

# Education in Mental Health Care and New Frontiers for Psychiatry Residency Training

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## ABSTRACT:

*This article examines the disparities in mental health treatment access and quality in the US. The treatment gap's greatest impact on minority communities is initially covered in this work. For a better understanding of the needs of psychiatrically underserved and disadvantaged people as well as the reasons for inequities in mental health, it highlights recent studies on the subject. It discusses some of the obstacles to receiving behavioural health care, such as lack of insurance coverage, a dearth of community-based interventions, unequal access to evidence-based treatments, stigma, a lack of qualified mental health professionals, and unbalanced geographic provider distribution. Second, it examines options for resolving these inequities.*

**Keywords:** Community mental health, Public health.

## INTRODUCTION

One of the main causes of impairment worldwide is mental illness. The proportion of people who have a disorder and those who receive care diverge, and this disparity is known as the “treatment gap.” In all nations, this disparity for those with mental illnesses is greater than 50%, and in low-income nations, it is about 90%. Despite a decline in uninsured Americans since the Affordable Care Act (ACA) went into effect in 2010, there are still 28 million people in the US without any kind of health insurance. According to a recent study, the weighted mean treatment gap for moderate to severe mental diseases across North America is 65.7%. Also, up to 60% of patients with a psychiatric disease receive mental health care from their primary care providers (PCPs), therefore any educational effort to enhance care should include target PCPs. Lack of insurance coverage, stigma, a lack of qualified mental health professionals, and unequal geographic provider distribution are all obstacles to receiving behavioural health care. For a better understanding of the needs of psychiatrically underserved and disenfranchised populations, the causes of mental health disparities, and successful interventions that researchers around the world have already implemented to address the gap in mental health services, this article summarises recent literature on the subject (Garcia et al. 2018)

Getting Mental Health Treatment Has Its Share of Problems and Barriers: Major gaps in mental health exist among populations of racial and ethnic minority groups, who make up a sizeable fraction of the country's population: In comparison to the white population, they usually have less access to healthcare, and the care they do receive is frequently of lower quality. A national initiative is now underway with the aim of reducing the differences in mental health among minority groups. The ACA's implementation (Medicaid, Medicare, and other government safety-net programmes) has reduced the likelihood that someone with a mental illness won't be able to afford mental health care, decreased access-barriers to treatments, and decreased the time it takes for African Americans, Latinos, and other underrepresented groups to seek help (King 2015).

Stigma Experienced Inside Mental Health Services: Around 10 million Americans who identify as homosexual, gay, or bisexual and 700,000 adults who identify as transgender experience stigma within the mental health services. Those who identify as LGBTQ+ have historically been marginalised in society and may face a variety of stressors like prejudice, discrimination, and stigma. In comparison to the general population, populations in sexual and gender minorities have been reported to have much higher rates of depressive episodes, substance abuse, and suicide ideation and attempts. Exposure to prejudice, social exclusion, and violence based on sexual orientation and gender identity has been directly linked to the increased risk of serious mental diseases in LGBTQ+ individuals of developing severe mental illnesses has been directly associated with exposure to discrimination, social isolation, and violence based on sexual and gender identity (Kohn et al. 2018).

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Community Primary Care Services and Collaborative Care Partnership: There is a severe physician shortage and distribution problem in the United States right now, especially among primary care physicians (PCPs) and mental health specialists in rural and low-income metropolitan regions. According to recent statistics, 40% of Americans live in federally designated health professional shortage areas (HPSAs), where there are currently 20% fewer physicians per 3,500 people than there are in rural areas (Patel et al. 2010).

Up to 60% of patients with a psychiatric disorder are currently only seen by PCPs. Unfortunately, frequently, PCPs fail to recognize psychiatric disorders, and only 13% of the mental health care delivered is considered to be “minimally adequate.” The reasons reported are over- or underprescribed psychotropic medications, rarely being provided structured counseling, and infrequent referral of patients for mental health services. PCPs themselves identified multiple barriers to mental health referrals, including patient’s resistance, stigma, and inadequate insurance coverage (Popejoy & Fullerton. 2016).

### CONCLUSION

It is encouraging that academics, professionals, communities, patients, and families have rekindled their passion and

interest in filling the gap in mental health treatment. To remove these obstacles, organisational and budgetary adjustments must be made as well as improvements in the workforce’s training. Academic psychiatrists have the ability to make a significant contribution to the collection of data on mental health and the comprehension of the quickly changing requirements of more vulnerable groups.

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