



Improving Access to Mental Health: Reducing Mental Health Stigma

For those with mental health problems, stigma is a known barrier to accessing needed and deserved mental health care. **One-in-five youth live with a mental health condition, but only 10.2 percent of U.S. children ages 3- to 17-years-old receive any treatment or counseling from a mental health professional.**^{i,ii} When a majority of those with a mental illness go undiagnosed or untreated, it becomes critical that underserved patients and their family members do not face stigma or discrimination based on a mental illness. Stigma brings shame and stress, especially in certain cultures, reduces the likelihood that a patient will access needed health care, while increasing the likelihood that they will delay or refuse help, or drop out of treatment altogether.

Prevalence of mental illness. Half of the individuals living with mental illness experience onset by the age of 14, 75 percent expertise their first onset by the age of 24.ⁱⁱⁱ The human brain develops through age 25, and therefore, early identification and treatment for adolescents and young adults with mental illness is critical.

Stigma creates barriers to accessing mental health care. Unfortunately, too often young people do not receive the evidence-based treatment they need, nor adhere to the treatment protocols prescribed for their mental illness. Just over 10 percent of U.S. children receive any treatment from a mental health professional, far fewer than the number of youths living with a mental illness. The rate of children receiving any mental health treatment ranges between states, from 6.2 percent in Hawaii to 15.7 percent in Maine.^{iv}

Consequences of untreated mental illness. Untreated mental health disorders lead to higher rates of juvenile incarcerations, school dropout, family trauma, substance use, and unemployment. In addition, adolescents and young adults with untreated mental illness are far more likely to experience poverty, social isolation, and poorer health outcomes later in life.

Mental illness and violence. Mentally ill individuals, especially those with serious mental illness or serious emotional disturbance, are more likely to be victims of violence than perpetrators.^v High-profile stories linking perpetrators of mass violence with serious mental illness serves to reinforce the stigma associated with mental illness absent a balanced presentation of violent crime statistics.^{vi}

Recovery is possible. The majority of those with a mental health condition lead long, fulfilling, and productive lives. For children and adolescents with a mental health disorder, success later in life is closely tied to the timely treatment adherence and management of the disorder.

Suicide rates are increasing. Suicide ideation, suicide plans, and attempted suicides, have increased among young adults in recent years, but accessing mental health care among suicidal young adults has not increased.^{vii} Further, while depression is the leading condition most associated with suicide, and is often undiagnosed or untreated, suicide ideation among young adults without diagnosed depression is on the rise.^{viii} Accessing mental health care in a timely manner for anyone experiencing suicidality is a matter of life or death.

Stigma impacts the mental health workforce. The unmet need for mental health care has reached a crisis point in this country. Every state in the U.S. has a severe shortage of child and adolescent psychiatrists. Furthermore, patients are impacted by stigma's effect on recruiting new mental health professionals, including child and adolescent psychiatrists.

Schools have a role in reducing stigma. Schools play an important role in reducing the stigma and discrimination associated with mental illness, especially since mental health stigma can lead to an increase in childhood trauma from instances such as bullying. School-based mental health curriculums have been proven effective in reducing stigma and increasing the positive associations with mental illness.^{ix} Administrator, teachers and school support staff must have the knowhow to promote mentally healthy learning, understand social-emotional development, and identify students with mental health risk factors and help connect families with needed school or community resources.

Mental health parity must be enforced. Structural differences between physical health and mental health services only further stigmatize mental health care. Despite the initial passage of the 2008 federal mental health parity law, further strengthened by the *Affordable Care Act* becoming law, health insurers continue to limit mental health care, as compared to physical care by requiring additional or more stringent utilization management practices. Equity between mental health services and physical and surgical health services must be reached to reduce mental health stigma.

ⁱ Mentalhealth.gov Mental [Health Myths and Facts](#). Accessed on March 22, 2018.

ⁱⁱ The Henry J. Kaiser Family Foundation. *Percent of Children (ages 3-17) Who Received Any Treatment or Counseling from a Mental Health Professional*. March 2, 2018, <https://www.kff.org/other/state-indicator/child-access-to-mental-health-care/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed on March 13, 2018.

ⁱⁱⁱ Mentalhealth.gov Mental [Health Myths and Facts](#). Accessed on March 22, 2018.

^{iv} The Henry J. Kaiser Family Foundation. *Percent of Children (ages 3-17) Who Received Any Treatment or Counseling from a Mental Health Professional*. March 2, 2018, <https://www.kff.org/other/state-indicator/child-access-to-mental-health-care/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>. Accessed on March 13, 2018.

^v Ibid.

^{vi} Hirschtritt, M., Binder, R., *A Reassessment of Blaming Mass Shootings on Mental Illness*. *JAMA Psychiatry*, Published online Feb. 28, 2018. doi:10.1001/jamapsychiatry.2018.0010.

^{vii} Han, B., et. al., (2018) National Trends in the Prevalence of Suicidal Ideation and Behavior Among Young Adults and Receipt of Mental Health Care Among Suicidal Young Adults. *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol 57 (Issue 1), pages 20-27. Doi: <https://doi.org/10.1016/j.jaac.2017.10.013>.

^{viii} Ibid.

^{ix} Milin, R., et al., (2016) Impact of a Mental Health Curriculum on Knowledge and Stigma Among High School Students: A Randomized Controlled Trial. *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol 45 (Issue 5), Pages 383-391. Doi: <https://doi.org/10.1016/j.jaac.2016.02.018>.