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Low-Income Communities and the Impact on Mental Health and Substance Use Disorder

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Abstract

This paper discusses the literature review and findings of low-income communities and the direct impact it has on mental health and substance use disorder. As stated in Social Psychiatry and Psychiatric Epidemiology, Bauer et al. (2021) research showed that "poverty and poor mental health are closely related"; this paper will review the direct impacts. While using literature review journals and other creditable sources, this paper will show specific mental health and substance use disorder concerns found within low-income communities, including depression, anxiety, suicide, and substance use disorder. This research will identify individuals within communities who are at greater risk due to patient care barriers, such as minorities, pregnant women, and adolescence. Current federal and state guidelines will be reviewed and the question "what more needs to be done by these agencies?" will be imposed.

Aside from federal and state agencies, healthcare professionals and community support will also be analyzed. What are current outreach programs within schools, jails, churches, and communities? Are these programs meeting the needs of low-income individuals? What additional resources can be provided to healthcare professionals and community support groups? Is this an opportunity for healthcare administrators to intervene and serve the needs of the community? Finally, we will analyze the responsibilities of individuals for preventing, identifying and seeking services from healthcare professionals and community support.

An interview with Tina Martin, Qualified Mental Health Professional (QMHP) and Executive Director for Massac County Mental Health and Family Counseling Center (Metropolis, IL) was also conducted; this will be identified as (T. Martin, personal communication, September 20, 2021). I will be using notes from the interview, to provide additional insight and provide her professional input about low-income communities.

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Low-Income Communities and the

Impact on Mental Health and Substance Use Disorder

Introduction

Despite educational and engagement efforts from community healthcare professionals, and government assistance, low-income/poverty communities are still in greater need of mental health and substance use disorder services. Healthcare professionals will benefit from additional state and federal funding and resources to support communities with patient access and treatment barriers. Current statistics will help to portray poverty, mental health, and substance use in the United States. The United States is known as a developed country with one of the world's largest economies. Every individual should have access to basic needs such as food, water, housing, education, employment, and medical care. While the United States does not compare to the poverty levels found in Equatorial Guinea, South Sudan, and Madagascar, individuals and communities still face poverty and low-income challenges.

Poverty in the United States

Poverty, also known as low-income, is defined as a state of being extremely poor. Those living in poverty lack the basic needs of life including food, water, clothes, and shelter. Poverty can be driven by multiple factors: change in income, lack of education, unemployment, an increase in population, natural disasters, wars, the economy, medical or health emergencies, and pandemics. While researching poverty and how it relates to mental health, there was an abundance of articles that supported the relationship between the two. Research shows, "low levels of household income are associated with several lifetime mental disorders and suicide

attempts, and a reduction in household income is associated with increased risk for incident mental disorders" (Sareen, Afifi, McMillan & Asmundson, 2011). Engler et al.(2020), also state that low-income families are often in need of mental health services.

It is also important to note that in March 2020, the World Health Organization (WHO) declared COVID-19 a pandemic. As a result, Americans suffered emotional and financial distress. The pandemic shook the economy, created job loss, and affected supply chains. Americans were forced to adapt to social distancing and mask mandates. Every individual was impacted by the pandemic, nonessential businesses closed and unemployment quickly swept in; leaving many wondering how they would pay for a roof over their heads and put food on the table. Parents juggled work life with their children adjusting to remote learning. Mental health was impacted by fears of self-isolation, contracting the virus, death, and the unknown of the pandemic. Scientists and medical professionals rushed to create an effective vaccine and reassured the public that the virus would not win. At the same time, the United States government was passing legislation to provide financial relief for businesses and individuals.

Rank and Hirschl (2021) found the following:

> COVID-19 is more dangerous and has a higher mortality rate among, low-income people, people of color, and people with underlying chronic conditions, such as hypertension, diabetes, and lung disease. These conditions disproportionately affect Black, Latino, and Indigenous communities, and people living in poverty.

Poverty Statistics in the United States

"The words poverty and welfare often conjure up images of people on the fringes of society–unwed mothers with a multitude of children, inner-city unemployed black men, high school dropouts on drugs, the mentally disturbed homeless" (Rank and Hirschl 2021). Research indicates that most individuals will encounter poverty at some point and that Americans will need public assistance at least once during adulthood (Rank and Hirschl 2021). Current statistics show the following about poverty in America:

Rank and Hirschl (2021) found the following:

- Between the ages of 20 and 75, nearly 60 percent of Americans will experience at least one year below the official poverty line, while three-quarters of Americans will encounter poverty or near poverty (150 percent below the official poverty line).
- Between the ages of 20 and 35, 31.4 percent will have experienced poverty; by age 55, 45.0 percent; and by age 75, 58.5 percent. Similarly, 76.0 percent of the population will have spent at least one year below 150 percent of the official poverty line by the time they reach age 75.
- In 2019, the United States led all nations in having the highest rates of child poverty at 20.9 percent, while the overall average stands at 11.7 percent.

“Within a given location, those with the lowest incomes are typically 1.5 to 3 times more likely than the rich to experience depression or anxiety” (Ridley, Rao, Schilbach, and Patel 2020).

US Census Bureau (2021):

- The official poverty rate in 2020 was 11.4 percent, up 1.0 percentage point from 10.5 percent in 2019. This is the first increase in poverty after five consecutive annual declines.
- In 2020, there were 37.2 million people in poverty, approximately 3.3 million more than in 2019.
- Between 2019 and 2020, the poverty rate increased for non-Hispanic Whites and Hispanics. Among non-Hispanic Whites, 8.2 percent were in poverty in 2020, while Hispanics had a poverty rate of 17.0 percent. Among the major racial groups examined in this report, Blacks had the highest poverty rate (19.5 percent), but did not experience a significant change from 2019. The poverty rate for Asians (8.1 percent) in 2020 was not statistically different from 2019.
- Poverty rates for people under the age of 18 increased from 14.4 percent in 2019 to 16.1 percent in 2020. Poverty rates also increased for people aged 18 to 64 from 9.4 percent in 2019 to 10.4 percent in 2020. The poverty rate for people aged 65 and older was 9.0 percent in 2020, not statistically different from 2019.
- Between 2019 and 2020, poverty rates increased for married-couple families and families with a female householder. The poverty rate for married-couple families increased from 4.0 percent in 2019 to 4.7 percent in 2020. For families with a female householder, the poverty rate increased from 22.2 percent to 23.4 percent. The poverty rate for families with a male householder was 11.4 percent in 2020, not statistically different from 2019.

The US Census Bureau (2015),

Panel of the Survey of Income and Program Participation (2008), states that for the calendar years 2009-2012, "Approximately 52.2 million (or 21.3 percent) people in the U.S. participated in major means-tested government assistance programs each month in 2012". Government assistance programs include Medicaid, Supplemental Nutrition Assistance Program (SNAP), Housing Assistance, Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), and General Assistance (GA).

Government Assistance Programs

As mentioned above, government assistance programs offer assistance to individuals in need.

Detailed descriptions of the programs were retrieved from Benefits.Gov (n.d.):

- Medicaid- provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.
- Supplemental Nutrition Assistance Program (SNAP) - a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. The program is administered by the USDA Food and Nutrition Service (FNS) through its nationwide network of FNS field offices. Local FNS field offices are responsible for the licensing and monitoring of retail food stores participating in SNAP.
- Housing Assistance- offers payment assistance for numerous programs. This includes apartment vouchers and housing repair loans to down payment assistance.

- Supplemental Security Income (SSI)- pays monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also get SSI.
- Temporary Assistance for Needy Families (TANF) – time-limited, assists families with children when the parents or other responsible relatives cannot provide for the family's basic needs.
- General Assistance (GA)- meant to provide a safety net of last resort for people who are very poor and do not qualify for other cash assistance, often fail to perform that basic task. There is no federally supported cash assistance program for poor adults without minor children other than those with disabilities serious enough to qualify for (SSI); (TANF) programs only serve families with minor children. Thus, state or local General Assistance programs are generally the only cash assistance for which poor childless adults can qualify. Yet only half the states provide any type of general assistance and funds often do not meet the need of all individuals.

Insurance Coverage

The U.S. Department of Health & Human Services (2022b) website states, "Everyone deserves access to affordable, quality health care coverage and services". The Affordable Care Act (ACA) was signed into law in March 2010. The ACA was a major healthcare reform, designed to reduce the cost of health insurance coverage for individuals, expanded Medicaid coverage, and changed the way that medical decisions were made (Silvers J.B., 2013).

Part of the ACA healthcare reform impacted the following (The U.S. Department of Health & Human Services (2022b):

- Pre-Existing Conditions- Health insurance companies cannot refuse coverage or charge you more just because you have a “pre-existing condition” — that is, a health problem you had before the date that new health coverage starts.
  Health insurers can no longer charge more or deny coverage to you or your child because of a pre-existing health condition like asthma, diabetes, or cancer, as well as pregnancy. They cannot limit benefits for that condition either. Once you have insurance, they can't refuse to cover treatment for your pre-existing condition.
- Maternal Health- The United States has the highest maternal mortality rate among high-income countries. Addressing the maternity care crisis is a top priority at HHS. We are committed to supporting safe pregnancies and childbirth, eliminating pregnancy-related health disparities, and improving health outcomes for parents and infants across our country.
- Young Adult Coverage- If your parent’s plan covers dependents, you usually can get added to or stay on your parent’s health plan until you turn 26 years old.
  You can join or remain on a parent's plan even if you are:
  - Married
  - A parent
  - Not living with your parents
  - Attending school
  - Not financially dependent on your parents
  - Eligible to enroll in your employer’s plan

- Insurance Cancellations- Insurance companies can no longer cancel your coverage just because you or your employer made a mistake on your insurance application. Previously, insurance companies could take away your coverage, declare your policy invalid, and ask you to pay back any money they had spent on your medical care.
- Lifetime Limits- Insurance companies can no longer set a dollar limit on what they spend on essential health benefits for your care during the entire time you're enrolled in that plan. Previously, health plans set a lifetime limit — a dollar limit on what they would spend for your covered benefits during the entire time you were enrolled in that plan. You were required to pay the cost of all care exceeding those limits.
- Annual Limits- Insurance companies can no longer set yearly dollar limits on what they spend for your coverage. Previously, health plans set an annual limit — a dollar limit on their yearly spending for your covered benefits. You were required to pay the cost of all care exceeding those limits.
- Preventative care- Most plans must over a set of preventive services – like shots and screenings – at no cost to you. For example, depending on your age, you may have access to no-cost preventive services such as:
    - Blood pressure, diabetes, and cholesterol tests
    - Many cancer screenings, including mammograms and colonoscopies
    - Counseling on such topics as quitting smoking, losing weight, eating healthfully, treating depression, and reducing alcohol use
    - Regular well-baby and well-child visits
    - Routine vaccinations against diseases such as measles, polio, or meningitis
    - Counseling, screening, and vaccines to ensure healthy pregnancies

- Flu shots and other vaccines

According to research by, Benfer, Mohapatra, Wiley, & Yearby, (2020):

> Access to health care in the United States is driven by the ability to pay and health insurance, whether it is public insurance, such as Medicare or Medicaid, or private insurance, which is often provided as a perk of employment. Insurance coverage differs greatly by race with Black, Latino, and Indigenous people often uninsured or underinsured. Ninety-one percent of disproportionately Black counties are in the South, where many states have not expanded Medicaid under the Affordable Care Act, leaving many low-income adults without health insurance.

Insurance Coverage Statistics

Even with implementing health care reform, research by Robin, Terlizzi, Cha, and Michael (2021), showed that 31.2 million uninsured individuals were under the age of 65.

Key results from the National Health Interview Survey, January–June 2019 as reported by Robin, Terlizzi, Cha, and Michael (2021) are as follows:

- From January through June 2019, 30.7 million persons of all ages (9.5%) were uninsured, 37.4% had public coverage, and 62.1% had private coverage at the time of interview.
- Among adults aged 18–64, 13.7% were uninsured at the time of interview, 20.4% had public coverage, and 67.7% had private health insurance coverage.
- Among children aged 0–17 years, 4.4% were uninsured, 41.6% had public coverage, and 55.8% had private health insurance coverage.

- Among persons under age 65, 11.2% were uninsured, 26.1% had public coverage, and 64.5% had private coverage at the time of interview.
- Among adults aged 18–64, men (15.4%) were more likely than women (12.1%) to be uninsured.
- Among adults aged 18–64, 4.6% (9.0 million) were covered by private health insurance plans obtained through the Health Insurance Marketplace or state-based exchanges.
- From January through June 2019, 27.2% of Hispanic, 13.6% of non-Hispanic black, 9.8% of non-Hispanic white, and 7.4% of non-Hispanic Asian adults aged 18–64 were uninsured at the time of interview. Hispanic adults were the most likely to lack health insurance coverage, while non-Hispanic white and non-Hispanic Asian adults were the least likely to be uninsured. Non-Hispanic black adults were more likely than non-Hispanic white and non-Hispanic Asian adults to be uninsured.
- Among adults aged 18–64, 34.2% of non-Hispanic black, 22.2% of Hispanic, 17.4% of non-Hispanic white, and 15.5% of non-Hispanic Asian adults had public coverage at the time of interview. Non-Hispanic black adults were the most likely to have public coverage followed by Hispanic adults, and non-Hispanic white and non-Hispanic Asian adults were the least likely to have public coverage.
- Non-Hispanic Asian (77.9%) and non-Hispanic white (74.8%) adults were more likely than non-Hispanic black (54.9%) and Hispanic (51.4%) adults to have private coverage at the time of interview.
- From January through June 2019, among adults aged 18–64, the percentage who were uninsured at the time of interview was highest among those who were poor (22.6%) and near poor (25.1%) compared with those who were not poor (8.5%)

- The percentage who had public coverage was highest among those who were poor (55.8%), followed by those who were near poor (36.2%) and those who were not poor (10.2%).
- The percentage who had private coverage was lowest among those who were poor (23.2%), followed by those who were near poor (41.1%) and those who were not poor (83.1%).
- From January through June 2019, among adults aged 18–64, those living in non-Medicaid expansion states (20.2%) were twice as likely as those living in Medicaid expansion states (10.0%) to be uninsured at the time of interview
- Among adults aged 18–64, those living in non-Medicaid expansion states (16.1%) were less likely than those living in expansion states (22.8%) to have public coverage at the time of interview.
- Among adults aged 18–64, those living in non-Medicaid expansion states (65.4%) were less likely than those living in Medicaid expansion states (69.1%) to have private coverage at the time of interview.

Barriers for Low-Income Individuals and Communities

There are several types of barriers that create challenges for underserved communities, these include availability barriers (limited local programs), logistical barriers (waitlists), attitudinal barriers (stigmatized beliefs about help-seeking), knowledge barriers (lacking awareness about local programs) (Torres Sanchez et al., 2021). Personal barriers include lack of employment & unemployment, lack of education, food insecurities, physical disabilities, lack of

insurance coverage, and unaffordable medical costs. Recognizing and educating others about these barriers is the first step to making future supportable solutions.

There are programs and assistance available as indicated by Holtyn, Toegel, Arellano, Subramaniam, & Silverman, (2021):

> The therapeutic workplace addresses some of the interrelated and chronic problems of poverty, such as unemployment, lack of education and job skills, and drug use. A prior controlled trial showed that the therapeutic workplace was effective in promoting drug abstinence and self-reported community employment in unemployed adults in medication-assisted treatment for opioid use disorder.

Why Focus on Mental Health and Substance Use Disorders?

The focus on mental health and substance use disorders is important for an individual's quality of life. Mental health has an impact on everyone; substance use disorders impact more people than we are often aware of. Poor mental health and substance use disorders result in lower productivity at home and work. Individuals can lose possessions and relationships. Poor mental health and substance use disorders can also lead to the loss of life. Murders and suicides in the community have driven authorities and community members to question the motive behind the action. Mental health and substance use disorders are treatable and health professionals are qualified to aid in recovery.

Arango et al., (2018) states the following:

> Subjects with mental disorders or disabilities and those who have already been exposed to risk factors may be less capable of defending themselves and seem to be more often targeted by bullies and abusers. Therefore, once vulnerable, it is more likely that further risk factors may lead to a vicious cycle.
>
> It is usually the cumulative effect of risk and lack of protective factors during development that leads to a transition from health to mental illness.

Research from Newlove-Delgado et al. (2021) found:

Children with a parent in psychological distress were more likely to have a probable mental health problem. This is particularly concerning because parents, compared with working age adults without young children, have experienced larger than average increases in mental distress during the pandemic, which suggests that support for parents at this time matters for child mental health.

Mental Health

The U.S. Department of Health & Human Services (2022a) states, "Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act". Mental health determines how we handle demanding situations, how we relate to individuals, and in decision making. Mental health impacts all stages of life, from childhood to adulthood.

Mental health disorders, as defined by the National Institutes of Health & U.S. Department of Health and Human Services, (n.d.) can include:

- Depression- Depression (major depressive disorder or clinical depression) is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working. To be diagnosed with depression, the symptoms must be present for at least two weeks.
- Anxiety- Occasional anxiety is a normal part of life. Many people worry about things such as health, money, or family problems. But anxiety disorders involve more than temporary worry or fear. For people with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, schoolwork, and relationships.
- Suicide- When people harm themselves with the goal of ending their life, and they die as a result. A suicide attempt is when people harm themselves with the goal of ending their life, but they do not die.
- Bipolar Disorder- Bipolar disorder (formerly called manic-depressive illness or manic depression) is a mental disorder that causes unusual shifts in mood, energy, activity levels, concentration, and the ability to carry out day-to-day tasks.
- Disruptive Mood Dysregulation Disorder- a childhood condition of extreme irritability, anger, and frequent, intense temper outbursts. DMDD symptoms go beyond a being a “moody” child—children with DMDD experience severe impairment that requires clinical attention.
- Schizophrenia- Schizophrenia is a serious mental illness that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality, which can be distressing for them and for their family and friends. The symptoms of schizophrenia can make it difficult to participate in usual, everyday activities, but

effective treatments are available. Many people who receive treatment can engage in school or work, achieve independence, and enjoy personal relationships.

- Post-Traumatic Stress Disorder (PTSD)- Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This "fight-or-flight" response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened, even when they are not in danger.
- Panic Disorder- Panic Disorder is an anxiety disorder characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress. These episodes occur "out of the blue," not in conjunction with a known fear or stressor.
- Substance Use and Co-Occurring Mental Disorders- A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs.

There are treatment options available for mental health illnesses and disorders.

Mental Health Statistics

Terlizzi and Zablotsky (2020), with the National Center of Health Statistics, Division of Health Interview Statistics, show that "In 2019, 19.2% of adults had received any mental health treatment in the past 12 months, including 15.8% who had taken prescription medication for their mental health and 9.5% who received counseling or therapy from a mental health professional”.

The U.S. Department of Health & Human Services (2022a) study found:

> In 2020, about one in five American adults experienced a mental health issue; one in 6 young people experienced a major depressive episode, and one in 20 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

Mental Health Hotline (2021) states:

> Illinois has a population of nearly 13 million people. Twenty percent of them suffer from some form of mental illness, and more than 3% suffer from a serious form. What's worse? Less than 45% of residents with mental illness receive any treatment. Plus, about one-third of Illinoisans are at or below the poverty level.

The next groups of statistics are reported by Substance Abuse and Mental Health Services Administration (SAMHSA) (2021). SAMHSA’s mission is to reduce the impact of substance use disorders and mental illness on America’s communities. SAMHSA is an agency within the U.S. Department of Health and Humana Services.

SAMHSA (2021) has reported the following about mental health:

- In 2020, 17.0% of adolescents aged 12 to 17 (or 4.1 million people) had a major depressive episode (MDE) in the past year, and 2.7% (or 644,000 people) had a co-occurring MDE and an SUD in the past year.
- In 2020, 21.0% of adults aged 18 or older (or 52.9 million people) had any mental illness (AMI), and 5.6% (or 14.2 million people) had serious mental illness (SMI) in the past year.
- Among adolescents aged 12 to 17, 12.0% (or 3.0 million people) had serious thoughts of suicide, 5.3% (or 1.3 million people) made a suicide plan, and 2.5% (or 629,000 people) attempted suicide in the past year.
- In 2020, 17.3% of adolescents aged 12 to 17 (or 4.2 million people) received mental health services in a specialty setting in the past year.

Illinois statics as reported by USC Schaeffer (2019):

- Illinois has a high rate of hospitalizations of patients with serious mental illness, which imposes a large cost on the health care system due to the relatively long length of stay, despite the general absence of procedures.
- Illinois's state mental health agency spending per capita on community-based treatment programs is low in relationship to the U.S. average.
- Whereas Illinois has a high number of hospital beds available to provide inpatient care to patients with serious mental illness, there is a shortage of behavioral health care professionals, particularly in the criminal justice system.

- People living with mental illness are more likely to encounter the criminal justice system, resulting in a large number of arrests and incarcerations. The overall annual cost of incarcerating people with serious mental illness in state prisons in Illinois exceeds $250 million.

With the given data, is there a relationship between poverty and poor mental health? Bauer et al. (2021), stated that "poverty and poor mental health are closely related".

Mental Health Professional Treatment & Services (Illinois)

Data from the Illinois Department of Human Services website https://www.dhs.state.il.us/page.aspx?item=32490 identifies a list of mental health services that Illinois mental health professionals can provide.

Illinois Department of Human Services. (n.d.):

- Assertive Community Treatment (ACT) is a very specialized model of treatment/service delivery in which a multi-disciplinary TEAM assumes ultimate accountability for a small, defined caseload of seriously mentally ill (SMI) adults and becomes the single point of responsibility for that caseload. While encompassing a full range of case management (CM) activities, ACT is NOT just an intensive form of assertive case management; rather it is a unique treatment model in which the majority of mental health services are directly provided internally by the ACT program in the client's regular environment.
- Case Management: Mental Health, Transition Linkage And Aftercare are services that provide coordination, support and advocacy for consumers who have multiple needs such

as mental health, vocational, educational, child welfare and other community services, and require assistance in obtaining them. Assistance in making an effective transition to a living arrangement consistent with the consumer's welfare and development.

- Therapy/Counseling services involve treatment by a licensed clinician. He/she may help you to make changes in your feelings, thoughts or actions. You may meet with the therapist face-to-face as an individual or with your family, depending on your needs.
- Community support is provided more in the community than at the mental health center. It can help you put skills you have learned into practice, so that you can live, work, learn and participate fully in your own community.
- Crisis Interventions are activities or services for a person experiencing a psychiatric crisis designed to reduce symptoms, assist in stabilization, and aid in restoring a level of functioning.
- Inpatient Services- The Division of Mental Health works in partnership with many private hospitals to meet the needs of children, adolescents, and adults in need of inpatient treatment. The Division also operates nine psychiatric hospitals for adults. The hospitals providing mental health inpatient treatment for adults are located throughout the state and work closely with the community mental health agencies and community hospital psychiatric units in their region. The exception is Chester Mental Health Center, which provides a maximum-security treatment setting for individuals sent by the criminal courts or who are in need of more intensive behavior modification services. Before a person is admitted to one of the hospitals, a thorough screening is done to see if there is a good alternative to hospitalization. If hospitalization is needed, a team of professionals works with the person and others the individual may want to include to develop a

treatment plan. The goal is to help that person get through the crisis and move forward using community based, recovery oriented services and supports. The hospital coordinates closely with community agencies closest to the person's home to help ensure continued treatment and support after discharge from the hospital.

- Outpatient services include core mental health services such as counseling, individual and group therapy, medication, and medication monitoring. They also include support in getting and holding a job, finding a place to live, staying in school, improving social relationships, and gaining access to benefit programs. Clients receiving outpatient services may also receive psychiatric evaluation and treatment, including prescription medications.
- Intensive Family-Base Services- Mental health professionals working with a consumer or the consumer's family to reduce the possibility of restrictive treatment such as psychiatric hospitalization or to avert a family crisis.
- Job Finding, Retention and Termination Supports- Community Mental Health Center (CMHC) staff providing a consumer with help in job development, coaching, and placement, with a focus on the consumer doing the work in the competitive job market as opposed to subsidized workplaces.
- Living Room Program (LRP) is for individuals in need of a crisis respite program with services and supports designed to proactively divert crises and break the cycle of psychiatric hospitalization. The LRP provides a safe, inviting, home-like atmosphere where individuals can calmly process the crisis event, as well as learn and apply wellness strategies which may prevent future crisis events. The LRP is staffed by Recovery Support Specialists. Individuals seeking services at LRP's are screened for safety by

Qualified Mental Health Professionals upon entry and exit. Individuals experiencing psychiatric crises may self-refer, or may be referred by police, fire, emergency departments or other organizations with which an individual experiencing such a crisis may come into contact.

- Psychological Evaluation is completed by an appropriate mental health professional using nationally standardized psychological assessment instruments.
- Psychosocial Rehabilitation and Support (PSR) is a range of social, educational, vocational, behavioral, and cognitive interventions for increasing the consumer's performance and potential.
- Psychotropic Medication Administration, Monitoring and Training- Helps a consumer prepare for use of psychotropic medicines, administration of those medicines, appropriate observation and follow-up, as well as training for the consumer, family, or guardian in administration of medication.

Substance Use Disorder

Substance use becomes a diagnosed when the "substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home" (SAMHSA). "Poverty is common among people who have substance use disorder" (Holtyn, Toegel, Arellano, Subramaniam, & Silverman, 2021).

Illinois Department of Children and Family Services (n.d.) says the following:

> Alcohol and other drug addictions are chronic, but treatable, brain disorders that affect nearly one million Illinoisans. People who are addicted cannot control their need for alcohol or other drugs, even in the face of negative health, social or legal consequences.

When parents use substances, they will resort to using funds on drugs/alcohol rather than diapers, food, housing, utility bills, and other necessities (Illinois Department of Children and Family Services (n.d.). The most common abused substances include alcohol, marijuana, pain killers, tobacco, hallucinogens, cocaine, methamphetamine, heroin, and opioids/narcotics (Bustamante, 2022). In a previous interview with T. Martin (T. Martin, personal communication, September 20, 2021), most individuals seeking substance use disorder treatment are usually court-ordered (The Illinois Department of Children and Family Services, Probation/Parole, or DUI related).

Tom Coderre is the Acting Deputy Assistant Secretary for Mental Health and Substance Use at SAMHSA. In July 2021, he testified before the United States Senate Caucus on International Narcotics Control. The hearing is titled: “The Federal Response to the Drug Overdose Epidemic”. “The drug overdose epidemic and drug threats that have emerged or changed as a result of COVID-19 have been at the forefront of our work over the past year” (Coderre, T. 2021).

With the given United States poverty data, is there a relationship between poverty and substance use disorder? Research from Khullar, D., & Chokshi, D. A. (2018) states, "Low-income Americans also have higher rates of behavioral risk factors—smoking, obesity, substance use, and low levels of physical activity—which are powerfully influenced by the more challenging home and community environments in which they live".

There are treatment options available for substance use disorders.

Substance Use Disorder Statistics

SAMHSA (2021) has reported the following about substance use:

- In 2020, 21.4% of people aged 12 or older (or 59.3 million people) used illicit drugs in the past year, including 17.9% (or 49.6 million people) who used marijuana.
- In 2020, 40.3 million people aged 12 or older (or 14.5%) had an SUD in the past year, including 28.3 million with alcohol use disorder, 18.4 million with an illicit drug use disorder, and 6.5 million with both alcohol use disorder and an illicit drug use disorder.
- In 2020, 14.9% of people aged 12 or older (or 41.1 million people) were classified as needing substance use treatment in the past year. These findings were consistent with the SUD data.
- Among people aged 12 or older in 2020 who needed substance use treatment but did not receive treatment at a specialty facility in the past year, 97.5% did not feel that they needed treatment.

Coderre, T. (2021) has reported the following about substance use:

- Of the 16,167 drug overdose deaths involving psychostimulants in the United States in 2019, 53.5 percent also involved an opioid
- From 2018 to 2019, the largest relative increase in the death rate involving synthetic opioids occurred in the West (67.9 percent).While the largest relative increase in the death rate involving psychostimulants occurred in the Northeast (43.8 percent).

- Within the past two years, the East had the highest increases in deaths involving synthetic opioids, and the Midwest had the highest increases in deaths involving psychostimulants.
- Most striking is that no state experienced a significant decrease in the age-adjusted synthetic opioid overdose death rate from 2018-2019.
- From 2013 to 2019, the age-adjusted rate of deaths involving synthetic opioids other than methadone increased by 1,040 percent, and the age-adjusted rate of deaths involving psychostimulants increased 317 percent.

Substance Use Professional Treatment & Services (Illinois)

Data from the Illinois Department of Healthcare and Family Services website https://www.ilga.gov/commission/jcar/admincode/077/07702060sections.html identifies a list of substance abuse services that Illinois professionals provide.

Illinois Department of Human Services. (n.d.):

- DUI Evaluations- The purpose of a DUI evaluation is to conduct an initial screening to obtain significant and relevant information from a DUI offender about the nature and extent of the use of alcohol or other drugs in order to:
    - Identify the offender's risk to public safety for the circuit court of venue or the Office of the Secretary of State; and
    - Recommend an initial intervention to the DUI offender and to the circuit court of venue or the Office of the Secretary of State.

- DUI Risk Education- The purpose of DUI risk education is to provide orientation to offenders regarding the impact of alcohol and other drug use on individual behavior and driving skills and to allow offenders to further explore the personal ramifications of their own substance use and abuse.
- Drug Screens- In office readings and send off test kits are used at the discretion of the clinician
- Level I Outpatient- Non-residential substance abuse treatment consisting of face-to-face clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall be a planned regimen of regularly scheduled sessions that average less than nine hours per week.
- Level 0.5: Early Intervention- An organized service, delivered in a wide variety of settings, for individuals (adult or adolescent) who, for a known reason, are at risk of developing substance-related problems. Early intervention services are considered sub-clinical or pre-treatment and are designed to explore and address problems or risk factors that appear to be related to substance use and to assist the individual in recognizing the harmful consequences of inappropriate substance use. The length of such service varies according to the individual's ability to comprehend the information provided and to use that information to make behavior changes to avoid problems related to substance use or the appearance of new problems that require treatment at another level of care. Early intervention services are for individuals whose problems and risk factors appear to be related to substance use but do not appear to meet any diagnostic criteria for substance related disorders. Examples of individuals who might receive early intervention are at-

risk individuals (i.e., family members of an individual who is in treatment or in need of treatment) or DUI offenders classified at a moderate risk level.

- Group Treatment- consist of didactic and counseling groups as follows:
  - Didactic groups are, but are not limited to, a therapeutic activity the primary purpose of which is to educate patients and their significant others on a specific treatment related topic in a group setting. All didactic groups shall be led or supervised by professional staff or by other professionals with credentials specific to the subject matter of the didactic group following a lesson plan or outline approved by the organization. Justification for all patients who attend any didactic group needs to be documented. Didactic groups should not exceed an average of 24 people.
  - Counseling groups are, but are not limited to, a therapeutic activity the primary purpose of which is to allow patients or their significant others an opportunity to process issues related to their treatment in a group setting. Counseling groups can have a specific focus (i.e., women, relapse, cocaine, etc.) but are generally less educational and more process oriented than didactic groups. All counseling groups shall be facilitated by professional staff. Justification for all patients who attend any counseling group needs to be documented as an assessed need. Counseling groups at no time shall exceed 16 patients per group.
- Level II: Intensive Outpatient/Partial Hospitalization- Non-residential substance abuse treatment consisting of face-to-face clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall be a planned regimen of scheduled sessions for a minimum of nine hours per week.

- Level III: Inpatient Subacute/Residential- Residential substance abuse treatment consisting of clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall, except in residential extended care as defined in this Part, include a planned regimen of clinical services for a minimum of 25 hours per week.
- Level IV: Medically Managed Intensive Inpatient- Inpatient subacute residential substance abuse treatment for patients whose acute bio/medical/emotional/behavioral problems are severe enough to require primary medical and nursing care services. Such services are for adults or adolescents and require 24 hours medically directed evaluation, care and treatment and that a physician see the patient daily.
- Recovery Homes- Recovery Homes are alcohol and drug free housing components whose rules, peer-led groups, staff activities and/or other structured operations are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services at another licensed facility.

Mental Health & Substance Use for at Risk Individuals

Mental health impacts every individual; however, this section will focus on children, pregnant women, and adolescents. How are these individuals impacted by poverty, which can lead to untreated mental health disorders? Bauer et al. (2021) concludes, "Young people living in poverty face multiple forms of cumulative disadvantages—such as violence, crime, lack of educational or employment opportunities—which can significantly limit their future life chances

and put them at higher risk of mental disorders". Parental mental and physical health can also influence child development and outcomes (Mohan, 2021).

State agencies acknowledge direct impacts of adolescents and substance use.

Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (n.d.):

> Adolescent substance abuse is directly associated with declining grades, absenteeism from school, and school dropout rates. Research also tells us that youth who use marijuana are more likely to carry a handgun and become involved with street gangs. IDHS/DASA continues to expand its system of youth treatment programs. Youth programs are now developed in non-traditional treatment settings more conducive to youth involvement. These services integrate early intervention and treatment, are more family focused, and are promoted in school and community settings.

Cardoso, Scolese, Hamidaddin, and Gupta (2021), raise awareness of depression among young women that cannot afford sanitary products. Pregnancy can also be a stressful time for women, creating a nursery, gathering baby items (such as diapers, wipes, bottles, and clothes), keeping up with doctor appointments, planning future childcare, not to mention the mental aspect of gaining weight, feeling tired and feeling unwell at times. Taking this stress and adding the stress of low income can impact the mental health of the soon-to-be mother. “Emotional or psychological stress during pregnancy affects the neurodevelopment potential of the unborn child. This negative effect further reduces the probability of equal capabilities and opportunities as adults” (Parra-Saavedra & Miranda, 2021).

Lafferty et al. (2022) completed a study that concluded:

> Statistics show depression and anxiety in pregnant women that live in high-poverty areas. Among women living in areas of high poverty, social needs, such as inability to pay bills and lack of transportation, correlated with higher depression and anxiety screening indicators.

State agencies place higher priority for pregnant women or woman with children and substance use.

Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (n.d.):

- IDHS/DASA funds special programs for pregnant women or women with children. These programs help to stop substance use before any permanent damage is done to the fetus, the mothers lose their rights to keep their children, or the children are harmed. Many of these programs provide for child visitation and interaction as well as parenting skills development while the mother is in treatment. The interaction helps to develop a bond between mother and child in a controlled setting while teaching some parenting skills.
- IDHS/DASA provides funding for alcohol and other drug abuse treatment services for individuals with active DCFS involvement. Persons receiving these services are screened and referred by DCFS offices and local service providers. Treatment providers work collaboratively with DCFS workers to bring individuals into the treatment process and when needed, provide transportation for individuals and/or

their children to child care so they may attend treatment. The overall goals of the DASA/DCFS Initiative include:

- Improved health and safety of the child(ren) and mother
- Improved parenting skills
- Improved family functioning
- Reduced substance abuse
- Improved life management skills of the mother

Healthcare Professionals- Community Education

For the purpose of this paper, community education will be defined educating groups or organizations within the community of available resources and raise awareness of mental health and substance use disorder services. A crucial step in addressing patient barriers and providing education to communities about treatment services is to collect information from a healthcare perspective. What community education services are currently provided by healthcare providers and are resources still needed?

Utilizing the previous conversation with (T. Martin, personal communication, September 20, 2021), these are examples of how a facility actively educates and engages their community.

Current community education services provided include:

- Attend monthly Illinois Association of Behavioral Health (IABH) meetings (IABH brings together groups of professionals from across the state to discuss all concerns, topics, and suggestions for Behavioral Health. This group also proposes recommendations for legislation)

- Attend monthly meetings with the Southern Seven region. (This is where professionals, schools, colleges, hospitals, and health care providers share training, programs, and flyers to keep the community informed)
- Attend quarterly meetings with Probation/Parole, DCFS, Police, and the States Attorney's office. (This meeting is used to organize community events, discuss child abuse cases within the counties and addresses individuals are of concern.)
- Clinicians participate in school activities to raise awareness (Examples: lead drug program, career fairs)
- Offer community groups open to individuals not in treatment. (Example: grief groups, lead AA groups, provide outreach to jails)
- Hold community lunches at parks, listen to individual needs

Current community needs:

- Facilities would benefit from local, substance use, evening group that met somewhere within the community on a regular basis.
- Referrals clients from DCFS often need parenting classes. Individuals would benefit from a local, parenting classes.

Healthcare Professionals- Community Interventions

For the purpose of this paper, community intervention will be defined as services provided to community members, outside of a treatment setting. Another step in addressing patient barriers and providing assistance to communities is to collect information from a

healthcare perspective. What community intervention services are currently provided by healthcare providers and are resources still needed?

Utilizing the previous conversation with (T. Martin, personal communication, September 20, 2021), these are examples of how a facility actively provides community interventions within their community.

Current community intervention services provided include:

- Off-site low-income housing program (Assist community members with transportation and provide needed resources)
- Coordination with local psychiatrist
- Assist individuals in crisis intervention (On-site, jail, hospital, schools and nursing home facilities)
- Early intervention treatment (designed for individuals who are considered high-risk)

Current community needs:

- Local inpatient treatment facility
- Male homeless shelter
- Facility that will meet the immediate need for domestic violence victims

Federal & State Assistance

Alegría et al., (2021) has complied a listing of organization and their acronyms that assist healthcare professionals that provide mental health and substance use disorder treatment and recovery services they include: DEA, SAMHSA, CSAT, HRSA, HHR, ASPR, CMC, SBHA.

After further research, I was able to add additional organization and if needed, specify how these contribute to mental health and substance use treatment (Benefits.Gov, n.d.):

- DEA is Drug Enforcement Administration
- SAMHSA is Substance Abuse and Mental Health Services Administration
- CSAT is Center for Substance Abuse Treatment National Advisory Council shall advise, consult with, and make recommendations to the Secretary, the SAMHSA Administrator and the CSAT Director concerning matters relating to the activities carried out by and through the Center, and the policies respecting such activities.
- HRSA is Health Resources and Services Administration provides health care to people who are geographically isolated, economically or medically vulnerable. This includes people living with HIV/AIDS, pregnant women, mothers and their families, and those otherwise unable to access high quality health care.
- HHS is U.S. Department of Health and Human Services. Agencies include SAMHSA, NIH, Indian Health Service, HRSA, FDA, CMS, CDC, AHRQ, ACL, ACF, U.S. Public Health Service.
- ASPR is Office of the Assistant Secretary for Preparedness and Response (HHS)
- CMS is Centers for Medicare and Medicaid Services
- SBHA is Substance Abuse and Mental Health Authorities. They form and implement public policy
- DCFS is the Department of Children and Family Services, most often known as child protective services.

Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (n.d.):

- IDHS/DASA- The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA) is the state's lead agency for addressing the profound personal, social and economic consequences of alcohol and other drug abuse. IDHS/DASA oversees a network of community based alcohol and other drug treatment programs. Treatment services are delivered through a network of agencies in communities throughout Illinois. The treatment system provides assessment, diagnosis, treatment, continuing care and recovery services to individuals with substance use disorders.

SAMHSA (2021) has grants available for mental health and substance use disorder providers, below are some examples:

- Project AWARE (Advancing Wellness and Resiliency in Education) - The purpose of Project AWARE is to develop a sustainable infrastructure for school-based mental health programs and services. It is expected that the recipient will build a collaborative partnership that includes the State Education Agency (SEA), the Local Education Agency (LEA), the State Mental Health Agency (SMHA), community-based providers of behavioral health care services, school personnel, community organizations, families, and school-aged youth. Based on a public health model, this partnership will implement mental health related promotion, awareness, prevention, intervention and resilience activities to ensure that students have access and are connected to appropriate and effective behavioral health services. SAMHSA expects that this program will promote the

healthy social and emotional development of school-aged youth and prevent youth violence in school settings.

- Certified Community Behavioral Health Clinic (CCBHC) – Planning, Development, and Implementation Grants- The purpose of this program is to help to transform community behavioral health systems and provide comprehensive, coordinated behavioral health care by establishing new CCBHC programs. CCBHCs provide person- and family-centered integrated services. The intent of the CCBHC-PDI grant program is to (a) assist organizations in the planning for and development and implementation of a CCBHC that meets the CCBHC Certification Criteria (PDF | 755 KB), (b) provide a comprehensive range of outreach, screening, assessment, treatment, care coordination, and recovery supports based on a needs assessment that aligns with the CCBHC Certification Criteria, and (c) support recovery from mental illness and/or substance use disorders (SUD) by providing access to high-quality mental health and SUD services, regardless of an individual's ability to pay. This includes any individual with a mental or substance use disorder who seeks care, including those with serious mental illness (SMI), substance use disorder (SUD) including opioid use; children and adolescents with serious emotional disturbance (SED); individuals with co-occurring mental and substance disorders (COD); and individuals experiencing a mental health or substance use-related crisis. SAMHSA expects that applicants will include a focus on groups facing health disparities, as identified in the community needs assessment in the population of focus.
- Cooperative Agreements for the Garrett Lee Smith State/Tribal Youth Suicide Prevention and Early Intervention Program- The purpose of this program is to support states and tribes with implementing youth suicide prevention and early intervention strategies in

schools, institutions of higher education, educational institutions, juvenile justice systems, substance use and mental health programs, foster care systems, and other child and youth-serving organizations. It is expected that this program will: (1) increase the number of youth-serving organizations who are able to identify and work with youth at risk of suicide; (2) increase the capacity of clinical service providers to assess, manage, and treat youth at risk of suicide; and (3) improve the continuity of care and follow-up of youth identified to be at risk for suicide, including those who have been discharged from emergency department and inpatient psychiatric units.

- Minority AIDS Initiative: Substance Use Disorder Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS- The purpose of this program is to increase engagement in care for racial and ethnic underrepresented individuals with substance use disorders (SUD) and/or co-occurring substance use and mental disorders (COD) who are at risk for or living with HIV/AIDS and receive HIV/AIDS services/treatment.
- Infant and Early Childhood Mental Health Program- The purpose of this program is to improve outcomes for children from birth up to 12 years of age by developing, maintaining, or enhancing infant and early childhood mental health promotion, intervention, and treatment services. These services are expected to include:
    - Programs for children at significant risk of developing, showing early signs of, or having been diagnosed with a mental illness, including serious emotional disturbance (SED) and/or symptoms that may be indicative of developing SED in children, including children with a history of in-utero exposure to substances such as opioids, stimulants, or other drugs that may impact development; and

- Multigenerational therapy and other services that strengthen positive caregiving relationships.

Alegría et al., (2021), has provided recommends how revised federal and state policy would benefit low-income individuals and communities.

Alegría et al., (2021):

- Goal I- Improve access to behavioral health services by reaching out to meet people "where they are"
    - Policy/Program- Mainstreaming Addiction Treatment Act (H.R. 2482)
        - Responsible actor(s)- DEA
        - Action(s)- End requirement of DEA waiver for physicians to prescribe buprenorphine for addiction treatment
    - Policy/Program- Goal II- Decriminalize people suffering from behavioral health conditions and reconfigure the crisis response system (H.R. 3925)
        - Responsible actor(s)- Medicaid
        - Action(s)- Prohibit states from putting restrictive utilization control policies on their federal Medicaid funding for medication of substance use disorders
    - Policy/Program- Modification of Section 1135 of the Social Security Act
        - Responsible actor(s)- Medicaid

        - Action(s)- Make permanent the COVID-19-initated changes allowing expanded telehealth services by a broader range of providers to meet treatment needs
    - Policy/Program- Numerous modifications to 42 CFR 8.12
        - Responsible actor(s)- DEA
        - Action(s)- Make permanent the COVID-19-initated changes for dispensing, administration, and take-home use of narcotic drugs used to treat opioid use disorder
    - Policy/Program- DATA 2000/Children's Health Act
        - Responsible actor(s)- DEA, SAMHSA, CSAT
        - Action(s)- Remove requirement for "X-Waiver" to prescribe buprenorphine and replace it with funding to support provider education in foundational training (schools of nursing, pharmacy, and medicine) and support from CSAT for continuing education programs
    - Policy/Program- HIPPA
        - Responsible actor(s)- HRSA, HHS
        - Action(s)- Make permanent the COVID-19-initiated changes to telehealth that expand types of telehealth allowed, types of eligible providers, and patient location
- Goal II- Decriminalize people suffering from behavioral health conditions and reconfigure the crisis response system
        - Policy/Program- Crisis Care Improvement and Suicide Prevention Act of 2022

- Responsible actor(s)- SAMHSA
- Action(s)- Use block grants to establish crisis response systems in every state

- Policy/Program- Medicaid Reentry Act (H.R. 1329)
    - Responsible actor(s)- Medicaid
    - Action(s)- Allow Medicaid to pay for coverage during a person's last 30 days of incarceration before release; embed reentry system into crisis response system

- Goal III- Recognize social context and address social needs
    - Policy/Program- Earned Income Tax Credit
        - Responsible actor(s)- States
        - Action(s)- Enact a local version of the Earned Income Tax Credit; raise the current credit percentage and extend it to younger or childless workers
    - Policy/Program- Coordinate funding streams through SBHA's Community Mental Health Services Block Grants
        - Responsible actor(s)- HRSA
        - Action(s)- Expand public health infrastructure to deliver behavioral health care in all federally qualified health centers
    - Policy/Program- Incentivize coverage for Individual Placement and Support programs
        - Responsible actor(s)- Medicaid

        - Action(s)- Share costs of employment assistance programs for people with severe mental illness
    - Policy/Program- Health Equity and Accountability Act of 2020 (H.R. 6637)
        - Responsible actor(s)- HRSA
        - Action(s)- Establish programs relating to behavioral health for minority populations, with a focus on access to social determinants, mental health disparities research, rural health and Indian Health Service, mental health research in schools and at the boarder

Benefits of Additional Funding and Resources

Raising awareness for low-income families and their immediate need for mental health and/or substance use disorder treatment can come from state and federal levels. Mental health and substance use facilities are only able to assist communities with the resources they have available. Additional funding means health care professionals could provide additional services, and/or refer individuals to assistance centers within their community.

Facts show treatment for substance use disorders are promising. (The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse, n.d.):

- Treatment reduces drug use by 40 to 60 percent, which is comparable to success rates of treatments for other chronic diseases, such as asthma and hypertension.
- Individuals reporting use of alcohol decreased from 59 percent at admission to 30 percent six months post treatment; marijuana from 30 percent to 6 percent; cocaine from 37 percent to 6 percent; and heroin from 24 percent to 6 percent.

- The percent of individuals receiving wages for work increased significantly: 44 percent received wages at admission versus 57 percent who received wages six months after treatment.
- The number of individuals reporting income received from illegal activities decreased from 16 percent at treatment admission to only 2 percent six months after treatment, an 88 percent decrease.
- Alcohol and other drug treatment is cost effective. Each $1 invested in treatment equals $4 to $7 in savings on crime and criminal justice costs alone.

SAMHSA (2021) has reported the following Mental Health:

> Treatment for mental illness is effective. Mental health services also are covered by most health plans—by law. And like physical health conditions, it's clear the earlier you get treatment for mental illness, the better—and the better you or your loved one will feel and do.

Responsibilities of Individuals

CDC.gov has links to resources for individuals should they need to speak with someone. CDC.gov also recommends the following to cope with strong emotions:

- Take care of your body.
    - Take deep breaths, stretch, or meditate
    - Eat healthy, well-balanced meals
    - Be physically active
    - Get plenty of sleep

    - Choose not to drink alcohol, or drink in moderation
    - Avoid misusing prescription opioids and avoid using illicit opioids
    - Avoid smoking and the use of tobacco products, including e-cigarettes
    - Continue with routing preventive measures including vaccinations, cancer screenings and other tests recommended by a healthcare provider
- Make time to unwind. Try to do activities you enjoy
- Connect with others. Talk with people you trust about your concerns and how you are feeling
- Connect with your community- or faith-based organizations
- Take breaks from watching, reading, or listening to news stories, including social media.
- Go to scheduled
- Recognize the symptoms of stress you may be experiencing
    - Feeling irritation, anger, or denial
    - Feeling uncertain, nervous, or anxious
    - Feeling helpless or powerless
    - Lacking motivation
    - Feeling tired, overwhelmed, or burned out
    - Feeling sad or depressed
    - Having trouble sleeping
    - Having trouble concentrating
- Know where to go if you need help

- If you’re concerned that you or someone in your household may harm themselves or someone else:
  - National Suicide Prevention (24/7) 1-800-273-TALK (8255) for English, 1-888-628-9454 for Spanish,
  - National Domestic Violence Call 1-800-799-7233 and TTY 1-800-787-3224
- If you feel overwhelmed with emotions like sadness, depression, or anxiety:
  - Disaster Distress Call or text 1-800-985-5990 (press 2 for Spanish)
- If you need to find treatment or mental health providers in your area:
  - Substance Abuse and Mental Health Services Administration (SAMHSA)
  - SAMHSA Helpline: 1-800-662-HELP (4357) and (TTY) 1-800-487-4889
  - SAMHSA Outreach Materials for crisis counseling, training programs, and disaster behavioral health programs

Conclusion

Final thoughts, despite educational and engagement efforts from community healthcare professionals, low-income/poverty communities are in greater need of mental health and substance use disorder services; the COVID-19 pandemic has only added to the need. Even though poverty and mental health are correlated, healthcare professionals do not have enough resources and funding to support, educate and engage low-income communities and their mental health needs. Patient access and barriers have made it impossible for one group of professionals

to meet every need of low-income individuals; the most beneficial way to address patient mental health and specific individual needs is to have community involvement. Numerous articles indeed state that low income/poverty has a direct impact on individuals' mental health. Healthcare professionals will benefit from additional state and federal funding and resources to support communities with patient access and treatment barriers.

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