

Access to Mental Health

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Transcript

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Hi, my name is Abigail Scott, and this is my Capstone proposal. We're going to go over access to mental health care for minors. Our introduction to the problem: Children, especially in rural or low-income areas, lack proper access to care. Idaho falls into this category perfectly. We have a large state with not very many health systems equipped to accommodate this type of care. We also have a very conservative legislator that does not include access to funding for these health care providers, so that they can provide mental health care to these populations. We lack proper Medicaid funding, so that these children can access care.

Our system deficits: Again, lack of access to care due to funding. The other major thing that we face here in Idaho is a lack of access to specialists who provide care to children with psychiatric issues. This comes down to the fact that we are a very rural state, and again, we have very few large hospital systems willing to accommodate these types of professionals.

All right. So, emotional intelligence: My personal experience, I have worked in a health system here in the Boise area for about five years. I worked in the emergency department, and through my experience there, I saw plenty of children who are struggling to find appropriate mental health care. The issue is that, when they come in in an emergency situation and need to be institutionalized, there is nowhere for them to go. The options for in-state hospitalizations come down to two private hospitals, and a couple of children's boards that their insurance may or may not cover. The other issue is that, if they have Medicaid, they might have access to external options – outpatient options – that are not always available to them, due to the coverage or availability being about six months out for an appointment with a psychiatric care provider, especially for children.

So, for our other Emotional Intelligence slide, we have our stakeholders: social workers, clinicians, health care providers, insurance providers, and educators, children, and families. All fall into this– [pauses] this Capstone proposal. Social workers, clinicians, and healthcare providers carry a heavy weight of making sure that children get access to care whenever possible. Unfortunately, that's pretty rare here, because we operate on an emergency, crisis-driven system,

rather than preventative system, for health care – especially mental health. The weight also falls on children and families to deal with these issues at home, without a proper care plan or without clinicians. This is due to legislators and insurance providers creating barriers to access.

All right. So, for this project I wanted to take the innovative approach of working with our social workers and our general public in order to find some places where our opinions meet, so that we can go forward and advocate for our children to our lobbyists and to our legislators, in order to make sure that we have appropriate access to our own funding, to get care for our children. I asked my social worker friends, “While working with children in the valley, how often do you come across a lack of proper resources available for both outpatient and inpatient mental health care?” They said 100% of the time. Every social worker that I interviewed for this said, every single time they try and find resources, they're unable, and that comes down to a lack of hospitals available and a lack of funding for these children to go into the hospital.

They said if they could advocate for one change, they would advocate for functionality of the system. That means to me that they need the system to work for the children. That means that there needs to be funding available, that means that there needs to be facilities available, and that means that there needs to be providers available to make sure that that happens. Lastly, I asked what the normal barriers are for them, and they said it is insurance and cost, most of the time. And when those barriers aren't in play, it is availability of care. One social worker cited there being a six-month wait for a child to be seen for an eating disorder that is causing them malnutrition.

The public opinion for this is that therapy doesn't give you an immediate change, and there's no access to good therapies or resources. The other public opinion – that is absolutely wrong and needs to be corrected – is that the emergency room is a sufficient treatment center. Essentially, they agree that we don't have any preventative care, and that we live in a crisis- or emergency-driven system, so they know if something goes wrong, they can fall back on the ER.

So, for the research, the social impact here: Essentially, people stated that the biggest issue they face is stigma, and they don't want to go get help because they don't want to be ostracized by their peers. They also cited relationship factors, inability to find a social worker or counselor that meets their needs, and they cited issues with their parents – not being able to communicate their issues with their parents, or have them believe them. Half of the issue, they said, was availability of care. Cost is a huge barrier.

All right. The research also states that from 2008 to 2017, the occurrence of depression in the adolescent population increased from 8.3 to 13.3 percent. This is a huge issue, and nobody's talking about it yet. So, we need to make sure that we're advocating for our children to get the

help that they need without any stigma. Our innovative solutions, or important aspects of change, is understanding social capital. This is the biggest thing we can do, is advocate. We hold the power.

We as the people hold the power over our lobbyists, over our legislators. We can make sure that they know that we demand change, that we need change for our children, and they need access to care. It's our tax money, and we can make sure that they're aware that we know that it's not being used appropriately, to help our children. We need to do this to cultivate a healthy and accessible future for our children, and we can use our education system as a starting line. Children have access to counselors through their school, and we need to funnel more money into the education system to eliminate the stigma and provide more resources for our children. The social workers that I interviewed agreed with me: that starts in education.

Our other innovative solution is our legislative options. We need to limit or eliminate lobbying for insurance plans that exclude our lower socioeconomic classes. Essentially, the United States spent 63% of its \$3.5 trillion health care budget in 2017. That's ridiculous. We have almost half left, and we can funnel that into children's health care. We need to make sure that we're focusing on our future, and children are just that. Mental health care is just as important as physical health care.

We need to demand that care be expanded through use of private hospitals and access to public funds like Medicaid. One of the biggest issues we face here in our valley is that children can't be hospitalized in a private hospital with Medicaid. Once they meet their quota, they quit. We have some acts, currently, in the government that are being funded to help mental health and addiction. We need to continue to demand that our legislature funnel money towards our children and towards our future, and that's done through access to mental health care. Thank you for listening to my Capstone. These are the sources in which I gathered my information from. Thank you.

END OF TRANSCRIPT.