

Assessment 2: Needs Analysis for Change

Student Name

Capella University

NHS-FPX6008: Economics and Decision Making in Health Care

Professor Cynthia Cerisier

Jan 2023

OnlineClassAssignment.com

Needs Analysis for Change

In our initial analysis, we selected mental health insurance as the area of financial issue for healthcare, particularly for Latino people in the United States. This evaluation will consider how this insurance issue will affect my productivity, the job of my colleagues, the efficiency of the healthcare organization, and its influence on the neighborhood. In addition to demonstrating how this financial issue affects the disproportion in diversification between socioeconomic groups, the essay will also discuss the reasoning and the disparity that aid in resolving this issue's financial implications. It will include an explanation of the problem-solving implementation methodologies as well as the conclusions of the evidence-based research that support the necessity of addressing this economic challenge. The final assessment of this project will be of future growth and projected outcomes.

Mental health insurance Issue and its Impacts

Mental health issues and disorders have an impact on your emotions, thoughts, and actions. Depression, emotional problems, psychosis, poor self-esteem, and addictive behaviors are just a few of the mental health conditions that can put a substantial influence on a person's quality of life. Approximately \$225 billion is spent each year on the treatment of mental illnesses requiring emergency care (Le et al., 2021). Due to racial variations in access to physicians and financial circumstances, race and ethnicity play a significant role in mental health discrepancies. This problem has a serious negative impact on Americans without mental health coverage. The Latino community is particularly impacted by this problem with psychological and medical coverage (Moyce et al., 2022).

Latino Americans from low socioeconomic status are more likely to suffer from mental illnesses such as addiction, depression, and anxiety disorders. Additionally, compared to their white classmates, they face greater financial barriers to receiving mental health treatment. The preferences for therapy also vary depending on ethnicity. Latino Americans

reported greater lower perceptions of their overall psychological well-being due to disparities in education levels and accessibility to mental health care (Sangalang et al., 2019).

Health coverage concerns for psychological and medical care are a problem at Vila Health Center as well. Most very ill hospital patients are not supported by mental healthcare coverage, which drives up the cost of the hospital. For instance, depending on the state, the cost of treating mental health issues in the United States ranges from \$100 to \$200 per session (Zweifel, 2021). Costly psychiatric treatments like antidepressants and antipsychotics are also necessary.

Medical insurance is also required because the technology used in mental health care is highly expensive. I've worked as a physician in several medical facilities, and most recently I was working for a Vila health facility. Because of poverty, which commonly results in severe psychiatric problems, I generally encountered many Latino people who have serious mental problems. Latinos usually lack mental health and medical coverage, which hinders us from giving them the treatment they need to recover (Moyce et al., 2022). For my teammates, managing patients without mental health insurance also pose several difficulties. The proper treatment and attention required for preventive care cannot be given to these individuals by my coworkers consecutively.

Mental health insurance Issue Rationale and Gap

Because it makes a substantial contribution to creating a greater quality of life, psychological and medical coverage was chosen as the topic. Lifestyle choices are the cause of many diseases. Due to this, there is a lack of mental health insurance, which causes treatment issues for most low-income communities and individuals with poor statuses, such as Latinos (Moyce et al., 2022). The most important discrepancy that requires solving this problem is the concern of mental precautionary measures for low-income populations,

particularly Latinos. The organizational leadership of the healthcare profession, unfortunately, is not addressing it. Communities and healthcare centers suffer greatly when financial difficulties are the result. It is vital to address this issue because of a gap caused by the leadership and administration teams at healthcare facilities' negligence. They are not actively dealing with this issue, as well as making the necessary initiatives to ensure that poor and minority populations are insured. Therefore, this issue must be resolved by healthcare groups (Jambawo, 2018).

Socioeconomic or Diversity Disparities Related to Mental Insurance

The lack of mental insurance contributes to several socioeconomic and racial disparities, especially for low-income populations like Latinos. A faster-growing minority ethnic group in the US, Latinos, has a greater frequency of mental illnesses. In 45% of the US states where Latino Americans people reside, Medicaid's adult mental coverage does not include mental health care, especially in emergency rooms. In the US, children of Latino Americans heritage have significantly different mental health (Liu et al., 2019). The community of people living in social deprivation is significantly impacted by this socioeconomic problem.

Senior citizens, racial minorities, and children from low income do not have enough mental health services available to them. As a result, they encounter serious problems. Research on this demographic looks closely at the differences in many parameters, such as the stay duration and preferred linguistics, that may influence Latinos' overall health. People also struggle with social exclusion, racism, unemployment, and communication and literacy issues. Many confirmed instances go undiagnosed and untreated because many interventions are pricey (Sporinova et al., 2019).

Findings from Evidence-Based Sources to Address Mental Insurance

Numerous studies have examined the need to address the issue of mental health and medical insurance for minority communities like Latinos. Racial disparities in mental health among young people of Latino Americans descent are among the most significant problems. According to Healthy People 2020, undiagnosed mental illnesses impact 40% more Latino children than other children. Latino Americans are considerably less likely than Whites to have mental healthcare and have double the prevalence of mental health issues (Hartbeck, 2021). Healthcare access is limited for racial minorities and individuals with low incomes. Many low-income people suffer as a result without insurance in locations where Health Care legislation is not being implemented.

Emergency department usage is racially inequitable (EDs). Minority populations are more likely to have emergency department hospitalization due to mental health problems. Because Latino Americans are a minority, and many ED therapies are funded by Medicaid, this is ineffective in addressing their problems and is detrimental to the well-being of those receiving them. These differences show that ethnic minorities have higher unmet needs for mental health care than white people because of their less affordable access to care, lack of coverage, and lower financial capacity (Bijal et al., 2019). Serious mental health problems may develop if behavioral healthcare needs go neglected. The fact that this expensive therapy requires medical coverage, which Latinos are unable to receive due to ethnic gaps, emphasizes the significance of ethnic and socioeconomic variables on the repercussions for mental health. Latinos are twice as likely to be impacted by Medicaid expansion as Whites. The proportion of Latino Americans lacking insurance coverage decreased from 20% in 2016 to almost 27% in 2021 (Bijal et al., 2019)

Implementation Plan

To end the racial inequities in neglected mental health needs, legislators and public health organizations must target diverse accomplishments. More government-subsidized practitioners could lower the cost of that healthcare coverage by increasing the options for mental healthcare and decreasing the demand for expensive, top-quality mental insurance coverage. A study found that programs for insurance plan education and understanding are provided by nonprofit organizations or governmental authorities (Chapman et al., 2018). The screening process in primary healthcare centers that receive federal funding or the initial psychiatric consultation for patients might have to address the social determinants of health to benefit from them (Chapman et al., 2018). Thus, economically disadvantaged groups can discover the plethora of opportunities available for acquiring the optimum immediate treatment.

Predicted Outcomes and Opportunities for Growth

The following outcomes are predicted because of the proposed solution.

- Latino Americans are more likely to have access to mental health insurance.
- The public is becoming more and more aware of mental health issues.
- Additionally, the expense of expensive mental health treatments lowers healthcare spending.
- There is a lot of room for growth if organizations and lawmakers effectively develop mental health insurance policies and perform informational sessions to raise awareness about psychological health care and how it may improve life quality.
- Patients benefit financially when they have more options between expensive institutions and more affordable therapies or processes.

Following a thorough review of the literature, this study presents some recommendations. By making the proposed change, the public health systems for mental health care could be improved while also establishing research issues for future studies into the provision of such services globally. Due to routine inspections and a decrease in emergencies, an organization's expenses are lowered thanks to the financial benefits of mental health insurance (Therriault et al., 2020).

Conclusion

Financial considerations for healthcare, particularly for Latino Americans and low-income areas include mental health insurance. The potential impact of this insurance issue on the organization's effectiveness was considered. It was explained why it was important to address both the resulting gap and the economic issue, and it was determined how both issues related to the diversity gap. Evidence-based research studies were used to explain the necessity of addressing this economic dilemma as well as the workable solutions to it. Finally, development possibilities and anticipated outcomes were analyzed.

References

- Bijal, A. S., Kumar, C. N., Manjunatha, N., Gowda, M., Basavaraju, V., & Math, S. B. (2019). Health insurance and mental illness. *Indian Journal of Psychiatry*, 61(Suppl 4), 791–797. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_158_19
- Chapman, S. A., Phoenix, B. J., Hahn, T. E., & Stroud, D. C. (2018). Utilization and economic contribution of psychiatric mental health nurse practitioners in public behavioral health services. *American Journal of Preventive Medicine*, 5 (6 Suppl 3), 243–249. <https://doi.org/10.1016/j.amepre.2018.01.045>
- Hasbrouck L. (2021). Healthy people 2030: An improved framework. *Health Education & Behavior: The Official Publication of the Society for Public Health Education*, 48(2), 113–114. <https://doi.org/10.1177/10901981211007812>
- Jambawo S. (2018). Transformational leadership and ethical leadership: their significance in the mental healthcare system. *British Journal of Nursing (Mark Allen Publishing)*, 27(17), 998–1001. <https://doi.org/10.12968/bjon.2018.27.17.998>
- Le, L. K., Esturas, A. C., Mihailopoulos, C., Chiotelis, O., Bucholz, J., Chatterton, M. L., & Engel, L. (2021). Cost-effectiveness evidence of mental health prevention and promotion interventions: A systematic review of economic evaluations. *PLoS Medicine*, 18(5). <https://doi.org/10.1371/journal.pmed.1003606>
- Liu, C. H., Stevens, C., Wong, S. H. M., Yasui, M., & Chen, J. A. (2019). The prevalence and predictors of mental health diagnoses and suicide among U.S. college students: Implications for addressing disparities in service use. *Depression and Anxiety*, 36(1), 8–17. <https://doi.org/10.1002/da.22830>

- Moyce, S., Thompson, S., Metcalf, M., Velazquez, M., Aghbashian, E., Sisson, N., & Claudio, D. (2022). Rural Latino Americans perceptions of mental health: A qualitative study. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*, 33(3), 346–354. <https://doi.org/10.1177/10436596211070592>
- Sangalang, C. C., Becerra, D., Mitchell, F. M., Lechuga-Peña, S., Lopez, K., & Kim, J. (2019). Trauma, post-migration stress, and mental health: A comparative analysis of refugees and immigrants in the United States. *Journal of Immigrant and Minority Health*, 21(5), 909–919. <https://doi.org/10.1007/s10903-018-0825-2>
- Sporinova, B., Manns, B., Tonelli, M., Hemmelgarn, B., MacMaster, F., Mitchell, N., Au, F., Ma, Z., Weaver, R., & Quinn, A. (2019). Association of mental health disorders with health care utilization and costs among adults with chronic disease. *JAMA Network Open*, 2(8). <https://doi.org/10.1001/jama-networkopen.2019.9910>
- Theriault, K. M., Rosenheck, R. A., & Fane, T. G. (2020). Increasing emergency department visits for mental health conditions in the United States. *The Journal of Clinical Psychiatry*, 81(5). <https://doi.org/10.4088/JCP.20m13241>
- Zweifel P. (2021). Mental health: The burden of social stigma. *The International Journal of Health Planning and Management*, 36(3), 813–825. <https://doi.org/10.1002/hpm.3122>