of the highest in Latin America, in comparison to 6% in the United States (Salvidia et al., 2004). There were also

reported to be more beds in psychiatric facilities in the United States, with 9.5 beds per 10,000 compared to 1.8 per 10,000 in Chile. (Salvidia et al., 2004).

Insurance in Latin America also acts as a barrier to getting mental health care treatment, especially for people that have lower socioeconomic status. In an article written by Blukacz et al. (2020) it was stated that while Chile is a high-income country in Latin America, 20.5% of the population experiences multidimensional poverty, and 4.4% of the population that lives in rural areas is suffering from extreme poverty (Blukacz et al., 2020). There are two systems of insurance in Chile: private and public. Public health insurance provides insurance for about 70% of the population while private insurance provides for about 25% of the population (Blukacz et al., 2020). Private health insurance is harder for some people to get, since they reject applicants based on their financial status, leading to only 1.6% of people living in poverty being covered by private health insurance compared to 15.6% of those who are not living in poverty (Blukacz et al., 2020). Unfortunately, the public insurance system is often underfunded and does not always provide quality basic coverage. However, many people cannot afford private insurance or are denied it, leading to issues with people getting quality mental health care.

Many structural barriers were reported by people living in the United States and in Latin America. Neither area has insurance that provides quality coverage for all their residents, leading to issues with paying for mental health care, which is quite expensive. There are also problems in both areas with the locations of these services. Many of the services are in more urban, wealthier places in contrast to rural and less wealthy areas. There is also a lack of psychiatrists in both areas, leading to people having to wait many months to see one or travel far distances to see the only one that is available. While both locations are working on many ways to fix these barriers,

they are extremely prevalent and are leading to a lot of people continuing to struggle with their mental health illnesses.

The Impact of Stigma

The stigma around mental health disorders refers to "a collection of attitudes, beliefs, thoughts, and behaviors that influence the individual, or the general public, to fear, reject, avoid, be prejudiced, and discriminate against people with mental disorders" (Gary, 2005, p.980). Unfortunately, people with mental health disorders were not treated well in the past and were rejected and avoided, leading to the stigma surrounding having a mental illness. This stigma still permeates the culture of many countries, including the United States and in Latin America, and can lead people with these illnesses to be embarrassed and not want to seek treatment. Luckily, people with mental illnesses are not treated the same way as they were in the past and modern treatments for mental illness are much more humane. In the Middle Ages, mentally ill people were considered to be dangerous and were cast out of society. Witches and demons were also often associated with people that had mental illnesses, leading to them being discriminated. More recently, doctors also began to perform lobotomies and other psychosurgeries to try and alleviate symptoms of people with mental illness as well as make them "fit in" and participate in society once again (Dittrich, 2016). At the same time, patients with mental illness were put in insane asylums in the early 1900s. Here, they were treated horribly, and physicians induced seizures, gave them electroshock therapy, put them in a deliberate insulin coma, or heated their bodies to produce a high fever (Dittrich, 2016). These treatments were all meant to "fix" an individual so that they would be viewed as "normal" in society. Unfortunately, this means that the treatment's main goal was not to help the patient with their illness but rather to make sure they were

accepted by society. This history of mental illness has also led people in the present day to be fearful of inpatient care. One study found that fear of being committed to a psychiatric hospital was a big reason why people with mental illnesses did not seek care (Mojtabai et al., 2014). While there has been a lot of progress with inpatient care and treatment for people with mental illnesses, the stigma surrounding these illnesses began long ago and still exists to this day.

The stigma that surrounds mental illness is a major barrier for people deciding to seek treatment for their mental illness. We live in a society where people's opinions matter to many others, and unfortunately, this can be harmful to a person with a mental illness if the opinions of others and the stigma that is ingrained in the culture leads them to not seek treatment. The stigma surrounding mental illness also depends on the culture, meaning it varies from place to place. Cultures have different norms that create expectations and can lead to certain things being stigmatized more heavily than others. For example, people in Latin America have expressed fear of being stigmatized by society and their families, which tends to be reported a lot more in Latin America than in the United States (Marquez, 2013). People who identify as male in the United States also report more stigmatizing attitudes about mental illness, since they are brought up in a society that expects them to be emotionally tough and suppress their struggles (Miller et al., 2021). In some locations as well, like the United States and Latin America, the stigma surrounding mental illness can be even worse when a person in a minority group is experiencing it. The term "double stigma" refers to people who are part of a minority group that carries its own stigma as well as being someone with a mental illness (Gary, 2005).

The stigma surrounding a mental illness often gives a person a negative label. We as humans naturally do not want to be labeled negatively by society. Multiple studies have examined attitudinal barriers to mental health. A study done in Latin America and other

countries in 2014 found that the most common attitudinal barrier that people reported was wanting to handle the problem on their own (Mojtabai et al., 2014). This is common when a person is fearing the stigma attached to seeking help for a mental illness. If they never seek treatment and decide to handle it on their own, then society will never know, and they will not be perceived as someone with a mental illness. The second and third most common responses were that the problem was not severe enough to seek treatment and it would eventually get better on its own. These are also responses that people start to tell themselves to avoid having to acknowledge the issue and then possibly risk being judged by society.

Stigma is also significantly worse for some mental health disorders than others. Disorders like schizophrenia and borderline personality disorder are illnesses that are often stigmatized more than things like depression and anxiety. Because of some of the symptoms of these disorders, people are more likely to be considered “crazy,” “psychotic” or “violent” if they have one of these illnesses. Many people also do not know much about the disease, meaning that many assumptions are made that are not factual. Unfortunately, physicians also hold biases against patients with illnesses like schizophrenia. A study done by Sapag et al. (2017) found that physicians also have a stigma attached to schizophrenia. This study found that physicians were more willing to work with patients with depression (60.9%) than patients with schizophrenia (37.0%) (Sapag et al., 2017).

A study also found that stigma was prominent in deterring people from seeking help in the form of group therapy (Marquez, 2013). Stigma concerns reduced the odds of people saying that group therapy and treatment would be helpful in a study done by Marquez (2020). This was also more prominent in very close-knit immigrant communities in the United States. People reported having concerns about people within their community knowing their personal

information (Marquez, 2013). Reducing the stigma surrounding mental health is important since group therapy can be a very important way for people to find social support for others struggling. However, if people are avoiding this type of treatment due to fear of others knowing, it may be negatively affecting them since they might find the group therapy to be incredibly helpful and more economically feasible than individualized therapy.

A lot of the stigma regarding mental illness comes from a lack of knowledge. If people do not understand an illness, they are more likely to make assumptions about people with the illness and attribute negative characteristics to these people. HIV/AIDS is an illness that had a lot of stigmas attached to it at one point in Latin America and the United States and there are many similarities between this disease and mental illness (Bolis & Acuna, 2005). People were unsure of what AIDS was at first and began to make assumptions due to their ignorance about the disease. They were unaware of where the disease came from, whether treatment existed and would work, and thought the disease was associated with low productivity and often with religious myths (Bolis & Acuna, 2005). Similarly, many people do not know enough about mental illness and education and jump to conclusions about people that are suffering from it.

Sociocultural Barriers

There are also many sociocultural barriers that affect people in various social groups from seeking out mental health treatment and getting quality care. Social support, familial relationships, social status, and religion are all barriers for various people in both the United States and Latin America. While these barriers differ depending on the culture, they are preventing people from getting the care they need. Structural barriers, as well as sociocultural/attitudinal barriers, are both cited frequently as being large barriers to getting

mental health care, meaning that these barriers need to be researched as much as the structural barriers.

Social support has been shown to help tremendously when people are dealing with illness, both physical and mental. Supportive relationships can provide people with affection, understanding, empathy, self-esteem, and acceptance (Bertera, 2005). Usually, when people are let out of hospitals, rehab centers, and inpatient care for mental health, they are asked about their social support since clinicians know how important social support is for recovery. If a person is lacking social support, whether that be with their family or friends, they are likely going to be less inclined to seek help. Social support can aid people when they are scared to seek help and can help them get to the treatment center as well.

As mentioned earlier, culture is key to shaping attitudes that individuals have about mental illness and seeking out treatment. One cultural influence that has an impact on Latinx-identifying people is the social support of their family (Mascayano, 2016). Family is incredibly important to Latin American communities, whether that be in Latin America or the United States, and family has been researched in terms of how it can be both positive and negative for someone dealing with a mental health disorder. Exploring various cultural influences in Latin America regarding the family and its importance clarifies how it could possibly be a barrier to seeking out mental health care.

A term that is used a lot to talk about family closeness in Latin America is *familismo* (Mascayano, 2016). This encompasses the idea that it is the family's obligation to provide emotional support for their struggling family member, that supporting one another is an expectation, and that decisions are made thinking about the best interest of the entire family (Mascayano, 2016). This term refers to a high sense of obligation and connectedness that the

family has. However, this could be one of the reasons that Latin Americans were found to have lower usage of mental health services. If they feel as if it is the family's job to help when someone is struggling, they might not be as open to getting outside help. This idea of *familismo* can also be linked to stigma. If the family aims to make decisions that are best for everyone, the decision might not include having a member get mental health treatment due to the potential impacts of stigma on the family (Mascayano, 2016). The judgment could be passed not only on the individual but also on the family, and this is a potentially negative effect that the close-knit family has on seeking out mental health care.

Machismo is another term that indicates a specific part of Latino culture. This word refers to the fact that the man has the main role in the family of being the protector and being the provider for the family (Mascayano, 2016). Often, this idea of *machismo* leads men to also use mental health care services less. Even in the United States, men are brought up to believe that they need to be strong in all scenarios and cannot show emotion, which is considered a weakness. Having a mental illness and seeking help might be considered by many to be weaknesses and therefore they may not be inclined to get help, and this is especially the case in Latin American cultures.

Even though it is great that the family of Latin American cultures is so close, this can lead to some negative side effects. If the family is using all their resources to take care of a member with a mental illness, that person might feel "perceived burdensomeness" when they have an illness that others need to help them take care of (Marquez, 2013). In this case, the person with the illness might feel like even more of a burden since their family has to take time to help them and take care of them, rather than a professional who does that for a living. This can lead to feelings of guilt as well, which is not helpful for a person that is dealing with a mental

health disorder. Unfortunately, “perceived burdensomeness” is also one of the main risk factors of suicide and should not be taken lightly.

Not only might a person feel like a burden to their family, but they might be a burden on their family. Due to the shortcomings of the systems providing mental health care, family members often must step in and help. This takes a lot of time and personal resources to accomplish and can impact the quality of life of the caregivers. A recent scientific study found that there was an association between the burden of caring for a family member and stress, exhaustion, depression, anxiety, and frustration (Carbonell et al., 2020). While the family members might want and need to help those affected, it could prove to be challenging and lead to negative effects for both parties. Family members are also not trained professionals and might not be able to help in the same ways that a professional could.

Despite the potential negatives of the close-knit familial structure in Latin America and Latin Americans in the United States, there are positives to being so close to one’s family. Firstly, social support is extremely important to help a person when they are suffering from a mental illness. Feeling like someone has people on their side to support them is very positive. Familial cohesion has also been linked in various studies to low psychological distress (Marquez, 2013). Relatives can also help with getting family members to appointments if they are seeking professional treatment and can help them follow recommendations from the provider. While familial cohesion could potentially be a barrier to getting mental health care for some people, they are many potential positives that are associated with the social support of having so many close family members.

Religion is also another sociocultural barrier that may prevent people from seeking mental health services. Religious groups are also intertwined with many other socio-cultural

aspects like culture, ethnicity, and socioeconomic class. A study was done by Ayvaci (2017) in which religion was explored as a potential barrier to seeking out and obtaining mental health services. During the time of the study, 70% of Americans reported being at least affiliated with a religious group, with about 42% saying they attend services regularly (Ayvaci, 2017). After this, patients in various mental health facilities were asked about their religion and how it impacts their mental health. Over 80% of a sample of 406 patients said that their religious beliefs do help them cope with mental health issues (Ayvaci, 2017).

However, some people with strong religious convictions might believe different things about mental health illnesses. Various interpretations of psychiatric symptoms are often influenced by the culture of which the patient is part, which also includes religious values. People with strong religious beliefs might think that having a mental illness is some sort of punishment and that they can overcome it by being more devoted to their faith. Pastors were also shown to have beliefs like this as well. In a study that interviewed 204 Protestant pastors, a significant amount of them said that weakness in faith can lead to mental health issues (Ayvaci, 2017). Muslim clergy in this study were also found to believe similar things. Muslim clergies also reported being wary of the psychiatric field in general, citing that it is often discriminatory to people of their religion (Ayvaci, 2017).

Another barrier to mental health care for religious people is inconsistency in the schedule (Ayvaci, 2017). Many religions have set times during the day for prayer. If a person is in an inpatient facility and getting care for their mental health, they might not be able to stick to the schedule that they are supposed to for prayer. This often leads people who practice religions with prayer times to not want to seek help, fearing they might be put in inpatient care. Finally, the study by Ayvaci (2017) stated that many patients reported having difficulty finding psychiatrists

with an understanding of their religious beliefs. In comparison to other physicians, psychiatrists have lower levels of religious beliefs (Ayvaci, 2017). Unfortunately, patients often felt that the psychiatrist was not understanding their religious perspective and was possibly even overlapping their religious beliefs with possible psychotic symptoms in some cases (Ayvaci, 2017). Ultimately, psychiatrists and other practitioners should be better equipped with knowledge of various religions and need to work on not being biased in situations when a patient is religious and might have very different beliefs.

Finding studies examining religious beliefs and how they could be a barrier to seeking mental health treatment for people in Latin America was a lot harder. While there is less literature out there about this topic, people in Latin America are quite religious. In a study done in 2021, 58% of people in Latin America said they were Catholic and only 16.6% professed they were not religious at all ("Religion affiliation in Latin America as of 2020, by type"). Another study found that in comparison to 54% of US-born whites who endorsed religion as helping with dealing with mental health, 90% of immigrant Latinas endorsed it as being helpful (Nadeem et al., 2008). However, a study was done that examined Latin American immigrants in the United States. It found that religion was both a positive and negative reinforcer for getting mental health treatment. Some patients said that their religious beliefs did not affect their getting help and their beliefs in God helped them believe that the treatment will have a positive impact. On the other hand, some people did use prayer and religion as an alternative to getting professional help, which could be negative in some cases (Roldan-Bau, 2013).

Racial and Ethnic Barriers

Racial and ethnic minorities in the United States are less likely to access mental health care and if they do access it, it is likely to be of poorer quality (Walker et al., 2015). Walker et al. (2015) found that black or Hispanic males are the people that are less likely to receive quality care. It is extremely important to identify what barriers are leading to ethnic and racial minorities not receiving care for their mental health. Without identifying the barriers, this will continue to be a problem and will get even worse as the population grows in the United States. One of the minority groups in the United States that suffer from this is Latin Americans. A study was done to examine Latino adults' access to mental health care in the United States. The findings were very telling of issues that are specifically causing Latin Americans in the United States to suffer from mental health disorders and not get the help they need. The study found that Mexican American adults who met various criteria for psychological disorders and were diagnosed within 6 months of the study were less likely than non-Latinos to visit a specialist (8.4% v. 16.8%) (Cabassa et al., 2016). They also experienced a greater delay in receiving their healthcare than their non-Latino counterparts (10.7% v. 22.7%) (Cabassa et al., 2016). Latinos were also less likely to be in active treatment than their non-Latino counterparts and were likely to rely on general medical care rather than seeking help from a mental health specialist (Cabassa et al., 2016).

Unfortunately, studies have shown that this is also the case for youth in America that are part of minority groups. Marrast et al. (2016) found that minority children had about half as many mental health visits as white children. Black and Latino children made 37% and 49% fewer visits to psychiatrists than their white counterparts and the overall mental health professional visit rates were 68% lower for black children and 62% lower for Hispanic children

than white children (Marrast et al., 2016). This is quite unfortunate and negatively affects children in minority groups in the United States. It has also been found that black children have higher rates of ADHD and conduct disorder, Latino children have higher rates of mood disorders, and Asian-American children have higher rates of internalizing symptoms, meaning that they would benefit from getting the same mental healthcare treatment as white children (Green, 2015). Green (2015) also found that out of the over 1500 adolescents studied, only 34% had adequate healthcare and a higher proportion of that percentage were white adolescents. However, there are various things that can be done to help this problem, and these will be discussed at the end of this paper.

A study also looked at acculturation and how that affects Latinos' mental health care use and quality of care in the United States. Acculturation is when people assimilate to a new culture, which is usually the dominant culture. U.S.-born Latinos and those who have higher scores in acculturation were found to be more likely to use specialty mental health care services rather than general care services and were more likely than foreign-born Latinos or Latinos with less acculturation to use them (Cabassa et al., 2006). The data from this study is quite important since it can shed some light on issues in the mental health care sector in the United States and hopefully will make it so that the systems make changes since the ability to assimilate should not guarantee whether a person is able to get the proper care.

Racial and ethnic minorities often are affected more by geographic variation in mental health services. Kim et al. (2017) did more work on trying to understand this phenomenon since it is not something that has a lot of research done on it. Their data found trends showing that ethnic and racial disparities in mental health care were found to be affected by geographic variation. In the south, the researchers found that Latinos were less likely to have their mental

health needs met (Kim et al., 2017). In the Midwest, black people and Latinos had significantly higher odds of having unmet needs for mental health care. Finally, in the west, Latinos and Asians were significantly at risk of having unmet needs for mental health care (Kim et al., 2017). This data is not shocking to me but is unfortunate since people of all races and ethnicities should be able to get quality care wherever they go in the United States.

These groups also face the barrier of mistrusting the system in the United States, a system that has failed them countless times. The field of psychology is historically a field that focuses on the WEIRD population: White, Educated, Industrialized, Rich, and Democratic. Due to this, people that do not fit into these categories often are discriminated in the field of psychology. In addition to this, the field of psychology has used the "genetic deficit model" to explain that racial minorities have a genetic deficit that is leading to their results in psychological assessments and poor performance (Leong and Kalifates, 2011). Sociocultural and environmental factors need to be considered to understand the full picture of the health of a person in a minority group in this country. Barriers mentioned earlier like access to healthcare, education quality, transgenerational racism and discrimination, and class differences are all things that can affect a person and their mental health (Leong & Kalibatseva, 2011).

Immigrants are another minority group in the United States that face barriers with mental health care. The United States is home to over 45 million immigrants from all over the world (Giacco et al., 2014). These are people who speak and write different languages and come from different cultures, some of which might be distinctly different from the dominant white population in the United States. Unfortunately, data has shown that immigrants do show higher rates of mental health disorders and various factors and stressors that occur when a person immigrates can also exacerbate these issues. Not only are immigrants in the United States less

likely to receive care for their mental health, but it has also been shown that the longer these groups spend time in the United States, the more likely their psychological disorder rates will increase (Giacco et al., 2014). Due to immigrants having higher rates of mental illness, studies need to be done to examine what barriers might be present in the United States that are affecting immigrants from getting proper mental health care. These barriers are likely much different than barriers that non-immigrants face and studying both populations in the United States is important.

An article by Giacco et al. (2014) examined literature about mental healthcare and immigrants in the United States. They found three main categories of barriers that immigrants face to getting quality mental healthcare. Firstly, language barriers are one of the problems immigrants deal with when trying to get proper mental healthcare. Especially when talking about mental health, verbal communication is key since there are usually no physical symptoms that a physician can see. Clear verbal communication is important for a clinician to assess symptoms, establish a rapport, and come up with a diagnosis and treatment plan specific to the patient. Things like psychotherapy also revolve around talking, and if a patient is unable to fully understand the therapist, then the therapy might not have as many positive outcomes. Due to the language barrier, immigrants are referred less to therapists (Giacco et al., 2014). Instead of this happening, there should be more therapists that are bilingual or more interpreters. Unfortunately, the language barrier is a very large issue in the United States for immigrants trying to receive mental healthcare.

The second barrier mentioned is expectations of care and models of explaining mental illness (Giacco et al., 2014). Immigrants from some countries might have more beliefs in supernatural causes of mental illness and an individual's understanding of psychiatric disorders

and symptoms is influenced by their culture. The views of the patients can clash with the views of the physician, who is likely to be white, and if this is the case it might lead to a relationship without trust and acceptance. Many cultures do not rely on medicine as much as the United States does and natural remedies are used more often in other cultures rather than prescription medication. For this reason, immigrants from other countries might be more hesitant to take things like SSRIs and other anti-depressants. One study found that all ethnic minorities in the sample size of the study done in the United States were significantly less likely to be interested in taking medication (Nadeem et al., 2008). In this study, African Americans and immigrants had lower odds of believing that medicine can help their problems. If the clinician and patient work together with their different views, this can be dealt with, and the patient can get the proper care.

Luckily, some research has been done regarding ways to make sure these barriers are not stopping immigrants from receiving proper mental healthcare. Cultural competence training is one thing that should be adopted by all physicians and therapists, regardless of whether they are in an area where many immigrants live. This training should also be done for all physicians since it is important to be culturally competent even when treating a patient with a broken leg. Primary care physicians have also been shown to be a positive reinforcer for immigrants to seek mental healthcare. One study found that 77% of the immigrants that received mental healthcare first made an appointment because of a physical ailment (Giacco et al., 2014). The primary care physician then did an examination and was able to refer them to a mental health specialist. The integration of primary care and mental healthcare is important in general but has been proven especially helpful in helping immigrants overcome barriers that usually stop them from seeking care or getting proper care.

In Chile, immigrants are also a vulnerable population and experience issues with getting mental health care. Chile receives a lot of immigrants from other Spanish-speaking countries like Venezuela, Peru, and Columbia as well as many from Haiti (Blukacz et al., 2020). Data has shown that unfortunately, these migrants are not getting the same access to health care that the Chilean-born population is. The 2017 National Socioeconomic Characterization found that 2.3% of the Chilean population were not insured in comparison to 16.3% of the migrants in Chile (Blukacz et al., 2020). The study also found that migrants in Chile had 2.7 high odds of not receiving care for their mental health disorders (Blukacz et al., 2020). Due to this issue of immigrants getting mental health care in Chile, an International Migrant Health Policy was launched in 2018. (Blukacz et al., 2020). It recognized the social discrimination as well as other obstacles that migrants face in Chile and that this can be a social health determinant.

Stigma is also very prominent and is a barrier for many immigrants and minority groups when seeking care for mental illness. The idea of "loss of face" is something that many minority groups are concerned with. "Face" in this sense is someone's social image that is accepted by societal standards and allows a person to feel like they fit in. Not only is this related to the individual, but also to their family and the "face" of the family (Leong & Kalibatseva, 2011). Due to the stigma of having a mental illness that might affect one's "face," from seeking mental health services. Other studies have also specifically found that this is the case for Latin American immigrants due to their strong familial roots. They often have the reluctance to seek help outside of their familial circle, worrying about what people will think about them and their family. Immigrants and minority groups also face all kinds of other stigmatization and racism, so adding the fact that they now must face stigma for mental illness makes things even harder.

There are also racial and ethnic barriers present in Latin America and vulnerable populations are at risk of getting less than quality care. One of the very prominent populations in Latin America that is also marginalized is the indigenous population. The Americas are home to over 40 million indigenous people that unfortunately have shown to have worse health outcomes than the rest of the population (Ruano et al., 2021). Indigenous people suffer not only from poverty but also from social exclusion in many of the countries they live in. The "coloniality of power" is a term used to describe the production of a pattern of colonial domination that occurs in Latin American countries with indigenous populations (Sepulveda & Pisani, 2020). Sepulveda & Pisani (2020) state, "for indigenous peoples, the coloniality of power has marked the cultural construction of race and the production and organization of exclusion, racism and different subjectivities" (Sepulveda & Pisani, 2020, p. 335). Unfortunately, this power dynamic manifests itself in psychiatry and mental health care in these countries and this leads to indigenous populations struggling to get care.

In some countries in South America, the indigenous populations are 3 to 4 times the national average poverty rates. (Incayawar, 2007). The most rural areas as well, where these populations tend to reside, are also the areas of highest poverty and areas that are lacking in mental health resources (Incayawar, 2007). Unfortunately, there are many risk factors for indigenous people that might lead them to have mental health issues. Firstly, colonial oppression is still very present, and they often feel like outcasts in the various places they live. Since they have been treated so poorly, one study mentioned that they have learned to be suspicious of the intentions of the dominant society, since they have not shown them much respect (Incayawar, 2009). This means that they are less likely to use mental health services as well, being wary of their surrounding community and if their best interest will be considered. Historically too, Latin

American governments have not represented the interests of indigenous people leading them to doubt getting real help. Due to this, they rely on many traditional healers, elders, members of the community, and midwives rather than using mental health services (Incayawar, 2007).

Not many studies have been done on the mental health of indigenous people, but studies have identified various barriers that this group faces to getting mental healthcare. One barrier that this population faces is having no psychiatrists that are representative of their community. A study reported that there are 5 million indigenous people in Ecuador. Of this 5 million, there were only 5 Quichua, a group of aboriginal people in South America, physicians, and only one of those physicians was a psychiatrist (Incayawar, 2009). It is likely that people from this community would feel more comfortable seeing this psychiatrist. However, the psychiatrist cannot possibly see all the people out of the 5 million that are struggling with mental health, leading to some people not getting the care they need.

What can be done?

While it seems that there are many barriers to receiving mental health care and it may feel like they are insurmountable, there are things that can be done. One thing that can be done is to make sure that primary care physicians are all properly trained in minimum assessment skills for mental health illnesses. Cunningham (2009) wrote about this and said that “Primary care physicians have become the gateway to the mental health system for many patients by screening for mental health problems” (Cunningham, 2009, p.2). It is also important that these physicians do commit to making sure they ask these questions about mental illness when seeing patients, and that they ask the questions with a tone that demonstrates the importance of talking about mental illness. I know that sometimes when I have been asked about mental health and suicide at

my PCP that I have felt like sometimes they were rushing through these questions. While this might not be intentional, it does signal to the patient that these things are not as important when they are. Especially since it is hard to find mental health specialists in certain areas, primary care physicians must take this task seriously and understand they are the gateway for many patients to seek further care for their mental illness. Primary care physicians are also very important for children. Children see their physicians often for checkups and this is an ideal time to discuss mental health. Especially when children are transitioning to adolescence, they might be struggling with their mental health. This is a great time for a physician to ask questions about depression, anxiety, suicide, etc., and then refer them if necessary.

Another thing that might help children facing barriers to getting mental health treatment is the school system. Children of color were found to be less likely to be referred to specialists by their schools than their white peers (Green, 2015). Staff and faculty at schools, however, might be the first people to notice a child is struggling and therefore need to work to refer each student that might be exhibiting worrisome symptoms. Schools also need to make sure that education happens at an appropriate age. Learning about mental illness earlier in life might have positive effects like reducing the stigma around it. Children spend a lot of time at school, so making sure that education is happening in the classroom and that teachers can detect warning signs about a student that is struggling is important.

More accessible mental health care facilities are another thing that needs to be implemented. Chile is currently working to implement more community mental health centers in all regions of the country, specifically to make sure that the poorer southern regions are also getting care (Blukacz et al., 2020). The goal is to have psychotherapy, medication, and family psychosocial intervention to make sure patients are getting the specific help they need. These

centers are also great since they work with primary care providers, which is helpful in making sure people are being diagnosed and getting help (Minoletti, 2016). However, only two other countries in Latin America, Brazil, and Panama, have been able to make the switch to transform many psychiatric institutions into community mental health facilities (Mascayano et al., 2016). More countries need to begin to make the switch to see gradual progress throughout the next decades.

Finally, more research always needs to be done to identify different barriers that are affecting people. At times, it was hard to find current research on some of these topics when I was looking up various barriers in both geographic areas. Up to date research will allow us to understand the current dilemma since the rates of mental health illnesses are constantly changing and usually are rising. Barriers also might change as well, and some might be more prominent during one time or in one area in comparison to another. The only way to find out, therefore, is to do more research regarding this topic.

While there are some countries that have very quality health care, they still struggle with barriers as well. When looking at countries that seem to have quality mental healthcare, Germany seemed to be one of the best. While their rates of mental health illness are like other countries, with about 31% of Germans with at least one mental illness, it seems the country has a lot of support from the government and other systems to promote and help people with mental health issues (Salieze et al., 2007). Germany also historically has a lot of positive implementations of community-based mental healthcare (Salieze et al., 2007). However, I found a few articles reporting issues that refugees face when they are looking for mental health care in Germany and they stated that refugees tend to have higher rates of psychological disorders due to the stress of their situation (Boettcher et al., 2021). This is very similar to the groups in the United States and

in Latin America that are struggling more than others to find quality mental health care. Germany also has many regional differences since it is organized in a subsidiary system, meaning that each of the 16 federal states regulates its own laws on mental health care (Salieze et al., 2007). The inpatient and outpatient services in Germany are also funded by separate areas (Salieze et al., 2007). This data shows that even the countries considered having very high-quality mental health care still struggle with barriers that prevent some populations of people from getting proper care. Hence, this is a worldwide public health concern that needs to be addressed by starting to work to improve these barriers.

Mental health is a topic that I am passionate about. Honestly, when I was thinking about writing this conclusion I was overwhelmed. How can I summarize a paper about so many barriers to people receiving mental health care? How can I write a conclusion to a problem that is so far from being solved? I wish I had the answer, but I do not. I wish that mental health care was accessible to all people, regardless of location, race, gender, socioeconomic status, etc. Unfortunately, it is not. What I can say about this paper, however, is that it examines different problems that people are having with getting proper care. This is a step in the right direction, in my opinion, to work to solve a larger issue. While I cannot write a conclusion about this problem because of how vast it is and how many people it affects, I can hope that more research continues to be done so that people get the help they need.

Unfortunately, many people in the world are dealing with pressing mental health concerns. While it should be easy for everyone to get care for what they are struggling with, there are many barriers present to getting mental health care. Specifically, I wanted to analyze barriers present in the United States and in Latin America to find similarities and differences. Not only did both locations have many structural barriers like insufficient insurance coverage,

lack of physicians, and less accessibility in rural areas, but many attitudinal barriers were present. Stigma is something that continually permeates both locations and causes people to fear getting treatment. There are also other social barriers like religion, ethnicity, race, and immigrant status. Both locations are far from perfection and there is still a lot of work to be done to make mental health services more accessible. However, acknowledging the weaknesses of the systems present in these locations is the first step in figuring out how to begin to solve some of these issues. Mental health rates are only increasing in the current age and change needs to be made so that people are getting the care they need and the care they deserve.

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