The Lack of Accountability in the American Mental Health Care Industry

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The quality of one's mental health, involving personal trauma and mental illness, is a reflection of one's actions in society. An example of this is the psychosocial histories of mass shooters offered by the United States National Institute of Justice. Through this, a specified trend is outlined. People who have engaged in public mass shootings have demonstrated a prominent trait, disturbed psychosocial functioning. Of all the younger mass shooters in The Violence Project database, K-12 students who engaged in the violence were found to be suicidal 92% of the time and university students were found to be suicidal 100% of the time. Furthermore, another common element is past trauma, where 31% of people who perpetrated mass shootings have had past trauma and 80% were in crisis. What is even more unsettling is that the annual death toll of mass shootings has risen sharply, with an average of 8 deaths per year in the 1970s, and 51 deaths per year in the 2010s, showing that the root cause of the issue still has not been addressed ("Public Mass Shootings"). The Merriam-Webster dictionary defines accountability as "an obligation or willingness to accept responsibility or to account for one's actions" ("Accountability Definition"). This reverberates in a Supreme Court case, that of *Cobell v. Salazar*, where Eloise Cobell holds the government accountable for their mismanagement of the royalties rightfully belonging to American Indians living in the Blackfeet Reservation in exchange for their use of "Indian oil and gas, timber and grazing land" (Janko). The significance of this case to the issue of mental health is revealed in the fact that the goal of accountability is justice and improvement. Likewise, to benefit those needing mental healthcare, the industry must take accountability for its quality of care. This begs the question, to what extent would accountability in psychiatric practices revolutionize the U.S. mental healthcare industry? Though

there are significant issues in the United States mental healthcare industry, including a stigma on mental health disorders among patients and practitioners, the lack of practice with evidence-based treatment, and socioeconomic barriers preventing access to widespread mental healthcare, the implementation of certain solutions could improve and alleviate many of these concerns.

Through any study or venture into mental health, one will come across general stigmas that surround mental healthcare, despite its necessity and importance for individuals to remain healthy and functioning. Sean M Phelan, a PhD in Quantitative Health Sciences and other associates, published in the academic journal, *The Annals of Family Medicine*, a study which assessed the opinions of patients about mental illness stigma to reduce stigma and increase comfort with talking about mental health, and behavioral healthcare. Patients described mental healthcare professionals as sometimes overly medicalizing disorders, exaggerating their perception of its abnormality by making it seem more severe. They were also found to jump to conclusions concerning treatment, not allowing for the patient's contribution into the decision making. What is notable, is that patients have even identified healthcare professionals as a source of stigma, fearing that due to a negative impression of a patient's healthcare status, they would lose control over their own care as a result of their health care provider's misconceptions (Phelan et al.).

However, despite the rational assumption that stigma is a significant barrier to seeking mental healthcare, there is limited empirical evidence that supports this proposition. Daniel Eisenberg, a Professor of Health Policy at UCLA, and other collaborators, find in the academic journal, *Psychiatric Services*, that though prominent research of mental health policy identifies stigma as a key barrier to mental healthcare, perceived stigma and mental healthcare service use

have little to no relationship. This was proven through a statistical study with a respondent pool of 2,782 graduate and undergraduate university students, where though Asians and Pacific Islanders perceived higher levels of stigma than Caucasians, it was not statistically significant enough to mark stigma as a barrier to mental health aid (Eisenberg 394). Despite this, stigma is still a significant issue in the mental healthcare industry, as though it may not prevent individuals from seeking out psychiatric or psychological aid, it still impacts the quality of care among individuals already involved in the industry. Stigma is a cause for the alienation of individuals due to the public sentiment of what is normal. It may even impact the degree of care offered to those suffering from mental health issues if perceived by mental health professionals. Aligning with this idea is Franklin D. Roosevelt's Inaugural Address in 1933, who pledged to overcome the Great Depression during his presidency. FDR finds that restoration is not caused by changes in ethics, but actions. Only by addressing the lack of accountability in the industry can improvements be made. A significant phrase that applies to the stigmatization of mental health issues is "the neighbor who resolutely respects himself and, because he does so, respects the rights of others" (Roosevelt). By this, FDR refers to the obligations of people to follow the law. However, it could be adapted to the obligations of mental health practitioners to deliver the best possible treatment to their patients. By overcoming stigma, the benefits not only apply to others, but oneself.

Taking all of these facts into regard, Stephanie Knaak, a PhD in Sociology, as well as other research associates, published in the academic journal, *Sage Journal*, an implementable solution to the issue, educating healthcare providers to address internalized stigma, ensuring their effectiveness in treating patients in an ethical manner and taking accountability for their actions. This solution would be effective as a workshop program, designed to increase awareness,

knowledge, and skills, aiming to change harmful behaviors. This solution is measurably viable due to its precedent in Canada, an exemplary program called "Understanding Stigma developed by the Ontario Central Local Health Integration Network" (Knaak).

Another significant issue affecting the mental healthcare industry is a lack of evidence-based treatment. Phillip S. Wang, a PhD in Clinical Psychology from the University of Michigan, and other associates, published in the Journal of General Internal Medicine a study which analyzed the amount of evidence-based treatments among 3,032 mentally ill respondents, with prominent symptoms including depressive episodes, generalized anxiety disorder, and other serious mental illnesses (Wang 284). To analyze this issue, the term evidence-based treatment must be defined. Evidence-based care is defined as either receiving a prescription medication and at least 4 visits to the same type of provider, or receiving at least 8 visits without medication (Wang 286). Considering this, among these individuals, only 14.3% received care that aligned with evidence-based treatment recommendations (Wang 284). A specific case of this trend is major depression, among which 7% received treatment that was evaluated as minimally adequate (Wang 284). From this, it was surmised that the U.S. is facing a severe epidemic of untreated and poorly treated mentally ill individuals, especially affecting groups such as the uninsured and African Americans (Wang 284). Thus, there must be interventions that improve the quality of treatment according to evidence based on the success of previous patients with the same diagnosis. Relating back to the theme of accountability, Richard G. Frank with a PhD in health economics and Ruth S. Shim, a Professor of Cultural and Clinical Psychiatry in the Department of Psychiatry and Behavioral Sciences at the University of California, Davis School of Medicine, published in the academic journal, *Psychiatric Services*, studies that highlight the flaws in the mental health care industry, namely a lack of evidence-based care. To this, they suggest a variety

of solutions, the most striking of which being metrics for mental disorders, and regulatory standards for licensing and accreditation. To measure mental disorders, performance metrics would need to include patient-reported experiences as well as the commonness of treatments, an example being Dialectical Behavior Therapy for borderline personality disorder (Frank et al. 185). Furthermore, the implementation of standards for licensing and accreditation would promote higher-quality behavioral health care (Frank et al. 186). By raising treatment standards, patients would be able to more easily recover from mental distress and live happy, healthy lives.

Lastly, a prominent issue of the mental healthcare industry is the existence of socioeconomic barriers that prevent access to widespread mental health care. Martin Knapp, a professor of Health and Social Care Policy at the London School of Economics and Political Science, as well as other associates, published in the academic journal, *Health Policy and Planning*, studies that clearly explain the relationship between mental health care and scarcity, finding that a variety of factors have accumulated leading to not everyone having access to mental health care. In fact, in the U.S., 30% - 50% of adults facing depression do not even initiate treatment (Knapp et al. 160). These factors include information barriers, low priority, resource concentration in urban areas, and capacity constrained systems. Likewise, Nicholas Coombs, a PhD in Psychiatry and an expertise in social and cultural health, as well as other associates, published in the academic journal, *SSM - Population Health*, studies that show many Americans lack the socioeconomic resources to receive mental health help. Out of a large pool of 50,103 adults, 95.6% report at least one barrier to mental health care access and 13.3% report no usual source of care (Coombs et al.). Their findings aim to find that social stigmas have an impact on the general reluctance to seek mental health help. Furthermore, they find that those with severe psychological distress have the most inability to attain related healthcare. With the

current system of healthcare, only the wealthy are examined, even overtreated, while people of

lower socioeconomic status are undertreated. Thus, Jim van Os, the Chairman of Psychiatry at

the Department of Psychiatry and Psychology at Maastricht University Medical Center, as well

as Dr. Phillippe Delespaul, a Professor in Innovation in Mental Health Care at the University of

Maastricht, published in the Dutch academic journal, *Tijdschr Psychiatr*, a study which proposes

a solution to centralized mental health care, preventing both overtreatment and undertreatment.

The solution in question is the analysis of a population through 20 quantitative parameters,

revealing the general mental health of the entire population rather than a select few (Os and

Delespaul). Though more general, this solves the issue of barriers and socioeconomic hindrances

from accessing mental health care. This solution, regardless of its benefits, may not be feasible or

effective to those facing severe psychological distress among a generally content population.

However, it could be remedied into a more accountable system, which would have two

subsystems, where one system follows Os and Delespaul's proposition, while the other is a

private outreach method subsidized by the government to provide individual aid toward those

suffering from undertreatment in a generally mentally well community.

Though all the previously proposed solutions are separated and disjoined, they address

significant issues in the United States mental health industry necessary for the improvement of

accountability towards patients. Therefore, a comprehensive solution that addresses the social

stigma towards the mentally-ill, the lack of evidence-based treatment, and economic barriers that

prevent equal access to mental health care, is the establishment of a government-subsidized

education system for mental health professionals, that destigmatizes mental illness, implements a

metric for mental health, and keeps licensed professionals at a high standard. This solution is

most effective when subsidized by the U.S. government so that change may take place uniformly

around the nation. The solution is intended to address the long term issues in the mental health care industry, as education, in this case, is key to prevention. To add to the effectiveness of this solution however, considerations must be made towards the short term. Thus, to address the difference of access among people of different socioeconomic status is the decentralization of mental health care by establishing a system with two independently-operating subsystems, the general analysis of a population for psychological distress as well as a private outreach program to promote individual aid among a generally content population. This comprehensive solution, though partly focused on patients, is more focused on educating professionals to set a standard for treatment. In spite of these benefits, a limitation of this solution is that redesigning the educational system of healthcare professionals is a large scale and difficult task, including a variety of moving parts. Another limitation is the fact that it is limited by the funds that the government could provide, as it cannot operate autonomously. Despite this, it is clear that the benefits of such a solution outweigh the drawbacks.

The mental health care industry, as a whole, has many issues that must be addressed to increase the success and quality of treatment. As such, the industry must take accountability for its actions with regard to patient support and treatment. The aforementioned solution addresses the stigma on mental health disorders among patients and practitioners, the lack of evidence-based treatment, and socioeconomic barriers preventing access to widespread mental health. The importance of this industry is characterized by the issues that arise from poor mental health, the scope of which is hinted at through the trend between mass shootings and mental health. Through the education of healthcare professionals and a systematic approach toward care, mental health care can be made effective and accessible to all.

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