

Nicole Clancy

Student ID: L33112148

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Understanding Mental Health

Mental health illness, access to mental health care, quality of mental health care, and mental health disparities are important aspects of mental health in the health care system.

Understanding of these areas of mental health are crucial for current, past, and future research in the field and in moving forward to improve the mental health illness epidemic across the world.

Mental health impacts our lives on a daily basis and is an important aspect of our overall health and wellbeing. Thus, there are still harmful attitudes and misunderstandings around mental illness, which plays a role in people ignoring their mental health, fueling stigma, and making it harder for these individuals to reach out for help when it is necessary¹

Mental health is an important part of our overall health and well-being across all stages of life (childhood and adolescence through adulthood) and is a recognized public health concern across the globe¹ Mental health disorders are real, common, and often treatable²⁶; when the appropriate care and resources are available to those who suffer from mental health disorders. Approximately 1 in 5 American adults and 13-20% of children living in the United States will experience a mental health disorder in a given year²⁶ Mental health affects how we think, feel, and act and includes emotional, psychological, social well-being and is an essential aspect in our family and interpersonal relationships, and the ability to contribute to community or society^{1,2} Identifying mental health as a public-health issue is essential to building healthier and more productive communities around the world²⁵ Mental illness can be caused by a number of factors and there are a number of different mental disorders that individuals may suffer from, even throughout different stages of their life¹ Mental disorders are a common cause of disability and defined as health conditions that are characterized by alterations in thinking, mood, and/or behavior associated with distress/impaired functioning² Mental illness affects individuals of all

ages, racial/ethnic groups, and populations (some more affected than others)³ Mental illness conditions that vary in severity and two broad categories used to describe these conditions, any mental illness (AMI) and serious mental illness (SMI)⁴

Healthy People 2030 focuses on the prevention, screening, assessment, and treatment of mental disorders³ Healthy People 2030 states the connection between mental health and physical health and how mental disorders affect people's ability to take part in daily healthy behaviors³ The mental health and mental disorders objectives aims to improve health and quality of life for individuals who are impacted by these disorders³ The Healthy People 2030 mental health and mental disorders objectives are focused around general information regarding mental health/disorders, adolescents, children, cancer, health care, hospital and emergency services, injury prevention, LGBT, parents and caregivers, people with disabilities, pregnancy and childbirth, schools, and violence prevention³ Each of these sections aim to be met or exceeded according to the Healthy People 2030 goals by tracking objective status of each. Mental health and mental disorders are something that will always be present across all stages of life, health care, and public health but improving objectives are met goals are progress across this concern.

Mental illnesses affect tens of millions of people (one in five adults) each year in the United States and research suggests that only half of those with mental illness receives treatment⁴ In 2020, there were an estimated 52.9 million adults in the United States with AMI which represents 21.0% of all U.S. adults⁴ AMI is a mental, behavioral, or emotional disorder that ranges from no impairment to mild, moderate, and even severe⁴ In 2020, there were an estimated 14.2 million adulted with SMI which represents 5.6% of all U.S. adults⁴ SMI is a mental, behavioral, and emotional disorder that results in serious functional impairment that interferes with or limits major life activities⁴

While there are different types of mental disorders, there can also be caused by a number of factors/have different influences on our well-being and overall health¹ Mental disorders are a common cause of disability and defined as health conditions that are characterized by alterations in thinking, mood, and/or behavior associated with distress/impaired functioning² Mental illnesses are examined through research constantly and it is evident that mental illnesses are caused by a combination of biological, psychological, and environmental factors²¹ Biological factors include genetics (heredity), infections, brain defects/injury, prenatal damage, substance abuse, poor nutrition, and exposure to toxins²¹ Psychological factors include emotional, physical, or sexual abuse, early loss (e.g., loss of a parent), neglect, and poor ability to relate to others²¹ Environmental factors include stressors such as death/divorce, dysfunction in family, feelings of inadequacy, low self-esteem, anxiety, anger, loneliness, changing schools or jobs, social or cultural expectations, and substance abuse by the individual or their parents²¹ Evidently, there are a variety of contributions to one's potential mental health and mental illness. Acknowledging the different factors that are present in one's life is an important way to determine the cause or trigger for their mental health illness.

The state of your mental health determines how you handle and react to different aspects of life whether it be handling stress, how you relate to others, or how you make choices throughout life²³ Mental health treatment, interventions, activities, and overall care are designed to help someone cope with their mental illness²³ Mental health activities are things that one can do to improve their overall mental health by engaging in wellness activities, mindfulness or meditation, mood trackers, therapy worksheets, etc²³ Finding a sense of inner peace is the goal for this approach. Cognitive therapy or cognitive behavioral therapy allows individuals to identify and change the element that leads to automatic negative thoughts²³ Automatic negative

thoughts are subconscious thoughts that occur in response to stimuli and are oftentimes irrational and self-defeating²³ Models of intervention are constantly developing to mitigate the impact of mental health challenges throughout different aspects of life²⁵ Mental health intervention can help someone through tragedy, trauma, or through an untreated psychiatric disorder²³ The top types of interventions include simple intervention, classical intervention, family system intervention, and crisis intervention²³ Each type aims to meet the goal of the specific individual and allows them to be comfortable with which option suits them and their current situation. Different forms of therapy are geared towards meeting the needs of a particular individual and training of these techniques and approaches are crucial in mental health care.

Mental illnesses conditions that vary in severity and two broad categories used to describe these conditions, any mental illness (AMI) and serious mental illness (SMI)⁴ While mental health and mental illness can be linked to other illnesses and diseases, it is also linked to suicide and suicide rates. In 2020, suicide was the 12th leading cause of death in the United States⁶ Suicide is a major health problem and most suicides are related to psychiatric disease, depression, substance use disorders, and psychosis⁵ In the past 20 years, there has been a 25% increase in the suicide rate¹⁵ Additional contributors to suicide rates include anxiety, personality disorders, eating disorders, and trauma-related disorders⁵ The CDC lists several factors that increase suicide risk which include, individual risk factors, relationship risk factors, community risk factors, and societal risk factors⁷ Research on risk factors among those with mental disorders is crucial in the efforts to predict and prevent suicide deaths. The issue of suicide risk and mental disorders reflects aspects including ethnicity/immigrant status, adverse childhood experiences, severity of depression and comorbidity of mental disorders⁵ Studies on ethnicity/immigrant status and suicide attempts show higher rates among immigrants compared to the native

population⁵ Risk factors include language barriers and worrying about family back home/separation from family, leading to hopelessness, depression, and anxiety⁵ Adverse childhood experiences (ACE) are implicated in a range of negative health outcomes in adulthood, including mental disorders and suicide⁵ Depression is linked to both suicidal ideation and attempt and the severity of depression was a significant correlation in suicide in both men and women, but suicide attempts were more common among women with a younger age of onset and higher number of psychiatric comorbidities⁵

To reduce suicide rates, mental healthcare institutions (MHI) should implement suicide prevention guidelines⁵ Similarly to other health illnesses, diseases, etc., prevention is important in the progression of illness/disease and in worsening health conditions. Suicide prevention is important in reducing the risk of suicide as well as in worsening mental illness symptoms/progression. The goal of suicide prevention is to reduce factors that increase risk and factors that promote resilience⁷ Preventing suicide requires prevention and protective strategies; for individuals, families, and communities⁷ Learning the warning signs, promoting prevention and resilience, and committing to social change are all measures to preventing suicide⁷ Access and delivery of suicide care also plays a crucial role in suicide prevention. This can be done through mandating health insurance policies for mental health coverage and creating access to mental health care in underserved areas⁷

Current research states that suicide prevention policies can target various factors that contribute to suicide risk⁸ A cross-sectional study examines adult suicide rates in the rural areas of the United States⁸ Societal factors that contribute to suicidal ideation at an individual level was also measured. These factors included a deprivation index (level of education, unemployment rates, income, poverty), a social capital index (arts, nature, sports facilities,

religious organizations), and a social fragmentation index (number of renters, housing turnover, and single residents)⁸ Age, sex, race/ethnicity, number of veterans, health insurance coverage, and gun retailers in each area were also measured⁸ Although the prevalence of mental health disorders are not higher in rural areas, access to care is limited⁸ 80% of rural counties have no psychiatrist at all and 94% have no community mental health facilities which makes access to treatment for disorders very difficult and increases the risk of suicide⁸ Not only is access to care an important factor in suicide prevention, training health care physicians in depression recognition and treatment prevents suicide as well⁹ Training allows physicians to understand and implement prevention and testing in a wider variety of health care settings⁹ Additionally, improving screening, assessment, and basic management of suicidality in medical settings are beneficial to suicide prevention plans¹⁰ Evidently, access to care plays a role in suicide prevention. Additionally, healthcare practitioners also play a large role in suicide prevention. Increasing training and collaboration between primary care physicians and mental health professionals would make a difference in mental health treatment rates¹⁹ Most mental health problems begin presenting in primary care and not to a specific mental health professional¹⁹ Given this, more help to primary care doctors to diagnose and give care to these patients would benefit all aspects of mental health¹⁹ Proper training by these professionals and being available to the community will ultimately reduce suicide rates. Whether or not individuals suffering from mental disorders get treatment/help, it is important that the services are still available for them for if and when they seek them.

Medical systems have had a slow response to the mental health crisis and physicians' unwillingness to engage with mental health treatment also plays a role in the previously discussed, prevention/intervention trainings among health professionals¹⁵ With an increase of

suicide rates (25%) over the past 20 years, there has been an increased focus on poor access to mental health care, financing of mental health care, and awareness of stigma around mental illnesses¹⁵ Stigma occurs when someone views you in a negative way because of a distinguishing characteristic or personal trait that is thought to be/actually is a disadvantage which could lead to stereotypes and discrimination¹² Stigma is evident in the way laws, social services, and the justice system is structured as well as the availability of resources¹³ Studies suggest that the majority of citizens in both the United States and many Western European nations have negative stereotypes towards mental illness¹³ Mental illness is perceived by the public to be in control of their disabilities and responsible for causing them¹³ A study was performed and results of two independent analyses found several themes that describe misconceptions about mental illness. The behavioral impact that results from stigma includes withholding help, avoidance, coercive treatment, and segregated institutions¹³ Discrimination plays a role in the way the public treats individuals with mental illness¹³ Judgement and stereotypes are all around and with efforts and approaches towards stigma, change can be made. Strategies from this study include protest, education, and contact¹³ All of these strategies can convey a better understanding of mental illness to the public which in turn makes stigma and discrimination less likely to happen. Evidence suggests that protests have been effective in getting stigmatizing images withdrawn and attempts to diminish these attitudes about mental health¹³ The education strategy approach provides information to the public that can make more informed decisions regarding mental health and has been the most examined strategy by researchers¹³ Education programs are effective for a wide variety of participants (college students, adolescents, community residents, those with mental illness) and studies have shown that participation in educational programs led to improved attitudes about those with mental illness¹³ Stigma with mental health can also be

internal. For example, oftentimes living in a society with stigmatizing ideas can internalize these ideas and convince these individuals to believe they are less valued because of their mental illnesses¹³ It is evident that stigma strategies, intervention, and implementation of the understanding of mental health and mental illness plays a large role in the stigma towards mental health both publicly and internally.

Further studies and epidemiological surveys suggest factors that increase the likelihood of treatment avoidance, delays to care, and discontinuation of services¹⁴ Factors include lack of knowledge about features/treatment, ignorance about how to access assessment and treatment, prejudice against people who have mental illness, and expectations of discrimination against people who have a mental illness¹⁴ Unrecognized and untreated mental health condition can lead to further issues including social isolation, interacting with other, etc., and is a concern that should be recognized before impacting more aspects of our lives²⁵ Similarly to stated prior, many individuals with mental illness do not seek treatment. Attitudes towards mental illness have an impact on seeking and disclosing intentions to receive help¹⁴ While all individuals may have different reasons for this choice, there are factors that are constantly being studied and examined towards this fact. This study focuses on the roles that stigma and discrimination contribute to the treatment gap and assesses the public health approach to stigma/access to mental health care¹⁴ Stigma and discrimination and their influence on access to care can be due to mental distress or sociodemographic factors which can lead to high levels of experienced/anticipated discrimination throughout health care settings¹⁴ Study suggests that increased mental health knowledge/understanding, strong positive attitudes, and effective social marketing campaigns all play a beneficial role to influence mental health care and mental illness knowledge/understanding¹⁴ Negative experiences with health professionals also play a large role

in the large rates of individuals who do not seek mental health care and treatment. Negative experience with mental health professionals are perceived as discriminatory and may deter individuals from seeking treatment¹⁴ Individuals may choose not to seek treatment from those who are perceived this way due to many reasons including not feeling comfortable with the professional, not trusting their care, etc. Individuals with mental health illness may not be aware or educated on where to seek treatment for their illness. Mental health has a variety of professionals available for different types of illness/different aspects of life. Therefore, finding the right fit of a specific mental health illness is deemed more possible. Different mental health professionals include a psychiatrist, psychologist, clinical social worker, licensed professional counselor, mental health counselor, certified alcohol and drug abuse counselor, marital and family therapist, and pastoral counselor²⁶

Stigma within mental health and mental health care can also be linked to disparities. Health disparities are inequities in the quality of health, health care and health outcomes experienced by groups based on social, racial, ethnic, economic, and environmental characteristics¹⁶ Additional factors that contribute to health disparities are genetics, access to care, poor quality of care, community features, environmental conditions, language barriers, and health behaviors¹⁶ Disparities are present around all areas and groups of the world, some areas greater than others. While many individuals with mental illness struggle to seek care, people from racial/ethnic minority groups are even less likely to receive mental health care¹⁷ In 2015, 48% of whites with mental illness received mental health services compared to 31% of blacks and Hispanics, and 22% of Asians¹⁷

During the past decade, efforts to eliminate disparities have not been successful in primary care or specialty psychiatric services¹⁸ Studies have been done with findings of higher

rates of poverty among minority individuals as compared with whites in the U.S.¹⁸ Although rates of mental disorders are not higher among minority groups, psychological symptoms tend to be higher among minorities and the poor¹⁸ A particular study conducted research comparing mental health care across groups to conclude disparities in access and use of health care services. Evidence proves that racial and ethnic minorities have less access to mental health services than whites and are less likely to receive care while more likely to receive poor quality care¹⁸ This evidence portrays that those in minority groups choose to receive no care as opposed to receiving care but it not being proper/appropriate care for their mental health needs. Quality of care plays a large role in health care access across all aspects of healthcare and in this study, it is evident that no care is preferred over poor care. Provider discrimination (bias and stereotyping) is a source of disparities and recognizes that physicians work with a prior belief about the likelihood of a condition¹⁸ Underlying assumptions about the distribution of disease can lead to discrimination and ties together factors if disparities in mental health care compared to health care as a whole¹⁸ The study's hypothesis is that disparities arising within the clinical encounter are more important in mental health than in health¹⁸ As stated prior, mental health impacts the overall health and well-being of individuals. Given this, mental health should be taken care of just as any other health conditions should and/or would. Increasing the proportion of racial minority providers is an important factor for improving health disparities, especially in mental health care where minorities are more poorly represented¹⁸ Also as stated prior, appropriate education and training for providers is important in quality of care as well as education to patients to better understand mental health disease and management¹⁸ Health care systems should take action to improve access to care, ensuring that clinicians do not burden/restrict minority patients' access, and

taking further steps to improve access when necessary¹⁸ Improving the quality of mental health care access, treatments, etc., would improve disparities around mental health care¹⁸

Cost of mental health care plays a large role in mental health care access. In 2019, mental health treatment and services reached \$225 billion which is a 52% increase since 2009¹⁹ This number includes spending on therapy, prescriptions, stays in psychiatric/substance abuse rehabilitation facilities¹⁹ With cost being so high for mental health services, adequate care should be a priority for providers, insurers, the government, etc. Treatment centers/clinics tend to be concentrated in urban areas while rural areas tend to lack access to specialized treatment options¹⁹ This lack of access and disparities mentioned before are both major factors in mental health and mental health care services. Another big role as far as cost of care is insurance. Many providers operate outside the health insurance system which means paying out of pocket can become expensive¹⁹ About 56% of psychiatrist accept commercial insurance compared to 90% of non-mental health physicians¹⁹ Insurance companies lack reimbursement to mental health providers and is a large factor in which insurance companies are accepted at facilities and which facilities don't take insurance at all²⁰ Not only is the cost of care in office expensive, the expansion of telehealth and teletherapy have be more widely used throughout the COVID-19 pandemic¹⁹ Studies show that this form of treatment is effective in many health conditions and is more likely to be utilized by those with mental health illness¹⁹ Additionally, teletherapy is more affordable and typically easier to navigate/access¹⁹ It is in the best interest of all individuals to be educated on available services/treatment for their care as well as what their insurers (if they have) offer for them in terms of mental health care.

Mental health benefits legislation involves regulation changes for mental health insurance coverage to improve financial protection and to increase access and use of mental

health services²⁴ Evidence from a concurrent economic review indicates that mental health benefits expansion did not lead to an increase in cost to health insurance plans²⁴ Moving toward parity (state or condition of being equal) for coverage is a key element of mental health benefits legislation²⁴ The review considered legislation and executive orders at the state or federal level²⁴ Parity laws cover benefits but limited parity over mental health conditions and greater restrictions in benefits compared to physical health²⁴ Mandate laws may or may not be parity laws but require insurers and insurance plans to provide some level of coverage or meet a minimum of benefits level or offer the option of full mental health coverage²⁴

Policymakers at state and federal levels should continue to aim towards mental health care advocacy. Policy makers can take action in funding, training, and providing mental health parity navigators to detect violations in mental health care as well as work with insurance companies to bring their coverage plans into compliance²² Affordable mental health care was an issue discussed prior and is something that deserves and needs recognition from policymakers and insurance providers. Additionally, funding and investing in research relating evidence-based practices surrounding implementation and policy standards for insurance companies would benefit mental health care in the country²² Community members and consumers can also make a difference in mental health care on a health policy level. Community members should be educated about mental health as well as state laws surrounding parity requirements²² Public health agencies also play a role in mental health care and should put programs and policies in place surrounding education, implementation, insurance plans, and mental health²² Professionals should be educated and encouraged to continue learning about mental health care and mental health services to continue improving mental health all around²²

Despite changing cultural attitudes, increased public-health advocacy, and new tech-enabled options, America's collective mental-health issues have hardly improved²⁰ Based on the current research analyzed throughout, there are consistent themes among each study. Major issues within mental health care and mental health care services include suicide rates, limited access to appropriate/quality mental health care, cost of care, mental health disparities, and lack of treatment. Implementation of prevention methods, appropriate training, decreased bias, etc., are factors that will make a difference in the mental health care aspect of the healthcare system. While cost of mental health care is an important factor in treatment, intervention, etc., future research would be beneficial in terms of mental health services and what to offer to those with mental health illness. Suggestions such as yearly training courses or certifications would help caregiving professionals to stay "up to date" on new research, treatment findings, therapy approaches, etc. Throughout my analysis of mental health care, therapy/treatment options were something that I believe needs more recognition and acknowledgement from mental health professionals. Staying up to date on new research and new approaches to different mental illnesses will overall benefit the individual receiving care and the appropriate care for their illness/disorder. Personally, I believe future research should focus on what goes on within facilities and how care is being implemented, treatment options/techniques, when to prescribe medications/medication alternatives, approaches, etc. When researching and analyzing current research, understanding different mental illnesses is a highlight among most. Understanding the illness plays a large role in the treatment and therapy approaches for each individual. Future research in underdeveloped/impoverished communities would be helpful in assessing the care in these communities. People in poverty should be granted the same access to mental health care and should be understood for their mental health illness. Therefore, research could suggest where

help and treatment is necessary and enact policies/access to care in these communities. Additionally, research proves where work needs to be done within care and policy. When professionals gain understanding on what is lacking within this specialized care, policies can be made and put into place to improve. Public health policy should steer more focus towards mental health and mental health care as mental illnesses and disorders are becoming more prevalent among populations but still receive little recognition and higher qualities of stigma/disparities. The goal of understanding different circumstances, situations, stages/aspects of life, etc., and how to approach these factors is essential for mental health care development and benefits the treatment of these individuals in these situations. Overall, current research, authoritative sources, and the Healthy People 2030 objectives aim towards recognizing mental health as a public health concern and continue the development of objectives in bettering mental health care and access to the wide variety of populations in all communities.

Mental health care, research, and awareness of health concerns are consistently evolving and there is hope for the future of improving mental health care, not only in the United States but around the world, too. It is important to continue to be educated on the multiple factors of mental health and mental health in relation to not only suicide (as addressed) but substance use/abuse, other health conditions (including other mental health disorders), etc. Prevention and implementation strategies along the lines of mental health are also recognizable factors throughout mental health care and healthcare as a whole. The recognition of mental health as a public-health concern is beneficial to all individuals, especially those with mental health illnesses as care and treatment will continue to evolve.

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