

Final Project Overview & Update

- I. **Final Update:** This academic year I researched and designed a social action project to support accessible mental health care in the District of Columbia. I ended up working with So Others Might Eat, a community center that offers free and reduced psychiatric services to the homeless and low-income populations in DC. Through a Chipotle fundraiser, I was able to raise \$150 to support SOME, but the main takeaway from my project was learning about the multidimensional issue of mental health care and what policy solutions we need to combat this crisis. It is an issue that is affected heavily by socioeconomic status, race, gender, culture, and various stigmas that have become institutionalized in our nation. My conclusion from this project was that we need comprehensive solutions, which is why I selected SOME, which is originally a food bank that also works on job training and healthcare. Additionally, when looking to reach marginalized communities, we must not just focus on government outreach but engaging community centers and organizers that have deep ties to these populations and are trusted and respected in ways the government is not.
- II. **Research Question:** Do residents of Washington D.C. experience gaps in access to mental health care services? If so, to what extent, and has the recent pandemic magnified these gaps?
- III. **Executive Summary:**
 - A. There is a clear and established relationship between low access to mental health care services and being either a part of a racial minority or being a low-income individual. This is a trend existing despite much research that suggests the most excluded from mental health services are those who particularly need the services.

Race, wealth, or geographical access should not determine whether or not someone receives mental health services, but it does, and evidence exists showing this alarming trend particularly relevant in Washington, DC.

- B. and there are policy solutions ranging from Universal Mental Health screening to a comprehensive reform of the patient-doctor model that favors inclusive treatment-based services instead of the intrusive, inaccessible model currently existing in many communities.

IV. Background

- A. Barriers to mental health care access are widespread and systematic. They disproportionately affect lower-income, rural, and minority communities. These barriers include cultural and social norms including stigmatization or fear of the medical community or factors such as geographical access, poverty, and a community lack of mental health care resources (Ganz et. al., 2018). Racial, gender, and financial disparities exist broadly throughout both access to mental health care and appropriate diagnosis of mental illness. White, male, and wealthy children are more likely to be diagnosed with ADHD despite there being evidence of white male children suffering from the illness at higher rates (Bax et. al., 2019). There is a large gap in the number of children who have mental illnesses versus children who receive a professional diagnosis, but even in diagnosed children, less than half are receiving counseling or other forms of treatment. (Peterson & Whitney, 2016).

V. Key Stakeholders

- A. Mental Health Clinics/Non-profits

B. Mental health community clinics or organizations

C. Academics, Psychologists

1. Dr. Nicole Caporino, Associate Professor of Psychology American University: Dr. Caporino completed her Ph.D. at the University of South Florida and primarily researches anxiety and obsessive-compulsive disorder in adolescents and youth. Dr. Caporino additionally researches barriers to treatment and increasing access via reduced costs and specifically helping underserved communities.
2. Dr. Barbara Barzon, Director of the Department of Behavioral Health: Dr. Barzon completed her Ph.D. at the University of Pittsburgh and now oversees mental healthcare access throughout the District of Columbia and the District's public school system. Dr. Barzon's work at the department has largely concerned increasing public access to mental healthcare in previously underserved communities as well as remodeling health care for children.

VI. **Appraisal of Past Solutions**

- A. While current opposition to expanding mental healthcare access seems relatively controlled, there has been historical stigmatization surrounding mental illness. Still, there have been very public criticism of possible policies such as universal mental illness screening in schools who claim that diagnosing children can actually increase personal stigmatization and troubles with a child or their family. Additionally, some argue that schools shouldn't be trying to screen mental

illnesses because they don't even have the resources to provide students with treatment for those illnesses (Kennedy, 2014).

- B. Schools have been identified as the main source of mental health care for most students, particularly economically disadvantaged students. As rates of suicide and mental illness rise, some argue that educators and the school system are not properly equipped to deal with mental health crisis and it isn't their job to either, rather public resources should be dedicated to the issue. Many argue it is unfair to force schools to deal with the problem when they are already overwhelmed with other priorities, the main being providing students with education. This represents the problem of whether or not schools should be comprehensive and inclusive in their approach to educating and being responsible for students wellbeing (Prothero, 2020).

VII. Project

- A. My project plan is to financially support an organization through a fundraiser while volunteering and creating a social media marketing campaign reflecting on my volunteer work as well as encouraging others to donate or volunteer with the organization. The organization that I have selected is So Others Might Eat.
- VII. Conclusion With the Covid-19 pandemic shuttering schools and stressing out students across the nation, re-examing the mental health system and adolescence is more important than ever. Access to affordable and equitable mental health treatment alongside increased mental health screenings, decreased stigmatization, and much more is needed for a comprehensive solution to this disease plaguing our children.