Getting mental health services: not so easy for most people

Mental illness includes a variety of recognized psychiatric disorders and represents an enormous public health problem in the United States and worldwide. The US has a population of approximately 320 million people. At a given point in time approximately 25% (or 80 million people) meet criteria for a mental disorder. Over the course of one's life, this increases to 50% (or 160 million people). The burdens of mental illness include deleterious consequences for individuals, their families, and society at large including reduced ability to participate in the activities of everyday life (e.g., family, social activities, work and school), loss of wages and jobs, discrimination and stigmatization, increased risk of homelessness and incarceration, emergency room visits and hospital stays, and earlier than expected death from illness as well as suicide.

How are we doing as a society in getting treatment to the people in need? Not very well. Of those in need of mental health services, approximately 70% receive nothing at all. The other 30% get a mix of checkered supportive services and most of the time do not receive the treatments developed in scientific research.

How to fix this. Perhaps we need something called disharmony-dot-com that does matchmaking by bringing together people who need services with those who provide services. Nice idea perhaps but probably would not work because:

> Too few mental health services are available in general, and the situation is even more dire for ethnic and cultural minorities;
> Services are not near most people in need (small towns, rural areas, inner cities);
> The costs of services are not covered for most people in need and therefore are out of reach;
> Stigma is associated with mental disorders and seeking treatment; and
> The public often views sources of support (family, religious leaders) as better options than mental health services for their psychological problems.

A major obstacle that is embedded in the others I have listed is how therapy is provided. In the vast majority of cases, psychotherapy consists of an individual (client), going to a clinic or some other office, and meeting in-person with a mental health professional (therapist, counselor). This is useful and has evidence to show that it can deliver effective treatments. However, this way of providing services is just not up to the task of reaching most people in need.

Alternatives are needed that can be scaled up to reach many people, that are brought to people rather than requiring people to come to a special clinic, and that are more convenient and user friendly in general. There are many such options to add to what we currently do. For example, we know that lay individuals from the community can be trained and supervised to deliver many effective mental health services and do not need the advanced degree (masters, doctoral). That could increase the "man"power to provide services and bring down the costs. In addition,

technology and social media (on line via the Web, “apps”) can deliver effective interventions without clients leaving their homes.

Psychotherapy research has made major advances in establishing the effectiveness of many treatment techniques. Cognitive therapy for clinical depression is one of the well-established and more familiar examples. A key challenge is getting the treatments out to the millions in need. We would all profit from reduced suffering and impairment of individuals with mental disorders and from a reduction in the billions of dollars annually that untreated mental illness costs. Making services available to individuals in need also is the right and humane thing to do.

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Interventions and Models of Their Delivery to Reduce the Burden of Mental Illness: Reply to Commentaries.
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