

# Addressing Unique Needs

Individuals with mental health needs are not a homogenous group — each individual has a range of other identities based on their race, ethnicity, primary language, gender or gender identity, sexual orientation, disability, veteran’s status, or life circumstances. Unfortunately, most mental health services were developed and tested by non-Hispanic white middle-class men on white middle-class men. This legacy informs the training that mental health providers receive and impacts the care they are able to provide. Research demonstrates this empirically — evidence-based treatments are not as effective for some groups when applied without adaptation,<sup>1</sup> and for issues like linguistic differences, may not be effective at all. In some cases, miscommunications about needs or insensitivity to differences may even lead to worse outcomes than no treatment at all.<sup>2</sup> Access to mental health services and supports is meaningless unless they are effective for that individual.

## ACCESS TO EFFECTIVE SERVICES

As federal policy works to expand access to care for individuals with mental health conditions, it must consider their unique needs. Access to services, non-discrimination, and other requirements meant to ensure fair treatment of all need to take the perspectives of individuals with intersecting identities into account in order to make the policies meaningful.

### 🕒 ACTION ITEMS

- The federal government should ensure that incentives in federally funded mental health care access programs for underserved populations, including provider training programs, **consider the unique needs of each community and what qualifies as underserved.**
- The federal government **should direct specific guidance on, and fund audits of, access and non-discrimination requirements for Medicaid managed care and fee-for-service state plan design** as they relate to access to effective mental health care for different intersections. This includes ensuring coverage of the mental health services that best meet the needs of individuals and requiring corrective action to train providers in effectively addressing the mental health needs of people with different intersections.

- The federal government should **increase the incentives for individuals to join the mental health workforce** and for training programs to actively recruit and effectively train individuals with different intersections to meet underserved needs.

## SUPPORTING EQUITY-FOCUSED RESEARCH

Many mental health interventions have not been meaningfully evaluated for effectiveness on different subpopulations, and it is unclear whether they need to be adapted. In addition, many interventions pioneered by subpopulations for dealing with mental health in their communities have not received funding for evaluation, so they have not had the opportunity to demonstrate effectiveness and attain scale. Mental health research policy must help dive deeper and increase breadth to ensure it is inclusive and effective for everyone.

### 🕒 ACTION ITEMS

- The federal government **should institute a scoring preference in grants** for research that promotes the efficacy of interventions for subpopulations.
- The federal government should set aside research funding to **support evaluations of innovations pioneered by subpopulations** that have not had the chance to be evaluated.

1 Windsor LC, Jemal A, Alessi EJ. Cognitive behavioral therapy: A meta-analysis of race and substance use outcomes. *Cultural Diversity and Ethnic Minority Psychology*. 2015 Apr;21(2):300.

2 Shelton K, Delgado-Romero EA. Sexual orientation microaggressions: The experience of lesbian, gay, bisexual, and queer clients in psychotherapy. *Journal of Counseling Psychology*. 2011 Apr;58(2):210.