



Review Article

Addressing Gaps in Mental Health Needs of Diverse, At-Risk, Underserved, and Disenfranchised Populations: A Call for Nursing Action



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A B S T R A C T

Psychiatric nurses have an essential role in meeting the mental health needs of diverse, at-risk, underserved, and disenfranchised populations across the lifespan. This paper summarizes the needs of individuals especially at-risk for mental health disorders, acknowledging that such vulnerability is contextual, age-specific, and influenced by biological, behavioral, socio-demographic and cultural factors. With its longstanding commitment to cultural sensitivity and social justice, its pivotal role in healthcare, and its broad educational base, psychiatric nursing is well-positioned for leadership in addressing the gaps in mental health prevention and treatment services for vulnerable and underserved populations. This paper describes these issues, presents psychiatric nursing exemplars that address the problems, and makes strong recommendations to psychiatric nurse leaders, policy makers and mental health advocates to help achieve change.

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Psychiatric nurses practice in a variety of health settings caring for individuals from conception through late life who are highly vulnerable and at-risk for mental health disorders. Even with a growing body of literature about the importance of mental health, risk factors for mental illness and mental health-related disparities, the focus on mental health promotion and disease prevention continues to be minimalized or ignored (Calloway, 2007). A social justice perspective (Hoy, 2005) strongly supports the inherent human right to primary, secondary, and tertiary medical and mental health care resources (Pearson, 2012). With its longstanding commitment to cultural competence and social justice, its pivotal role in healthcare, and its broad educational base, psychiatric nursing is well positioned for leadership in addressing the gaps in mental health prevention and treatment services for vulnerable and underserved populations. Facilitating nursing's leadership in this area will require a sustained policy focus on psychiatric nursing and interprofessional research, practice, and educational models that enhance and expand existing roles and allow psychiatric nurses to practice fully within their scope.

BACKGROUND OF THE PROBLEM

The World Health Organization (WHO) identifies mental health as the absence of illness and, more broadly and significantly, as “*a state of well-being in which an individual realizes his or her own abilities, can cope with*

the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community” (WHO, 2007, p. 1). Throughout the lifespan, mental health is the well-spring of thinking and communication skills, learning, resilience and positive self-esteem. Mental health conditions have a profound effect on the quality of life and productivity for individuals and families across the lifespan and around the globe. Complex, interactive, and cumulative risk factors exert adverse effects over the course of a lifetime (WHO, 2001). Many of these risk factors or determinants of mental health and illness are contextual, found within the demographic, socio-cultural and environmental contexts in which people grow, develop and live out their lives. In addition to these social determinants, co-morbid health conditions such as cardiovascular disease, hypertension, diabetes and substance use are interactive and potentiate increased risk for negative mental health outcomes.

SOCIAL DETERMINANTS OF HEALTH AND DISPARITY

There are significant differences in social, economic and educational contexts among many population groups which subsequently place them at greater risk for poor mental health. The U.S. Surgeon General's Report on Mental Health identifies that “*even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender*” in the seminal publication on mental health (DHHS, 1999, p.vi). More recently, the social determinants of health (SDH) literature added that

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mental health disparities are also driven by social, environmental and economic structures such as stigma, discrimination, social exclusion, poverty, low educational attainment and the overall health of our living, working and playing environments (WHO, 2014).

Contextually, health disparities are discrepancies in health status, health services, or health outcomes based on social inequalities among distinct segments of the population. These differences occur based on gender, race or ethnicity, education or income, disability, environment, or social condition. *Health equity* is the promotion and achievement of the highest level of health for all people and the absence over time of persistent health differences between racial, ethnic, vulnerable, and underserved groups. Health equity entails focused societal efforts to address avoidable inequalities, both by equalizing the conditions supporting health for all groups and also by assuring the provision of minority health services, especially for those who have experienced socioeconomic disadvantage or historical injustices. Health equity is achieved when there is a distribution of disease, disability, death, and health service availability that does not create a disproportionate burden on one population.

The National Association of Community Health Centers (NACHC, 2007) identifies access as the critical factor when designating a population as disenfranchised. NACHC also asserts that the disenfranchised constitute a subset of the underserved population and include "those that face multiple and compounding barriers to care, including lack of insurance, financial difficulty, differences in language and culture, lack of transportation [and] the lack of providers present or willing to treat them" (p.1). Mental Health America (MHA, 2008) has also described significant barriers to mental and physical health care access and quality of services for people with mental health conditions and other marginalized groups who are, as a result, largely disenfranchised. Unfortunately, there continues to be a societal devaluation of any sustained emphasis on mental wellness.

It is imperative that mental illness and resulting disenfranchisement be reframed as a public health issue on par with other major health conditions (DHHS, 1999, 2001). All individuals and families are at risk for stress and situational psychological distress; not all individuals and families, however, have the necessary resources to adequately manage distress. All people need the opportunity to develop self-understanding, mental health literacy, coping skills, and effective use of social supports as well as have access to mental health and mental wellness counseling and support to promote resilience and reduce the risk of mental illness.

Social Determinants of Health

Individuals' overall health suffers because of the social conditions in which they live (Marmot, 2006). Social determinants of health have been defined as the full set of social characteristics within which living takes place (Baum, 2008) or, more specifically, characteristics of the physical and social environments that shape human experience and offer or limit opportunities for health (Anderson, Scrimshaw, Fullilove, Fielding, & Task Force on Community Preventive Services, 2003).

There is a distinction between underlying determinants of health inequities and more immediate determinants of individual health (Commission on Social Determinants of Health [CSDH], 2007). The Task Force on Community Preventive Services examined broad determinants of health from an etiological perspective, recognizing connections between health and sustainable human, cultural, economic and social activities (Anderson et al., 2003). They concluded that patterns of health or disease depend on a combination of biological traits, personal behaviors, and characteristics of social and physical environments that shape experiences and provide health opportunities.

Recently, the Surgeon General and the National Prevention Council identified four recommendations to promote mental and emotional well-being. They included a focus on positive early childhood development supported by positive parenting and violence free environments; promotion of social connectedness and community engagement; access to and adequate resources to support mental well-being in individuals

and families, and early identification of mental health needs (National Prevention Council, 2011, p. 48–49).

The impact of environments is a significant factor. One important environmental aspect that affects mental health disparity is rurality. Research indicates that there is less use of mental health services in rural areas even when availability, accessibility, demographics and need factors are considered. Residents of rural environments with low population density obtained less mental health treatment than did residents of metropolitan areas, leading to the conclusion that rural residency disadvantages all rural occupants with respect to mental health treatment (Pettersson, Williams, Hauenstein, Rovnyak, & Merwin, 2009). While rural residents generally describe their health status as good, racial/ethnic minorities residing in predominantly Caucasian rural areas are found to experience more mental health problems, such as anxiety and depression that are risk factors for chronic disease (Bonnar & McCarthy, 2012). Additionally, when a lack of mental health providers exist, rural residents are more likely to receive mental health services within the primary care system, thus, excluding them from specialty mental health care. An even more profound disparity is found, however, when gender is considered. Rural women are less likely to receive mental health treatment in either primary care or specialty mental health settings when compared to urban women (Hauenstein et al., 2006).

Conversely, an urban environment contributes to poor mental health as a result of the complex and chaotic conditions that may exist within urban neighborhoods. Issues of overcrowded living spaces, lack of clean and green areas, limited parks and recreation facilities, poor housing conditions, lack of employment opportunities, poorly performing and unsafe schools, and crime exposure and victimization are all contributing factors (Lorenc et al., 2012; Redwood et al., 2010). In data from a self-report survey on perceived neighborhood stressors in young adults, Snedker and Hooven (2013) found a positive correlation between perceived lack of safety, lack of social support, poverty, neighborhood instability and neighborhood dissatisfaction with depressed mood, anger and sense of hopelessness in study respondents. These perceptions expressed by participants in the study reflect deficits in key elements required for emotional well-being.

A decade ago, the New Freedom Commission on Mental Health (2003) proposed a transformed mental health system where all Americans would share equally in the best available services regardless of race, gender, ethnicity or geographic location. Achieving this transformation necessitates improved access to quality care that is culturally informed and improved access to quality care across geographic areas. Limited progress has been made toward that transformation. Implementation of strategies that are evidence-based are still needed in underserved areas: professional training to construct and provide culturally tailored services, development of an ethnically diverse workforce, creating consumer-centered systems, using technologies in tele-mental health, training community stakeholders, and ensuring that those being served have a voice are among the gaps that continue to exist.

Based on educational preparation and clinical expertise, psychiatric-mental health nurses are in a unique position to help actualize the unachieved goals identified in the Surgeon General's Reports of 1999 and 2001 and the 2003 New Freedom Commission developed during the Bush administration. Psychiatric nurses practice in all at-risk geographic areas and with all at-risk populations. They have broad preparation in the social and biological sciences and in culturally relevant consumer driven care, including education of patients, families, communities, and indigenous workers. These skills make them ideally suited to assist underserved populations of all ages [Grossman (York) et al., 2007].

VULNERABILITY ACROSS THE LIFESPAN

It is evident that mental health vulnerabilities exist across the lifespan. Several risk factors common to *childhood/adolescence* may occur with higher frequency among disadvantaged or vulnerable populations. In *children* these risk factors include prenatal damage from substance exposure; low birth weight; external risk factors like

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