Mental Health: From Awareness to Action

Equipping Healthcare Teams to Engage, Educate, and Expand Community Access

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Pharmacist and Technician Learning Objectives

- Describe current epidemiology trends and national mental health statistics within the United States.
- Review strategies to engage healthcare teams and patients in mental health awareness and early intervention initiatives.
- Identify opportunities to collaborate with community stakeholders to expand access to education, referral pathways, and mental health services.
- Recognize common myths, stigma, and cultural barriers to support trauma-informed, culturally competent, and equitable care.

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History & Statistics

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Mental Health Awareness Month

Mental Health America founded Mental Health Month in **1949**. Every May, the purpose is to come together to continue the tradition of **promoting awareness,** offering vital **resources** and **education**, and **advocating** for the mental health and well-being of everyone.

Mental Health America provides resources and information to take action for **yourself** and to take action for **all.**

Take action for yourself by:

- Setting boundaries
- Practicing self-care
- Reaching out for support

Take action for all by:

- Sharing resources
- Support friends, family, & colleagues
- Participate in advocacy

Source: https://www.mhanational.org/mental-health-month

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Mental Health Definition:

The World Health Organization (WHO) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. It has intrinsic and instrumental value and is a basic human right.”

WHO states that “a diverse set of individual, family, community and structural factors may combine to protect or undermine mental health.”

World Health Organization. 2025. Mental Health. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

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Mental Disorder Definition:

The World Health Organization defines a mental disorder as “a clinically significant disturbance in an individual’s cognition, emotional regulation, or behavior… usually associated with distress or impairment in important areas of functioning.”

Interchangeable terms: mental disorder, mental health condition, mental illness

World Health Organization. 2025. Mental Disorders. https://www.who.int/news-room/fact-sheets/detail/mental-disorders

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Mental Health Conditions & Prevalence

According to the National Alliance on Mental Illness (NAMI) more than 1 in 5 adults in the U.S. live with a mental illness. That equates to 61.5 million in 2024.

Annual prevalence of mental illness among U.S. adults, by condition:

- Schizophrenia: **<1%**
- Schizophrenia Spectrum Disorders: **1.2%**
- Borderline Personality Disorder: **1.4%**
- Obsessive Compulsive Disorder: **1.2%**
- Bipolar I Disorder: **1.5%**
- Bipolar Disorder: **2.8%**
- Posttraumatic Stress Disorder: **4.1%**
- Co-occurring Substance Use Disorder and Mental Illness: **8.1%**
- Major Depressive Disorder: **15.5%**
- Anxiety Disorders: **19.1%**

https://www.nami.org/mental-health-by-the-numbers/

More Mental Health Conditions:

- Phobias
- Panic Disorder
- Adjustment Disorder
- Premenstrual Dysphoric Disorder
- Eating Disorders
- Conduct Disorders
- Body Dysmorphic Disorder

Life Events that Affect Mental Health:

- Grief
- Job Loss
- Divorce
- Trauma
- Health Issues
- Moving
- Pregnancy
- Retirement

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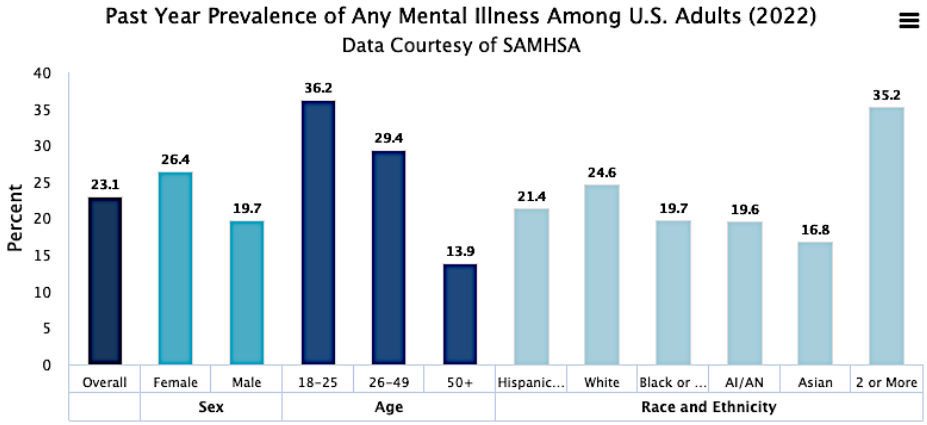
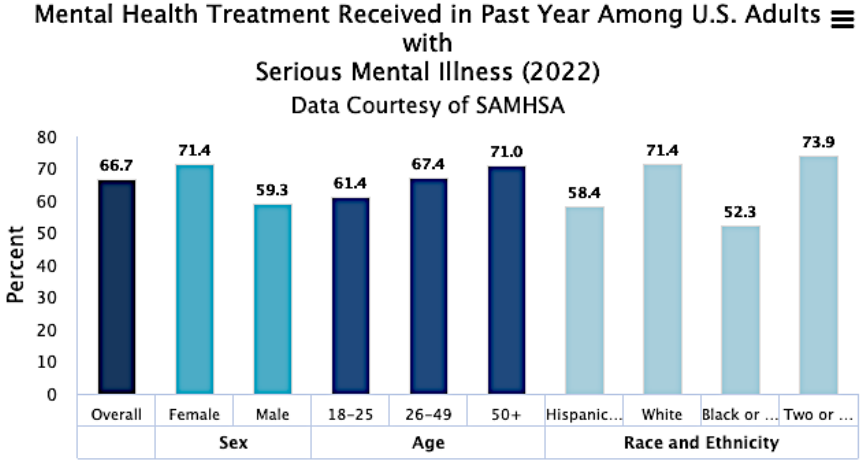
Mental Health Trends and Statistics



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. AI/AN = American Indian / Alaskan Native

**Note: Estimates for the Native Hawaiian / Other Pacific Islander group are not reported in the above figure due to low precision of data collection in 2022.



*Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. Note: Estimates for Asian, Native Hawaiian / Other Pacific Islander, and American Indian / Alaskan Native groups are not reported in the above figure due to low precision.

Source:https://www.nimh.nih.gov/health/statistics/mental-illness

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Mental Health Trends and Statistics

Source: https://www.aha.org/minority-mental-health-get-facts

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Mental Health Trends and Statistics

- **52.1%** of U.S. adults with mental illness received treatment in 2024
- **70.8%** of U.S. adults with serious mental illness received treatment in 2024
- **50.6%** of U.S. youth aged 6-17 with a mental health disorder received treatment in 2016
- The average delay between onset of mental illness symptoms and treatment is **11 years**
- Annual treatment rates among U.S. adults with mental illness, by demographic group:*
  - Non-Hispanic Asian: **32.5%**
  - Non-Hispanic Black or African American: **38.5%**
  - Hispanic or Latino: **44.1%**
  - Non-Hispanic Two or More Races/Multiracial: **52.0%**
  - Non-Hispanic White: **57.9%**
  - Male:† **42.1%**
  - Female:† **59.2%**
  - Lesbian, Gay or Bisexual: **63.1%**
- **9.6%** of U.S. adults with mental illness had no insurance coverage in 2024
- **10.9%** of U.S. adults with serious mental illness had no insurance coverage in 2024
- **120+ million** people live in a designated Mental Health Professional Shortage Area

Source: https://www.nami.org/mental-health-by-the-numbers/

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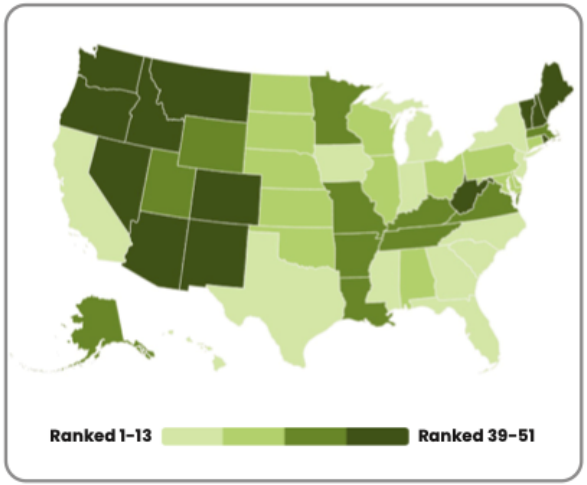
Prevalence ranking

States with rankings 1-13 have lower prevalence of mental health and substance use issues. States with rankings 39-51 have a higher prevalence of mental health and substance use issues.

The seven measures that make up the prevalence ranking include:

1. Adults with any mental illness (AMI) in the past year
2. Adults with substance use disorder (SUD) in the past year
3. Adults with serious thoughts of suicide in the past year
4. Youth with at least one major depressive episode (MDE) in the past year
5. Youth with SUD in the past year
6. Youth with serious thoughts of suicide in the past year
7. Youth flourishing



Rank	State
1	New Jersey
2	Texas
3	Mississippi
4	Hawaii
5	New York
6	North Carolina
7	California
8	South Carolina
9	Georgia
10	Florida
11	Iowa
12	Indiana
13	Michigan
14	Kansas
15	Illinois
16	Oklahoma
17	North Dakota
18	Alabama
19	Delaware
20	Pennsylvania
21	Connecticut
22	Ohio
23	Maryland
24	Nebraska
25	Wisconsin
26	South Dakota
27	Louisiana
28	Utah
29	Virginia
30	Massachusetts
31	Alaska
32	District of Columbia
33	Minnesota
34	Tennessee
35	Kentucky
36	Arkansas
37	Missouri
38	Wyoming
39	Washington
40	Rhode Island
41	Arizona
42	Idaho
43	Montana
44	New Hampshire
45	Vermont
46	Nevada
47	New Mexico
48	West Virginia
49	Maine
50	Colorado
51	Oregon

In the U.S. in 2024:

- Over 60 million adults experienced any mental illness in the past year.
- Over 14 million adults experienced suicidal ideation.

Source: https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf

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Engagement

Employees & Employers

Supporting Mentally Healthy Workplaces and Productivity

Community Connected

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Mental Health America: Mind the Workplace 2024 Report

Since 2015, MHA has analyzed almost 75,000 work health surveys and published 7 research reports. The Mind the Workplace 2024 report involved responses from over 3,900 employees across 21 industries in the U.S.

The report explores how business leaders can integrate mental health into their workplace's infrastructure and culture, from building trust through transparent communication to cultivating supportive people managers.

The bottom line: when employers invest in structural high-impact practices, employees report more positive experiences in their workplace and improved mental health.

Source: https://mhanational.org/2024-workplace-wellness-research/

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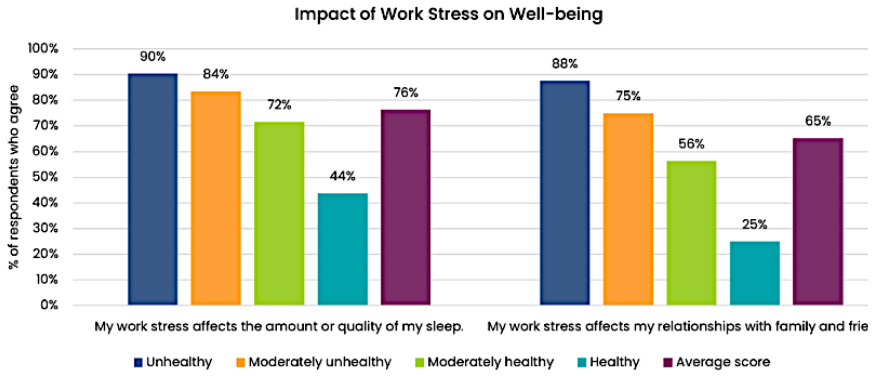
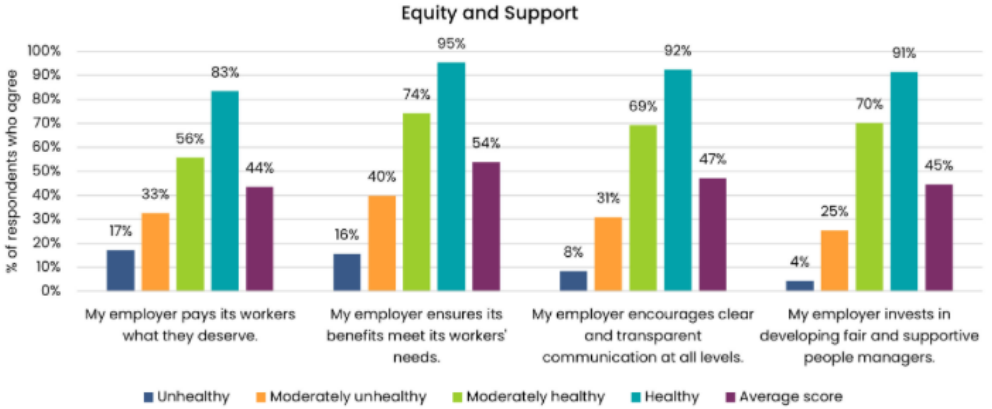
Key Findings from the Mind the Workplace 2024 Report:

Most employees report that work stress impacts their sleep and relationships.



Transparent communication and supportive people management are the foundation of a health psychologically safe workplace



Source: https://mhanational.org/2024-workplace-wellness-research/

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What employers are legally required to do:

The Mental Health Parity and Addiction Equity Act (MHPAEA)
Health Benefit plans that cover mental health or substance use benefits cannot impose more restrictions on those benefits that what generally applies to comparable medical benefits.

Americans with Disabilities Act (ADA)
Employers are limited in what disability-related questions they can ask employees.

Family and Medical Leave Act (FMLA)
Covered employers must provide up to 12 weeks of job-protected leave to eligible employees.

Accommodation and Discrimination
Employees with mental health conditions are protected against discrimination and harassment and have a right to reasonable accommodations to help them perform their job.

Source: https://www.dol.gov/general/mental-health-at-work#what-do-i-have-to-do

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SAFE WORKPLACE GOOD HEADSPACE

WORKPLACE STRESS

Make Work Better – Mental Health Matters

Statistics

- Approximately 1 in 5 US adults live with a mental illness.

- Workplace stress has been reported to cause 120,00 deaths in the US each year.

- 83% of US workers suffer from work-related stress.

- For every $1 spent on ordinary mental health concerns, employers see a $4 return in productivity gains.

Workplace stress and poor mental health can negatively affect workers through:

- Job performance
- Productivity
- Work engagement and communication
- Physical capability and daily functioning

Source:https://www.osha.gov/workplace-stress

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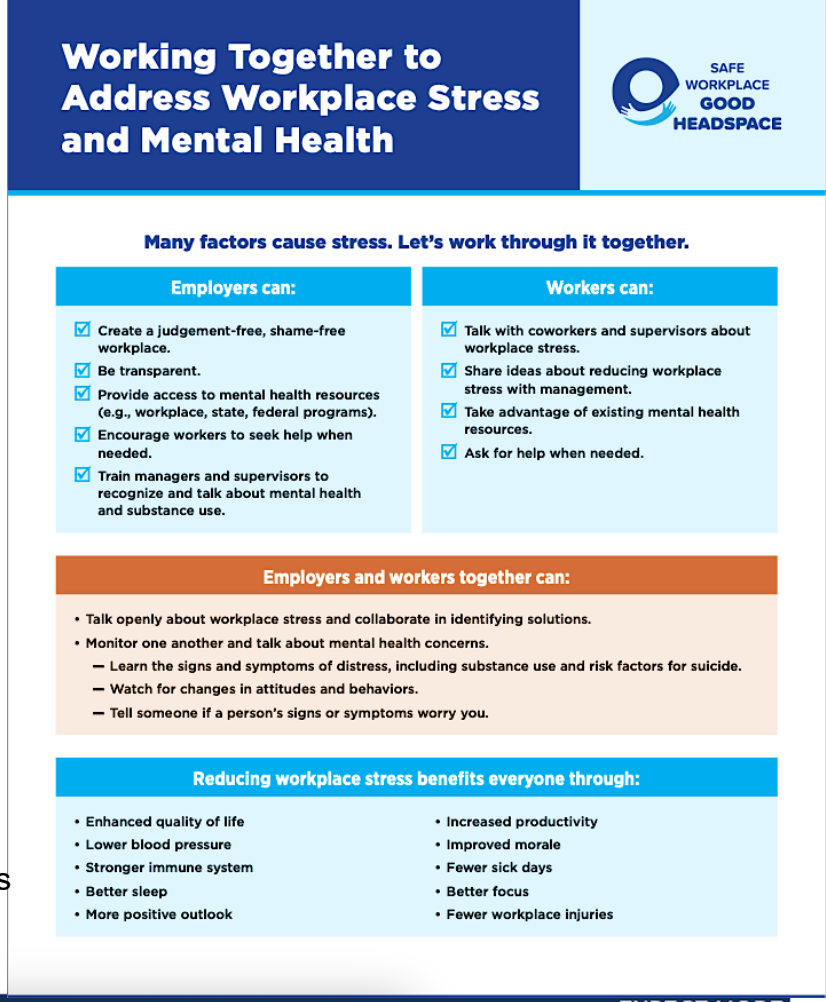
Resources for Employers: Tools & tips to support your workers' mental health

Some of the resources from the Department of Labor:

- DOL's Mental Health at Work Initiative
- Accommodation Ideas for Mental Health Conditions through Job Accommodation Network (JAN)
- EARN's Mental Health Toolkit
- EARN Resources on Mental Health and Employment
- Center for Workplace Mental Health
- "Working Together" Poster
- Checklist for mentally healthy workplaces
- Helping workers in the aftermath of loss
- Workplace stress toolkit

Where to go:
https://www.dol.gov/agencies/odep/program-areas/mental-health/employers
https://www.dol.gov/general/mental-health-at-work#what-can-i-do-to-help



Working Together to Address Workplace Stress and Mental Health

SAFE WORKPLACE GOOD HEADSPACE

Many factors cause stress. Let's work through it together.

Employers can:

- ☑ Create a judgement-free, shame-free workplace.
- ☑ Be transparent.
- ☑ Provide access to mental health resources (e.g., workplace, state, federal programs).
- ☑ Encourage workers to seek help when needed.
- ☑ Train managers and supervisors to recognize and talk about mental health and substance use.

Workers can:

- ☑ Talk with coworkers and supervisors about workplace stress.
- ☑ Share ideas about reducing workplace stress with management.
- ☑ Take advantage of existing mental health resources.
- ☑ Ask for help when needed.

Employers and workers together can:

- Talk openly about workplace stress and collaborate in identifying solutions.
- Monitor one another and talk about mental health concerns.
  - Learn the signs and symptoms of distress, including substance use and risk factors for suicide.
  - Watch for changes in attitudes and behaviors.
  - Tell someone if a person's signs or symptoms worry you.

Reducing workplace stress benefits everyone through:

- Enhanced quality of life
- Lower blood pressure
- Stronger immune system
- Better sleep
- More positive outlook
- Increased productivity
- Improved morale
- Fewer sick days
- Better focus
- Fewer workplace injuries

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EARN
Employer Assistance and Resource Network on Disability

Checklist for Mentally Healthy Workplaces

Mental Health Affects Productivity and the Economy

An estimated 1 in 5 adults experience a mental illness each year,[1] including nearly 20 million adults who also receive treatment for substance use disorders.[2] Research suggests that employees experience an average of 3.46 "poor mental health days" per month each year in the U.S., which negatively affects productivity and earnings.[3]

There is both a business case and a moral imperative for employers to take actions to help improve the mental wellbeing of their workforce. Just like a physically healthy employee, a mentally and emotionally healthy employee will be more productive, have fewer absences, incur fewer medical costs, and experience greater longevity on the job.[4]

Addressing Mental Health in the Workplace: The 4 A's Checklist

EARN has distilled leading mental wellness practices into four pillars, also known as the "4 A's": Awareness, Accommodations, Assistance, and Access. Although this checklist is not exhaustive, it includes strategies that can lead to greater mental wellness at work.

AWARENESS

- Promote strategies to help employees increase their mental health and wellbeing.
- Offer employees stress management training to develop relaxation, mindfulness, and resiliency skills.
- Create a work environment that uses natural light, plants, etc., and provide a versatile, flexible range of spaces.
- Foster communication skills and emotional intelligence among managers and supervisors.
- Train managers and supervisors to recognize and respond to warning signs.
- Inform employees of available resources such as free relaxation APPs or the company Employee Assistance Program (EAP).
- Develop and implement anti-bullying policies.
- Sponsor awareness-building and anti-stigma campaigns.

ACCOMMODATIONS

- Allow sick leave for reasons related to mental health, and flexible use of vacation time.
- Offer additional unpaid or administrative leave for treatment or recovery and/or leaves of absence.
- Allow use of brief, flexible leave (a few hours at a time) for therapy and other related appointments.

- Provide breaks according to individual needs rather than a fixed schedule, more frequent breaks, and/or greater flexibility in scheduling breaks.
- Permit beverages and/or food at workstations, if necessary, to mitigate the side effects of medications.
- Welcome on-site job coaches.

ASSISTANCE

- Provide mentoring, coaching, and peer support to your employees.
- Make flexible work arrangements such as flex scheduling and telecommuting available to all employees, as a form of proactive accommodation.
- Offer stress management training.
- Provide access to mental wellness screening and treatment options.
- Offer fitness programs to improve employees' physical health, which in turn promotes positive mental health.

ACCESS

- Assess your health plan's coverage for mental health treatment, including inpatient treatment options and medication coverage.
- Give employees easy access to mental health support and care, e.g., an Employee Assistance Program (EAP).
- Encourage mental health and stress management through a comprehensive wellness and health promotions program.
- Provide case management services to facilitate timely return to work for those who have experienced absences due to mental health concerns.
- Comply with the Mental Health Parity and Addiction Equity Act.

For more information and strategies, visit EARN's Mental Health Toolkit.

1 https://www.nimh.nih.gov/health/statistics/mental-illness.shtml

Source: https://production-askearn-org.s3.amazonaws.com/EARN_2020_Checklist_Mentally_Healthy_Workplaces_f8f453fbb7.pdf

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Job Accommodation Network (JAN): Accommodating Employees with Mental Health Conditions

Questions to Consider:

1. What limitations is the employee experiencing?
2. How do these limitations affect the employee and the employee's job performance?
3. What specific job tasks are problematic as a result of these limitations?
4. What accommodations are available to reduce or eliminate these problems? Are all possible resources being used to determine possible accommodations?
5. Once accommodations are in place, would it be useful to meet with the employee to evaluate the effectiveness of the accommodations and to determining whether additional accommodations are needed?
6. Do supervisory personnel and employees need training?

Accommodation Ideas:

- Flexible schedule
- Modified break schedule
- Working remotely
- Providing checklists
- Sun simulating lamps
- Ergonomic equipment

Source: https://askjan.org/disabilities/Mental-Health-Conditions.cfm

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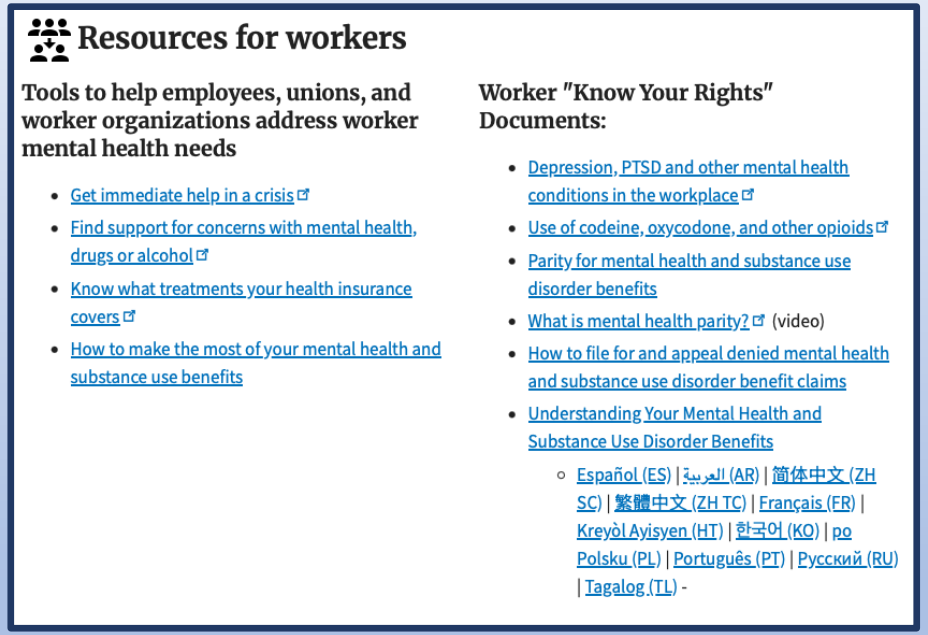
Resources for Employees:



Resources for workers

Tools to help employees, unions, and worker organizations address worker mental health needs

- Get immediate help in a crisis
- Find support for concerns with mental health, drugs or alcohol
- Know what treatments your health insurance covers
- How to make the most of your mental health and substance use benefits

Worker "Know Your Rights" Documents:

- Depression, PTSD and other mental health conditions in the workplace
- Use of codeine, oxycodone, and other opioids
- Parity for mental health and substance use disorder benefits
- What is mental health parity? (video)
- How to file for and appeal denied mental health and substance use disorder benefit claims
- Understanding Your Mental Health and Substance Use Disorder Benefits
  - Español (ES) | العربية (AR) | 简体中文 (ZH SC) | 繁體中文 (ZH TC) | Français (FR) | Kreyòl Ayisyen (HT) | 한국어 (KO) | po Polsku (PL) | Português (PT) | Русский (RU) | Tagalog (TL) -

MHA has workplace mental health resources for employees covering a variety of topics, including:

- Balancing life and work priorities
- Working with a mental health condition
- Dealing with common workplace stressors

Source: https://www.dol.gov/general/mental-health-at-work

Source: https://mhanational.org/resources/workplace-mental-health-employees/

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Engagement

Patients

Awareness and Early Intervention

Community Connected

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How Hospitals and Health Systems Can Support Minority Mental Health

1. **SCREEN, TREAT AND REFER *ALL* PATIENTS** for depression, anxiety, substance use disorders and other psychiatric conditions.[1,2,3,4]

2. **RAISE AWARENESS** and provide education about behavioral health care resources **TO ALL PATIENTS AT ALL TOUCHPOINTS.**[5]

3. **STRIVE TO RECRUIT A DIVERSE WORKFORCE** that reflects the community.[6]

4. **TRAIN HEALTH CARE WORKERS IN CULTURAL HUMILITY** and abandon the term "cultural competence."[7]

5. Ensure that behavioral health **CARE DELIVERY** is **CULTURALLY AND LINGUISTICALLY APPROPRIATE.**[8]

These recommendations are similar to those offered by the Centers for Disease Control.[9]

Additional Resources

Explore AHA's resources to further your organization's work to advance health equity. www.aha.org/minoritymentalhealth

1. www.ncbi.nlm.nih.gov/pmc/articles/PMC7673056/
2. www.ncbi.nlm.nih.gov/pmc/articles/PMC6258999/
3. https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools
4. www.ncbi.nlm.nih.gov/pmc/articles/PMC8038412/
5. www.nimh.nih.gov/get-involved/digital-shareables
6. https://ifdhe.aha.org/
7. www.ncbi.nlm.nih.gov/pmc/articles/PMC7756036/
8. https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/clas-standards.pdf
9. www.cdc.gov/minority-health/features/minority-mental-health.html?CDC_AAref_Val=https://www.cdc.gov/healthequity/features/minority-mental-health/index.html

American Hospital Association
Advancing Health in America

Source: https://www.aha.org/minority-mental-health-get-facts

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Mental Health Screenings

A mental health screening is a short questionnaire or conversation designed to identify signs of mental health conditions. They are quick, easy, & confidential.

Why are they important?

- Studies show half of all mental health conditions begin by age 14 and 75% by age 24, and yet, on average, people wait about 11 years to get the support they need.

Benefits of mental health screenings:

- Help direct individuals to professional resources to support their needs.
- Help to clarify presenting problem which can reduce stress and help to create a plan of action.
- Early detection leads to early treatment.
- Including mental heath screenings as part of routine care can help reduce stigma.

Examples of mental health screenings:

- PHQ-9: Depression screening tool
- GAD-7: Anxiety Screening tool

Empower patients to evaluate their own mental health & connect them with resources.
Mental Health America has a plethora of free, quick, online mental health tests: https://screening.mhanational.org/screening-tools/

Source: https://www.bswhealth.com/blog/mental-health-screening-benefits

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Early Interventions

National Alliance on Mental Illness (NAMI) Tactics for Early Intervention:

- Increase Awareness & Services
- Increase the Pipeline
- Increase Preventative Measures

Ways to Support Early Intervention:

- Raise awareness & reduce Stigma
- Encourage routine mental health screenings
- Improve access to mental health care
- Collaborate with schools and community organizations

Sources: https://www.nami.org/advocacy-at-nami/policy-positions/improving-health/mental-health-screening/
https://ppimhs.org/newspost/the-power-of-early-intervention-in-mental-health-a-pathway-to-wellness-and-recovery/

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Early Interventions

On an individual level:

- Ask people how they are really doing.
- Help connect people to resources.
- Be an advocate.
- Learn the warning signs of a mental health crisis.

Mental Health First Aid Training by the National Council for Mental Wellbeing: Learn how to recognize, understand, and respond to signs of health or substance use challenges. https://mentalhealthfirstaid.org/

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Community Care

Community care is a way of thinking that ties the well-being of the individual to the well-being of others. It's about connection, showing up for one another, and taking intentional action to help others.

Community care brings people together to share resources, offer support, and find new ways to care for each other in a welcoming environment.

Examples of Community Care:

- **Peer support:** people with shared experiences helping themselves and each other
- **Community health workers:** help to connect communities and the healthcare system by providing health education, resources, and support.
- **Community healing/Healing justice:** an approach to unfair treatment of certain communities. Can involve collect art, community health workshops, etc.

Source: https://mhanational.org/resources/community-care/

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Community Pharmacists

- Approximately 90% of Americans live within 5 miles of a pharmacy, making community pharmacists among the most reachable healthcare professionals available.
- One of the most powerful impacts pharmacists have is promoting health literacy.
- Pharmacists often serve vulnerable or underserved populations, bridging health equity gaps where access to care may be limited.

Sources: https://cpesn.com/community-health
https://cpesn.com/node/5139
https://www.chcs.org/resource/the-role-of-pharmacists-in-innovative-care-models-for-adults-with-complex-health-needs-evidence-roundup/

CPESN Community Health:

- Helps pharmacies increase revenue, maintain cashflow, and further entrench their local presence.
- Expands roles of technicians to help patients navigate healthcare and community resources.

CPESN Health Equity:

- Improves care accessibility by integrating social determinants of health experts and community health workers into pharmacies.
- Independent pharmacies have benefited from increased engagement and revenue.

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Cultural Competence

Cultural competence in healthcare refers to the ability to provide care to patients with diverse values, beliefs, and behaviors, including the tailoring of healthcare delivery to meet patients' social cultural, and linguistic needs.

Components of cultural competence:

- Awareness
- Skill
- Knowledge
- Encounters
- Desire

Source: https://transculturalcare.net/the-process-of-cultural-competence-in-the-delivery-of-healthcare-services/

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Culturally Competent Care

Approaches to Improving Cultural Competence:

- Language Assistance
- Cultural Brokers
- Cultural Competence Training

https://psnet.ahrq.gov/perspective/cultural-competence-and-patient-safety

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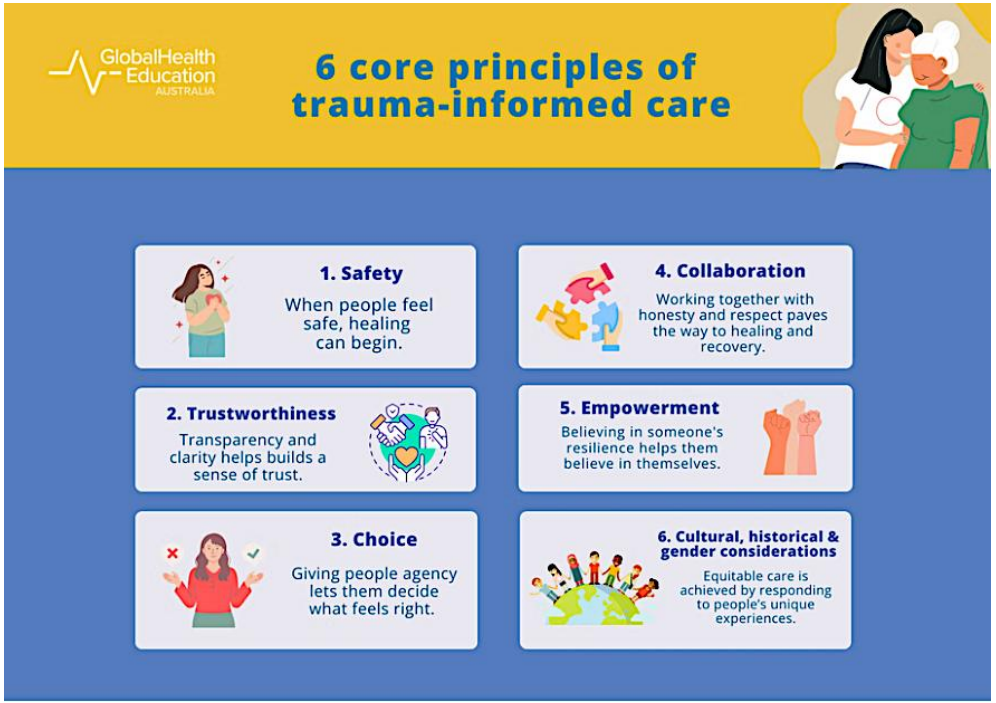
Trauma Informed Care

- A trauma informed approach to care acknowledges that healthcare organizations and care teams need to have a complete picture of a patient's life situation (past & present) to provide effective healthcare services with a healing orientation.
- Adopting trauma informed practices can improve patient engagement, treatment adherence, healthcare outcomes, and even provider and staff wellness.



Source: https://globalhealtheducation.com/au/resources/trauma-informed-care

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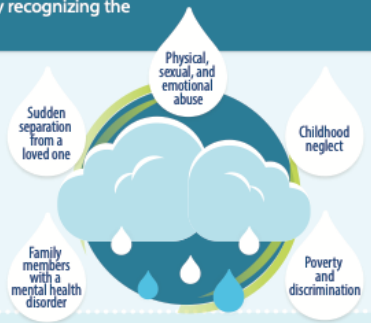
10 KEY INGREDIENTS FOR TRAUMA-INFORMED CARE

As health care providers become aware of the harmful effects of trauma on physical and mental health, they are increasingly recognizing the value of **trauma-informed approaches to care**.

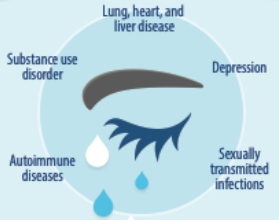
WHAT IS TRAUMA?

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as **events or circumstances** experienced by an individual as **physically or emotionally harmful** or **life-threatening**, which result in adverse effects on the individual's **functioning and well-being**.



WHAT IS THE IMPACT OF TRAUMA ON HEALTH?

The Adverse Childhood Experiences (ACE) Study, conducted by the CDC and Kaiser Permanente, revealed that the more an individual is exposed to a variety of stressful and potentially traumatic experiences, the greater the risk for **chronic health conditions** and **health-risk behaviors** later in life.



HOW CAN PROVIDERS BECOME TRAUMA-INFORMED?

Trauma-informed care acknowledges that understanding a patient's life experiences is key to potentially improving engagement and outcomes while lowering unnecessary utilization.

In order to be successful, trauma-informed care must be adopted at the **organizational *and* clinical levels**.

Organizational practices reorient the culture of a health care setting to address the potential for trauma in patients *and* staff:

1. Lead and communicate about being trauma-informed
2. Engage patients in organizational planning
3. Train both clinical and non-clinical staff
4. Create a safe physical and emotional environment
5. Prevent secondary traumatic stress in staff
6. Build a trauma-informed workforce

Clinical practices address the impact of trauma on individual patients:

7. Involve patients in the treatment process
8. Screen for trauma
9. Train staff in trauma-specific treatments
10. Engage referral sources and partner organizations

For more details, read the brief, *Key Ingredients for Successful Trauma-Informed Care Implementation*. Visit **www.TraumaInformedCare.chcs.org**.

TraumaInformedCare.chcs.org

Trauma-Informed Care Implementation Resource Center

Source: https://www.chcs.org/resource/10-key-ingredients-trauma-informed-care/

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Person First Language & Other Important Terminology

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Person First Language

- Personal first language is a way to “emphasize the person and view the disorder, disease, condition, or disability as only one part of the whole person.
- Example: person with diabetes vs. diabetic, person dealing with addiction vs. addict, people without housing or people experiencing homelessness vs. homeless.
- However, some communities prefer identity-first language because they view a characteristic as inseparable from their identity.
  - The deaf and blind communities have voiced that they prefer identity first language. Recommendation is against using the term visually impaired. Ask if they prefer identity first (blind person) or person-first (person who is blind) language. Similarly, avoid the term hearing impaired and use term deaf person.
- When referring to suicide use died by suicide or attempted suicide instead of committed suicide. Suicide attempts should never be described as successful, unsuccessful, or failed.

https://www.nih.gov/nih-style-guide/person-first-destigmatizing-language

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BIPOC

- BIPOC stands for Black, Indigenous and people of color.
- The term is specific to the United States and has been used to replace the term people of color or POC to specifically center the unique experiences of Black and Indigenous communities.
- Key factors of the term: specificity, addresses systemic issues, counters anti-blackness, fosters solidarity and visibility.
- BIPOC should not be used when referring to an individual or an issue that affects a specific group of people.

https://www.ywcaworks.org/blogs/ywca/tue-03122024-1000/why-we-use-bipoc

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Personal Preference Matters Most

- Some communities do not prefer person first language.
- Some individuals prefer the term POC over BIPOC or may prefer neither.
- If preference is not known or cannot be determined, use the least stigmatizing language (person-first language, BIPOC, etc.)
- If possible, ask the individual what term(s) they prefer.

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Engagement

Community Stakeholders

Networking and Expanding Access

Community Connected

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Networking & Expanding Referral Pathways

- Networking helps to build a strong support system that can lead to significant professional and clinical advancements. Networking allows health care professionals to tap into a broader network base, access new resources, and build a referral network to improve patient outcomes and increase practice efficiency.
- A 2012 study on physician referral networks found that practitioners who engaged in robust networking were more likely to receive referrals, thereby increasing their patient base and practice profitability.

Source: https://www.aaosh.org/connect/networking-in-healthcare-collaboration

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Ways to Network:

- Join professional organizations
- Collaborate with other healthcare providers
- Participate in community volunteering
- Attend events
- Mentorship

Keep in Mind:

- Build micro-communities, not massive lists
- Build a cross-disciplinary network
- Participation and interaction is vital
- Authenticity, consistency, and curiosity

Sources: https://www.aaosh.org/connect/networking-in-healthcare-collaboration
https://healthexpertsalliance.com/building-a-physician-referral-network-without-cold-outreach/
https://omnistarr.com/effective-networking-strategies-for-healthcare-professionals-in-2025/

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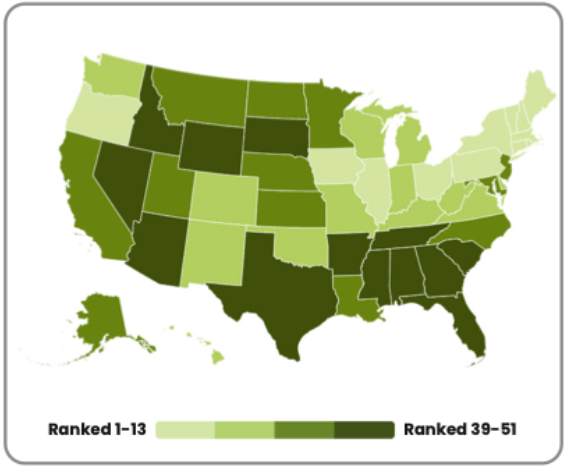
Access to care ranking

States with rankings 1-13 provide relatively more access to insurance and mental health care. States with rankings 39-51 provide relatively less access to insurance and mental health care.

The ten measures that make up the access ranking include:

1. Adults with substance use disorder (SUD) who needed but did not receive treatment
2. Adults with any mental illness (AMI) who are uninsured
3. Adults reporting 14+ mentally unhealthy days a month who could not see a doctor due to costs
4. Adults with AMI reporting an unmet need for treatment
5. Adults with AMI with private insurance that did not cover mental or emotional problems
6. Youth with private insurance that did not cover mental or emotional problems
7. Youth with at least one major depressive episode (MDE) who did not receive mental health services
8. Youth who have not had a preventive doctor's visit in the past year
9. Students identified with emotional disturbance for an individualized education program (IEP)
10. Mental health workforce availability



Rank	State
1	Vermont
2	Maine
3	Massachusetts
4	New Hampshire
5	Pennsylvania
6	District of Columbia
7	Oregon
8	New York
9	Connecticut
10	Rhode Island
11	Iowa
12	Ohio
13	Illinois
14	Colorado
15	Michigan
16	Kentucky
17	New Mexico
18	Hawaii
19	Virginia
20	Washington
21	Wisconsin
22	West Virginia
23	Oklahoma
24	Missouri
25	Indiana
26	Delaware
27	New Jersey
28	Montana
29	Minnesota
30	Maryland
31	Kansas
32	Louisiana
33	Utah
34	Alaska
35	Nebraska
36	North Dakota
37	California
38	North Carolina
39	South Dakota
40	Arkansas
41	Idaho
42	Tennessee
43	Wyoming
44	Florida
45	Arizona
46	Georgia
47	Nevada
48	Mississippi
49	South Carolina
50	Texas
51	Alabama

Healthcare Access Statistics

- In 2022-2023, over 5 million adults with any mental illness were uninsured.
- In 2025, Congress passed the H.R. 1, the One Big Beautiful Bill Act, which included significant cuts to Medicaid and coverage through the Affordable Care Act (ACA) marketplace. According to the Congressional Budget Office (CBO), these provisions will cause about 15 million people to lose their current health coverage.
- In 2022-2023, 1 in 4 adults with any mental illness reported an unmet need for mental health treatment in the past year.

Source: https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf

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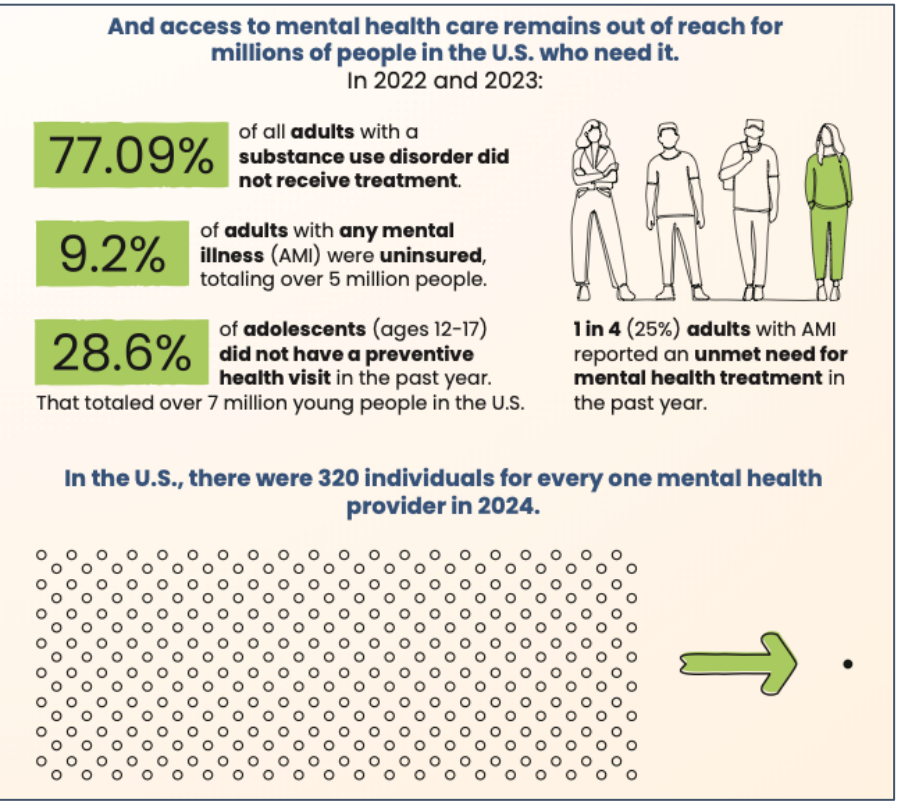
Barriers to Access



Source: https://mhanational.org/wp-content/uploads/2025/09/State-of-Mental-Health-2025.pdf

Each year, SAMHSA's National Survey on Drug Use and Health (NSDUH) asks respondents who did not receive mental health treatment about their reasons for not receiving care.

- In 2023, the most common reason adults reported that they did not receive treatment was that they thought they should have been able to handle their mental health, emotions, or behavior on their own (70.50%).
- The second most common reason was that they thought treatment would cost too much (59.80%). Many adults also reported a lack of access to or awareness of treatment providers.
- Nearly half (48.60%) of adults reported they did not know how or where to get treatment in 2023, and 40.70% reported they could not find a treatment program or a health care professional that they wanted to go to.

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Increasing Access to Mental Health Services

- Integrate and Coordinate Care
- Invest in Technology
- Enforce, Expand, Insure, and Enact

Modi H, Orgera K, Grover A. *Exploring Barriers to Mental Health Care in the U.S.* Washington, DC: AAMC; 2022. https://doi.org/10.15766/rai_a3ewcf9p

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Increasing Access to Mental Health Services

Patient-Level Interventions	Healthcare Systems-Level Interventions	Community-Level Interventions
• Personalized education • Shared decision making • Peer support services • Family groups and classes	• Routine mental health screenings at healthcare appointments • Availability of informational materials • Ensuring a healthcare system culture that enhances understanding of mental illness and frames mental health treatment as a positive opportunity rather than a punitive or negative experience by educating staff at all levels • Provide treatment in convenient, accessible, and comfortable settings	• Community engagement • Self-administered screenings • Consulting with community leaders and organizations to provide culturally sensitive care for specific populations • Partner with community businesses and organizations to provide assistance for patients seeking treatment • Enhancing partnerships between internal and external treatment settings

Johnson, E. M., & Possemato, K. (2019). Defining the things we can change to improve access to mental health care. *Families, systems & health : the journal of collaborative family healthcare*, *37*(3), 195–205. https://doi.org/10.1037/fsh0000435

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Debunking

Myths, Stigma, & Cultural Barriers

Community Connected

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Common Myths

- Myth: If a person has a mental health condition, it means the person has low intelligence.
  - Fact: Mental illness can affect anyone regardless of intelligence, social class, or income level
- Myth: You only need to take care of your mental health if you have a mental health condition.
  - Fact: Everyone can benefit from taking active steps to promote their well-being and improve their mental health.
- Myth: A mental health condition is a sign of weakness; if the person were stronger, they would not have this condition.
  - Fact: A mental health condition has nothing to do with being weak or lacking willpower. It is not a condition people choose to have or not have. Recognizing the need to accept help for a mental health condition requires great strength and courage.
- Myth: Talking about mental health makes things worse.
  - Fact: Having an open conversation about mental health has many benefits. Hearing others talking about mental health can help to reduce stigma.

https://www.psychiatry.org/news-room/apa-blogs/myths-and-facts-about-mental-health

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Stigma

Mental health stigma can take many forms:

- Structural stigma involves laws, regulations, and policies that can limit the rights of those with mental health conditions.
- Public/social stigma includes negative attitudes and beliefs from individuals or from larger groups towards people with mental health conditions, or their families or health care providers that care for them.
- Self-stigma comes from within the person with a mental health condition.

The impact of stigma:

- Fear of judgment and discrimination can cause people to keep their mental health struggles a secret, leading to delays in seeking help and worsening symptoms.
- Negative stereotypes about therapy and medication can keep individuals from exploring treatment options.
- When people misunderstand what it's like to have a mental health condition, they can't provide meaningful support.

Source: https://mhanational.org/resources/stigma/

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How Do You Reduce Stigma?

- Education & awareness
- Encourage open dialogue
- Use respectful, person-centered language
- Advocate for policy changes
- Create supportive environments
- Champion inclusivity

Source: https://mhanational.org/resources/stigma/

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Cultural Barriers in Healthcare

Cultural barriers that present an immediate obstacle to the healthcare experience can generally be overcome when they are understood and dealt with directly. However, not all cultural barriers that exist will be obvious and easy to uncover.

Examples:

- Language barriers
- Health beliefs that differ from the biomedical disease model
- Religious customs and practice that conflict with standard medical practice

Source: https://www.qualityinteractions.com/blog/cultural-barriers-of-communication-in-healthcare

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Overcoming Language & Culture Barriers

The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. https://thinkculturalhealth.hhs.gov/clas/standards

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to promote health, improve quality and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, understandable, and respectful quality care and services that respond to cultural health beliefs and practices, languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS through policy, practices, and allocated resources.
3. Recruit, promote, equip, and support a governance, leadership, and workforce that respond to the digital, cultural and language needs of the population.
4. Educate and train governance, leadership, and workforce regularly on CLAS practices and resources.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals, in writing and orally, of the availability of language assistance services in English and other languages that serve their linguistic needs.
7. Ensure the competence of individuals providing language assistance through training and certification, when available, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided and discouraged.
8. Provide easy-to-understand digital and print materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's integration of CLAS-related activities and measures into quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic needs of populations in the service area.
13. Partner with the community to design, implement, and evaluate cultural and linguistically appropriate practices and impact.
14. Create culturally and linguistically appropriate processes to identify, prevent, and resolve conflicts, complaints, or grievances.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

Think Cultural Health
https://thinkculturalhealth.hhs.gov/
contact@thinkculturalhealth.hhs.gov

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