



Mental Health Care Out of Reach for Low-Income Youth: Solutions to Ending the Divide

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Executive Summary

There is a lack of accessible mental health resources for vulnerable youth in low income areas throughout the United States. There are numerous populations who are vulnerable because of systematic barriers and are exposed to more potential risks like immigrant youth, foster youth, youth experiencing homelessness, youth dealing with substance abuse and misuse and youth involved in the juvenile justice system among many others. Low-income youth are 32 percent of all people in poverty and given their age and other vulnerabilities they face many obstacles in addressing mental health issues (Yang). Congress should require that all schools have a therapist to be able to service the youth most in need and provide best practices to school personnel, do proper emergency planning, and establish agreements with local agencies to provide better treatment plans through H.R. 1395, the Youth Health Mental Services Act, as well offer a subsidy for families in poverty to receive mental health services, which would result in significant changes in mental health service availability to these vulnerable and marginalized groups.

Problem Statement

Mental health resources are essential for all different types of demographics of people, including adolescents who are not living in low-income communities. However, is it critical to note that the toxic stress and trauma that low-income youth face adds additional mental health obstacles. According to the National Institute of Mental Health, an estimated 49.5% of adolescents have had any mental disorder, almost making up half of the population of adolescents in the United States (National Institute of Mental

Health). The most common mental health disorders include anxiety, depression, ADHD, and eating disorders. Large barriers in access to mental health makes this issue more pressing for low-income youth.

Research from the U.S Department of Health and Human Services, addresses three areas of mental health: the role of trauma and toxic stress in the development of mental health disorders, factors that promote resilience in the face of challenges, and interventions that include therapeutic or preventive approaches. The role of trauma and toxic stress is especially salient because it attributes to the development of mental health disorders for youth who live in poverty. 21% of youth ages 6 to 17 who live in poverty have mental health disorders (U.S Department of Human and Health Services). Although many disorders can be treated, almost half of adolescents with mental health issues do not receive any mental health services. The lack of proper treatment can lead to long term implications in the future including participating in delinquent behavior and doing poorly in school (SAMHSA).

When health care disparities are considered in examining the needs of marginalized communities, the need for health equity is clear. A “health care disparity” typically refers to differences between groups in health insurance coverage, access to and use of care, and quality of care. However, it is also important to look at other factors, including limited capacity to address social determinants of health, declines in funding for prevention and public health and health care workforce initiatives, and ongoing gaps in data to measure and understand disparities. How healthcare is organized, financed, and delivered also shapes disparities. If all of these factors were truly considered in all policies and funding related to mental health resources for youth, there would be equitable access for youth in addressing and treating their mental health needs.

There are health disparities in marginalized communities that occur because of historical trauma. Historical trauma is a multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to events that have oppressed a particular group of people because of their status of oppression, such as slavery, forced migration and colonization of certain racial or ethnic groups. Historical trauma has an impact on physical and behavioral health and many people “may experience poor

overall physical and behavioral health, including low self-esteem, depression, self-destructive behavior, marked propensity for violent or aggressive behavior, substance misuse and addiction, and high rates of suicide and cardiovascular disease” as a result. (Administration of Children and Family Health Services). Individuals who experience mental health, domestic violence or substance abuse or misuse can also experience further trauma because they live in communities that are dealing with historical trauma and have not yet had proper mental health treatment (Sotero, 2006).

African American communities have experienced generations of slavery, segregation, and institutionalized racism that have contributed to physical, psychological, and spiritual trauma (DeGruy, 2005). Daily reminders of racial discrimination can exacerbate individual responses to trauma, especially for African American and other groups of people of color. For Latinx immigrants, systemic oppression and anti-immigrant policies, segregation and institutionalized racism have deeply contributed to physical and psychological stress. Young people and adults who come from undocumented families also have immense historical trauma due to the exploitation and the difficult conditions that undocumented families endure when they migrate to the United States. Most communities who experience this kind of trauma are low-income communities with high percentages of people of color.

Stress has an enormous impact on the development of young people who are low-income. The combination of lack of resources, often dealing with exposures to chronic stressors like conflict in the household due to financial hardships, increased noise, and other factors cause young people who are low-income to be faced with developmental inequities from an early age. “In a longitudinal analysis of 77 children participating in the National Institutes of Health (NIH) MRI Study of Normal Brain Development and seen between the early postnatal period and age 4 years, those in low-income or poor families were found to have total gray matter volumes that were nearly half a standard deviation smaller than their better-off counterparts” (Blair). This is critical because it enables these youth to already be at a striking disadvantage that hinders their academic achievement, mental and physical health as well as promotes them falling into another cycle of poverty leaving them to struggle their entire life. A 2016 study by Duke University, found that poverty affects young people’s brain

development similarly to young people who have suffered abuse because of the constant exposure to high stress situations that often do not resolve. Poverty affects almost every part of a young person's physical and mental development and many young people are resilient in the face of barriers, but there is a mental health resource gap in the United States and low-income people of color are experiencing it every day.

As much as families living in poverty need access to mental healthcare, few gain access to high quality services. Even though the largest number of low-income children are white, children of color are disproportionately affected by poverty. According to the American Psychological Association, 39 percent of African American children and adolescents and 33 percent of Latinx children and adolescents are in poverty, which is more than double the 14 percent poverty rate for non-Latinx, White and Asian children. The United States already faces a mental health crisis, in that it is incredibly difficult for all Americans to access adequate mental health care, but that difficulty is a boulder for low-income Americans. In spite of the passage of the Mental Health Parity and Addictions Equity Act of 2008, significant barriers remain which keep many Americans from accessing mental health treatment and support. Americans lack the same access to mental health providers as they have for other medical providers. When they can find a mental health professional, many are forced to go out-of-network to do so. This leads to higher out-of-pocket costs for mental health care compared to other types of primary or specialty care.

Other barriers that limit people access to healthcare include longer wait times for mental health treatment and lack of funding, facilities and providers within the state. According to a study released by the National Council for Behavioral Health, ninety-six million Americans or 38 percent, have reported waiting over a week for mental health treatments. It is also reported that accessibility to face-to-face services is seen as a higher priority for Americans than access to medication. "Based on the analysis of the third-party data, states are struggling to keep up demand due to lack of funding and facilities, and, to a lesser extent, providers. Texas, Wisconsin and Georgia ranked among the lowest in terms of lacking adequate number of providers, facilities and funding to support the states' populations. Pennsylvania, New York and Minnesota ranked among the top" (Burwell). For people who are low income or live in rural areas,

the lack of access and knowledge of where to receive mental health treatment is even greater. “Compared to middle-and high-income households, low-income Americans are less likely to know where to go for treatment and more likely to use a community center versus a qualified mental health center. Of the Americans that have not sought mental health treatment, more than half or 53 percent, were in low-income households” (National Council for Behavioral Health).

Policy Recommendations

To address these barriers and make mental health care treatments more accessible and affordable to those who need it most, the following recommendations should be considered by Congress:

Recommendation 1

Congress should pass legislation that requires a therapist in every school for low-income students allowing them access to that therapist through tele-health services even when they are out of school. This therapist would need to be available and supported through the school site and should maintain a higher ratio of therapist per student than the national median average of school counselors per student of 411:1. Congress should mandate a 250:1 student to school counselor ratio recommended by the American School Counselor Association to ensure that all students who need treatment can receive it in a timely and efficient manner.

Recommendation 2

Congress should pass legislation that requires states to offer a subsidy for low-income patients based on what they can contribute from their earnings, but not necessarily their income. This would be needed in order to avoid a greater coverage gap for those under the poverty level but ineligible for Medicaid. It should be required that the children in these families be offered the subsidy and provided with a counselor from a non-profit community organization who would help navigate mental health resources with them. The counselor would help them set up mental health appointments, provide specialized therapists for specific issues and ensure that they are

continually meeting with their therapist. This should be available to everyone regardless of immigration status.

Recommendation 3

Congress should pass H.R 1395, the Youth Mental Health Services Act. This legislation improves mental health services for students by identifying and sharing best practices for mental health first aid, emergency planning to address emergencies at school, establishing agreements with local health agencies including non-profit, public and private mental health agencies to improve coordination in delivering treatment and providing telehealth services. This enactment would equip schools with more resources and support to help address the mental health needs of their students as well as provide mental health treatment outside of the school setting.