

Navigating barriers in mental healthcare: Insights from a qualitative analysis of public testimonies in Colorado

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Abstract

Introduction. Individuals and families seeking mental health care face significant barriers. Elucidating these barriers can inform clinicians and policy makers of areas needing improvement. This study identified barriers faced by individuals attempting to access mental health care in Colorado.

Methods. Sixty-nine online public testimonies were collected by the Colorado Department of Human Services Behavioral Health Task Force from August 2019 through March 2020. Following the framework method of qualitative analysis, researchers created a deductive codebook and inductively added codes through iterative review. Codes were analyzed and categorized into themes and subthemes.

Results. Individuals providing public testimony included family members and caregivers, community and social services representatives, mental health professionals, individuals with lived experiences, and government and policy representatives. Fifty sub themes across four overarching themes were described: (1) structural barriers, including political and economic challenges navigating different care settings, (i.e. residential facilities, hospitals, emergency department holds, and transitional care facilities); (2) social inequities, such as stigma and lack of awareness of available resources; (3) barriers involving population-specific needs including racial, ethnic and LGBTQ+ minorities, the deaf or hard-of-hearing communities, incarcerated and unhoused populations, and those with dual diagnoses, and (4) barriers pertaining to the education and training needs of mental healthcare providers, parents, teachers and informal caregivers, first responders and law enforcement personnel, and communities-at-large, through public awareness campaigns.

Conclusion. This study describes barriers experienced by individuals and families navigating mental healthcare systems. Public testimony remains an important tool for future public health, policy, and clinical decision-making.