

Capstone One: Secondary Research

Mental Health Solutions and Their Impact on Society's Perception of Mental Health

Amanda L Schmitz

Springboard

UI/UX Design Career Track

Mentor: Ana Massette

October 28, 2023

Objective

The objective of this research is to determine the validity of the assumption that current mental health solutions are focused on prescribing medication to solve the issues, which is causing people to feel less than/incapable/broken, dependent on medication, and discriminated against. A link to the Capstone Idea Project can be found [here](#).

Introduction

Mental health is a very trendy topic in today's society, but it has been a consideration for over 150 years (Mandell, 1995). The World Health Organization (WHO) defines mental health as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, 2022). In other words, it is our ability to be productive and well-adjusted humans within society as a whole. The WHO even goes so far as to claim it to be a basic right for all humans, on par with food, water, shelter, and safety. This is also not a new concept - May was designated as Mental Health Month in 1949 not only to increase the public's awareness of mental health but to also celebrate those who have sought treatment and recovered (Mental Health America [MHA], 2020).

While mental health is getting a lot of attention in modern times, the origins of our awareness have set the foundation for misunderstanding and stigma. Originally termed as mental hygiene in 1843, it was thought to be the result of unsanitary societal interactions that could be combated and prevented by a culture of education, religion, and patriotic involvement (Mandell, 1995). By 1893, the newly formed American Psychiatric Association codified the first official definition "the art of preserving the mind against all incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements" (Rossi, 1962). From then until the mid-1930s, most medical circles claimed that the study of mental hygiene was at best unscientific due to its focus on societal factors, and a schism formed between the psychologists using biological treatments and the mental hygienists who focused on societal changes. By the

start of World War II, the view of the preeminent psychologist of the time had shifted to a hybrid model - that the origins for mental health issues were biological, but that certain life experiences were required to induce onset. By 1946, this understanding had predicated the National Mental Health Act that established the National Institute of Mental Health (NIMH). (Mandell, 1995)

Modern Mental Health Practices

In more recent history, the past two decades have seen an increase in efforts to promote mental health education and improve the prevention, treatment, and recovery for individuals dealing with mental health conditions (Youth.gov, n.d.). The World Health Organization (2022) has the following guidelines regarding mental health care:

- 1) The care should be community-based, rather than relying on institutions, to preserve the rights of the people seeking care.
- 2) There should be a network of care that incorporates the primary healthcare provider, community mental health services, and social-services that are not health-related (e.g., schools, community centers, prisons, USDHHS, etc.).
- 3) Make such care accessible to the populace, affordable by all, and provide high-quality services and supports.

The WHO does, however, does acknowledge “The vast care gap for common mental health conditions such as depression and anxiety means countries must also find innovative ways to diversify and scale up care for these conditions, for example through non-specialist psychological counseling or digital self-help.”

Unlike the care received in the 1800s and early 1900s, individuals suffering from mental health conditions are no longer sent to an asylum and subjected to treatments that would currently be seen as abuse and even torture, including electroshock therapy, isolation and confinement, and, in extreme cases, lobotomies (MHA, 2020; Public Broadcasting System [PBS], n.d.). Current treatment options focus on helping to make the symptoms more bearable using pharmaceuticals, psychotherapy (also called talk-therapy), brain stimulation treatments

(where electricity or magnets are used to stimulate portions of the brain of individuals who have not responded well to pharmaceutical or psychotherapy), and, in extreme cases, hospitalization (Mayo Foundation for Medical Education and Research [MFMER], 2022).

In a study of mental health treatments from 2020, the results showed an overall trend toward the use of medications. Over 81% of individuals who received treatment were prescribed some form of medication, while only less than half received any form of psychotherapy. Interestingly, the rate of individuals receiving treatment increased based on location with 19.3% of individuals in metropolitan areas becoming 21.7% in rural areas. A similar shift was seen in the use of medications, with 76.7% of metropolitan area adults receiving medication compared to 90.8% of those living in rural areas. The rate of psychotherapies, however, had the opposite trend, with 56.5% of adults in metropolitan areas seeing medical health specialists for treatment of this kind compared to only 35% of adults in rural areas. (Terlizzi & Norris, 2021)

Who is Struggling With Mental Health

Just because treatments have progressed does not mean that all is well in the state of mental health. According to NIMH, more than one in five Americans (22.8%) suffered from mental illness in 2021. This percentage was higher in females (27.2%) than males (18.1%) and represents 57.8 million adults. Less than half of those (47.2%), however, actually sought any form of mental health services, including counseling/treatment (in-patient or out-patient) or prescription medication. This means that there are 31.3 million people who did not seek support services for their conditions that year, and these numbers are estimated to have increased significantly in the past two years. (U.S. Dept of Health and Human Services [USDHHS], 2023, March)

The COVID-19 pandemic also helped to bring mental health more fully into the spotlight. The forced physical and social isolation led to nearly half of adults experiencing anxiety and depression, and an awareness that the currently available mental health supports were not

adequate for the public's needs (USDHHS, 2023, Sept). The National Institutes of Health reported that the global incidence of depression and anxiety had an increase of more than 25% in the first year alone. These increases were not even across socio-economic or ethnographic divisions, with, as described by Michael Businelle, Ph.D., co-director of the Tobacco Settlement Endowment Trust Health Promotion Research Center and professor in family and preventive medicine at the University of Oklahoma Health Sciences Center, "Black, Latinx, and American Indian people [experiencing] greater COVID-19-related burden due to disparities in access to care and job security. They also had higher infection rates and deaths due to COVID-19 and experienced collective trauma due to racial justice issues." (USDHHS, 2022, June)

Approximately half of Americans currently have employer-covered access to mental health supports, but people are still struggling to get that care. There is a significant discrepancy between the number of individuals attempting to seek care and the number of specialists available to treat them - an issue that has existed since long before the pandemic shined its spotlight on the failing. This means that many are not receiving any support, and others are settling for purely pharmaceutical treatments from their primary care physicians, who are overburdened with their own oversized patient lists and time constraints. (Holder, 2023)

This is where mental health apps have begun to assist. A study that looked at 5,142,577 individuals showed that, while the use of in-person treatment options decreased as a result of the pandemic's restrictions, the expansion of telehealth options allowed for an overall increase in the number of individuals who sought and received mental health treatment (McBain et al., 2023). Yet this is still not enough. Nearly 55%, or over 28 million adults, receive no medical treatment at all, over half of which say it is due to the cost. Furthermore, of that 55%, over a quarter of individuals reported suffering a severe episode in the last year. This is even more present when one shifts focus to youth. Among youth with depression, the American Academy of Child and Adolescent Psychiatry recommends that treatment occur at least once a month for a minimum of six months, and preferably more than 12, after a major episode, yet Mental Health

America, in their 2023 State of Mental Health in America, show that 57.3% are reported as receiving no services after a major episode and another 14.3% received care for less than the minimum recommendation. (Reinert et al., 2022)

The Impact of Societal Stigma and the Resulting Lack of Care

All of these limits on access to quality mental health support take their toll. Society has a deeply ingrained prejudice against anything that it considers 'other.' The historical context of perceiving mental health concerns as due to being broken (Mandell, 1995; MHA, 2020) and the resulting fears that those individuals suffering from such conditions are responsible for causing their own condition and might become unstable or violent have led to a culture where, even though the public as a whole acknowledges that the causes of mental health issues are biological, people still discriminate against sufferers (American Psychiatric Association [APA], 2020; MFMER, 2017). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2023), some commonly held misconceptions still held by many include that youth cannot actually have mental health conditions, anyone who suffers from a mental health condition is going to become violent and there is no such thing as recovery. Furthermore, even those who are willing to accept the role of medicine in the recovery of persons with mental health conditions limit their belief to medication and maintain their belief that the results of therapy and preventative measures are useless. These lead to discrimination both in and out of the workplace, a reluctance to seek support or treatment, and even a worsening of mental health conditions due to self-perceived inabilities and isolation (APA, 2020).

This dichotomy can be seen in the self-reported traditions of New Year's resolutions from collected by the APA in December, 2022. While increases in mental health awareness were expected at the end of 2020 and 2021, the two years most affected by the lockdowns and isolation of the COVID-19 pandemic, there were significant increases in the rate of dissatisfaction with personal mental health even a full year after the bans were lifted. The number of individuals reporting that their mental health was less than adequate had risen from

31% in December, 2021, to 37% just a year later, with a similar jump in the number experiencing increases in stress (up from 20% in 2021 to 26% in 2022). This has led to the increase in mental health resolutions from 26% at the end of 2021 to 29% just a year later (APA, 2022).

Self-Perception and Mental Health

Self-stigma and acceptance of societal stigma has had a number of real-world impacts on the emotions and perceptions of individuals coping with mental health conditions. Reporting of loss of hope and lower self-esteem lead to difficulties performing at work and in public. This can exacerbate the symptoms of the condition, and contribute to further isolation, lost opportunities at work, and self-shame. Workplace discrimination, whether real or perceived, has resulted in more than a third of workers feeling that retaliation for seeking mental health care is a credible fear, and only about 20% of workers being completely comfortable discussing their mental health issues. Even those willing to seek help have difficulties, with 25% reporting that they would have no clue where to start looking for support. (APA, 2022)

In a qualitative study of individuals who had chronic mental health issues, interviewees were asked about their use of prescribed medications for their conditions. Some of the participants had modified or even stopped using their medications as prescribed. When asked about this behavior, several patterns became apparent. First, many had started on their medication because of the severity of their condition. They reported feeling lost and had bought into the ideas that they were currently worthless, and that medication was the only option for them. One participant even reported that other factors, such as quality of life and relationships, were never the focus with their doctor - they were only interested in getting their patient to take prescribed medicine. Another reported that their psychiatrist added to their feelings of inadequacy by asking "who had screwed up the family" and dismissing concerns because of their belief that everything was based on genetics. (Asher et al., 2023)

Additional reasons given for desiring a move away from the medications prescribed was also attributed to side-effects, two of the largest being brain fog/forgetfulness and weight gain.

Complaints of not experiencing the full range of emotions, extreme forgetfulness (forgetting why you went to the store or getting on public transportation and forgetting to get off again), or gaining over 60 pounds when they were an athletic build. These side-effects can become just as big, if not a bigger, issue as the initial mental health concern. (Asher et al., 2023)

Furthering the issue is that prolonged use of the medications can make people question if they are actually doing anything at all. While the effect of medication should begin to show within the first few weeks of use (National Institute of Health [NIH], 2020), everyday shifts in mood can have users asking if the medication is doing anything at all. Add on top of this the fact that doctors typically have to figure out which medication is the correct one for the individual as well as determining the appropriate dosage for their needs, persons with mental health conditions can find the idea of this repeated trial-and-error approach to be frustrating at best. This frustration can manifest itself in many ways, including reduction of use of the prescribed medication or even stopping it altogether (Asher et al., 2020).

Perceptions of Mobile Apps for Mental Health

As previously stated, mental health apps are starting to pick up where there are gaps in the availability of mental health services or compatibility with the services available. These apps have the benefit of being available to anyone with a smartphone, provide instant support, and can even tie in with the program of treatment prescribed by a medical doctor. Yet the sheer number of options, prevalence of technical issues, and possible expense can all still be barriers to care.

A search for “mental health” on Google’s Play Store brought up a list of exactly 22 apps to choose from, while searching “mental wellbeing” produced only 15 apps. Seeing that there are reportedly somewhere between 10,000 and 20,000 apps available according to CNET (Learmey, 2023), there is quite a discrepancy between the pool of offerings and the search results. Additionally, as Learmey states, not all of the apps are based on research or clinical practices, so some apps will be better than others. Refining results to ones that are designed

for the individual's needs does help, but further research still needs to be completed by the potential user to determine if the app is based on research and works well enough to be worth using.

Furthermore, many users are frustrated by the cost of such treatment avenues. Searching for "free mental health apps" on the Google Play Store came up with the same list as just searching for "mental health." A quick look into the apps' reviews, however, shows that, while the apps are technically free to download, most, if not all, of their services are kept behind a paywall. The two most heavily advertised apps for mental health, BetterHelp and Talkspace, both provide avenues for traditional therapies and medication, but both of them cost over \$200 per month (Dorwart, 2023). Most other apps that make the "Top 10 Apps for Mental Health" articles, like Calm or Moodfit, cost between 8.99 and 19.99 per month, but they do not offer connection to any medical professional. Occasionally, you can find a free mental health app that has a free format, whether or not they have a paywall for some of their services, such as MyPossibleSelf: Mental Health, so there are some limited offerings for those with significant financial constraints. (Dorwart, 2023; Learmey, 2023)

One thing that mental health apps do have in their corner is the aspect of privacy. Downloading and using an app on your phone, whether completely self-monitored or connecting you to a licensed therapist, does not reveal your use to friends, family or employers. This removes the majority of the fear of stigma from being labeled as having mental health issues, and allows the user to begin receiving services at some level. The one caveat - some apps share your information, so users still should research the apps they are going to use to make sure they have stringent policies in place. (Koh et al., 2022; Patterson et al., 2023)

Final Considerations

There are a lot of options when it comes to mental health. The goal is to find the one that is the best fit for the individual. Some will need the connection and oversight of a medical professional, while others are self-paced. Some are very costly, while others are inexpensive or

even free. The focus of making mental health support accessible to everyone and reducing stigma, both personal and public, are the key factors that need to be addressed. Users are looking for a reliable app that helps them to navigate life and protect their mental health.

Through this study, the main objective—to determine the validity of the assumption that current mental health solutions are focused on prescribing medication to solve the issues, which is causing people to feel less than/incapable/broken, dependent on medication, and discriminated against—was confirmed. People are still struggling against the stigma of mental health concerns and diving into the world of mental health care can be daunting even in the best of times.

It has become apparent, however, that the preponderance of applications does not mean that users are getting what they need. There are still many who need access to reliable mental health care who are not receiving it for a number of reasons, including cost and availability. An app that is low/no cost to users, assists them in monitoring their symptoms, and provides direction for self-care, all while protecting the user from the stigma of being labeled as having mental health issues, could go a long way in meeting the needs of users. Furthermore, if the app was also able to be integrated with an online interface, it would take the need for a tablet or smartphone out of the equation and open the availability to internet users as well.

References

- American Psychiatric Association. (2020, August). *Stigma, prejudice and discrimination against people with mental illness*. Psychiatry.org.
[https://www.psychiatry.org/patients-families/stigma-and-discrimination#:~:text=Se
lf%20if%20stigma%20refers%20to%20the,have%20about%20their%20own%20conditi
on.](https://www.psychiatry.org/patients-families/stigma-and-discrimination#:~:text=Se%20if%20stigma%20refers%20to%20the,have%20about%20their%20own%20condition.)
- American Psychiatric Association. (2022, December 21). *Americans anticipate higher stress at the start of 2023 and grade their mental health worse*. Psychiatry.org.
<https://www.psychiatry.org/news-room/news-releases/americans-anticipate-higher-stress-at-the-start-of>
- Asher, M., Roe, D., & Hasson-Ohayon, I. (2023, January 25). *Attitudes toward and patterns of medication use among people with serious mental illness: There's more than meets the eye*. Frontiers.
<https://www.frontiersin.org/articles/10.3389/fpsyt.2023.1133140/full>
- Dorwart, L. (2023, April 19). *Best mental health apps of 2023*. Verywell Mind.
<https://www.verywellmind.com/best-mental-health-apps-4692902>
- Holder, J. (2023). *Mental health innovation and trends that will continue in 2023*. Dignity Health Global Education.
<https://dhge.org/about-us/blog/mental-health-innovation-and-trends-that-will-continue-in-2023>
- Koh, J., Tng, G. Y. Q., & Hartanto, A. (2022, August 25). *Potential and pitfalls of Mobile Mental Health Apps in traditional treatment: An umbrella review*. Journal of personalized medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9505389/>
- Leamey, T. (2023, August 1). *Best mental health apps of 2023*. CNET.
<https://www.cnet.com/health/mental/7-best-mental-health-apps-to-start-using-today/>

Mandell, W. (1995). *Origins of mental health*. Johns Hopkins Bloomberg School of Public Health.

<https://publichealth.jhu.edu/departments/mental-health/about/origins-of-mental-health>

Mayo Foundation for Medical Education and Research. (2017a, May 24). *Mental health: Overcoming the stigma of mental illness*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>

Mayo Foundation for Medical Education and Research. (2017b, May 24). *Mental health: Overcoming the stigma of mental illness*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/mental-health/art-20046477>

Mayo Foundation for Medical Education and Research. (2022, December 13). *Mental illness*. Mayo Clinic.

<https://www.mayoclinic.org/diseases-conditions/mental-illness/diagnosis-treatment/drc-20374974>

McBain, R. K., Cantor, J., Pera, M. F., Breslau, J., Brevata, D. M., & Whaley, C. M.

(2023, January 6). *Mental Health Service utilization among commercially insured US adults during the covid-19 pandemic*. JAMA Health Forum.

<https://jamanetwork.com/journals/jama-health-forum/fullarticle/2800138>

Mental Health America. (2020). *Our history*. Mental Health America.

<https://mhanational.org/our-history>

National Institutes of Health. (2020, June 18). *Depression: How effective are antidepressants?*. National Library of Medicine.

<https://www.ncbi.nlm.nih.gov/books/NBK361016/>

Paterson, J. M., Van Dam, N. T., & Gooding, P. (2023, August 23). *Why some mental health apps aren't helpful*. Greater Good.

https://greatergood.berkeley.edu/article/item/why_some_mental_health_apps_arent_helpful

Public Broadcasting Service. (n.d.). *Treatments for mental illness*. PBS.

<https://www.pbs.org/wgbh/americanexperience/features/nash-treatments-mental-illness/>

Reinert, M., Fritze, D., & Nguyen, T. (2022, October). *The State of Mental Health in America 2023*. Mental Health America.

<https://mhanational.org/sites/default/files/2023-State-of-Mental-Health-in-America-Report.pdf?eType=ActivityDefinitionInstance&eId=5768b343-b128-4de9-a180-20ed43f570d4>

Rossi, A. (1962). Some Pre-World War II Antecedents of Community Mental Health Theory and Practice. *Mental Hygiene*, 46, 78–98.

Substance Abuse and Mental Health Services Administration. (2023, April 24). *Mental health myths and facts*. SAMHSA.

<https://www.samhsa.gov/mental-health/myths-and-facts>

Terlizzi, E. P., & Norris, T. (2021, July 29). *Mental Health Treatment Among Adults: United States, 2020*. Centers for Disease Control and Prevention.

<https://www.cdc.gov/nchs/products/databriefs/db419.htm>

U.S. Department of Health and Human Services. (2022, June 28). *Treating anxiety and depression during the pandemic with a mobile app*. National Institutes of Health.

<https://covid19.nih.gov/news-and-stories/treating-anxiety-depression-during-pandemic-with-mobile-app>

U.S. Department of Health and Human Services. (2023, March). *Mental illness*. National Institute of Mental Health.

https://www.nimh.nih.gov/health/statistics/mental-illness#part_2539

U.S. Department of Health and Human Services. (2023, September 28). *Mental Health During the COVID-19 Pandemic*. National Institutes of Health.

<https://covid19.nih.gov/covid-19-topics/mental-health>

U.S. Department of Health and Human Services. (n.d.). *My mental health: Do I need help?*. National Institute of Mental Health.

<https://www.nimh.nih.gov/health/publications/my-mental-health-do-i-need-help>

World Health Organization. (2022, June 17). *Mental health*. World Health Organization.

<https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response>

Youth.gov. (n.d.). *May is National Mental Health month*. Youth.gov.

<https://youth.gov/feature-article/may-national-mental-health-month#:~:text=Mental%20Health%20Month%20was%20established,for%20a%20person's%20overall%20health.>