



## Barriers to Mental Health Care in Low-Income Mothers

**Source:** Anderson, C. M., Robins, C. S., Greeno, C. G., Cahalane, H., Copeland, V. C., & Andrews, R. M. (2006). Why lower income mothers do not engage with the formal mental health care system: Perceived barriers to care. *Qualitative Health Research, 16*, 926-943.

Studies indicate that there are high rates of emotional distress but low rates of mental health service use among lower income populations, and that this pattern can only be partially explained by issues relating to access and insurance coverage. This study focuses on barriers to mental health care in low-income mothers with significant mood and anxiety disorders, whose own children were receiving mental health services.

### Method

Qualitative interviews were conducted with 127 women who initiated treatment for their children at one of four community mental health centers based in disadvantaged communities. Two centers were in urban areas, while two were located in semi-rural settings. All interviewees met the criteria for significant mood and anxiety disorder and were referred for mental health services. As a result of over-sampling, 40% of the interviewees self-identified as African-American. Most (83.5%) had a high school education or higher, 43.3% were working full- or part-time, 38% were married or living with a partner, and over half had a household income of less than \$15,000 while supporting a mean of 2.6 children under 18 years.

Interviews were conducted in the interviewees' homes and explored the mother's view of her life, problems and distress; her response to being diagnosed and referred for mental health services; her network of social support; her stressors; and the reasons why she did or did not seek treatment following her referral. Analysis of the interview transcripts was based on the explanations the mothers attributed to their own distress and how they believe it could best be alleviated.

### Results

Of the 127 mothers interviewed, 29 had seen a mental health professional in the past two months, and 15 of the 29 were taking psychotropic medication; an additional 29 mothers were taking psychotropic medication as prescribed by a non-mental health specialist (e.g., primary care physician). Thus, fewer than half (46%) of these mothers who met the criteria for significant mood and anxiety disorder were receiving any formal treatment for their mental health.

The analysis of the interviews identified four themes that demonstrated the mothers' reluctance or refusal to accept mental health treatment: (1) acceptance of a diagnosis; (2) perceptions of the causes of the distress; (3) reactions to being referred for mental health treatment, and; (4) perceptions of their child's and other mental health services.

Virtually all the women agreed with the initial screening results that suggested they were depressed or anxious, so disbelieving their diagnosis was not a barrier to seeking care. However, these mothers most often believed that their mental health status was a normal

response to extreme external stresses: “Walk in my shoes for one week. You’ll be depressed too.” Poverty, past and/or current abuse, and the stress of managing a behaviorally or emotionally disturbed child were cited as reasons for their distress. In addition, many mothers were single and the heads of their households. Interviewees stated that this responsibility left them with little time to do anything but keep the home functioning. Some women expressed resentment at clinical labels of their mental health status which to them suggested that their distress was internally caused and not the inevitable result of their environment. Taking care of a behaviorally or emotionally disturbed child was by far the most common and overwhelming stress cited by the mothers. Some believed it would be inappropriate for them to address their own needs before their child was well.

Understandably, reactions to mental health referrals were often negative. Given the women’s *external* attributions to their mental distress, the perception that mental health services would address *internal* issues made services seem irrelevant to them. The mothers believed that their distress would improve by alleviating their life circumstances, rather than through counseling or medication. Their depression and anxiety were viewed as natural responses to a difficult life.

Finally, negative experiences with mental health services while caring for their children also biased mothers against seeking care themselves. Their interactions with their children’s therapists led them to believe that the therapists had little credibility and a lack of life experiences. They also expressed frustration when clinicians did not appear to want their input as to what they believed was best for the child. Another reason given for their negative reactions to mental health care was associated with the fear of being judged by professionals as inadequate caregivers. The professionals, they believed, had the authority to take their children away, if they were assessed as inadequate. Thus, many mothers became skeptical of mental health professionals: “I don’t tell them [everything] because I don’t know what they might try to do. I ain’t that stupid.”

### **Discussion & Conclusions**

This study revealed two gaps between low-income mothers and mental health professionals that help explain their reluctance to seek care: perception of the causes of their distress and the perception of the usefulness and intentions of mental health service providers. The stories of these mothers suggest that the model of mental health that implies their symptoms of distress are evidence of an illness (and thus internal) may not fit with their perceptions and experiences that their distress is caused by a tough living environment. Given the emphasis that many mothers placed on their child’s condition as a source of their own mental health issues, the authors recommend using a family systems treatment orientation that addresses not only the direct needs of the child, but also those of the mother. Engaging mothers to address their own mental health needs requires a sympathetic understanding of their perceptions of the problems that underlie their distress. This would ultimately enhance the therapeutic alliance between mental health service providers and low-income mothers.

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