Exploring the Systems-Related Factors Influencing Depression and Anxiety in the Private Healthcare System: A Nursing Student’s Perspective

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Exploring the Systems-Related Factors Influencing Depression and Anxiety in the Private Healthcare System: A Nursing Student’s Perspective

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Nominated by: Dr. Rosemary Eustace

Andrea Cessna is a recent graduate from Wright State’s BSN program and is currently pursuing her MBA at SNHU. She received her associate degree in nursing and business at Clark State Community College.

Andrea notes:

The mental health population has been an underserved population for a long time in health care. I was drawn to the idea of researching how the systems issues of health care contribute to effective, accessible, and quality care related to mental health treatment. I found it interesting to see how many different systems made quality mental health treatment difficult to find for many patients. With more attention being brought to the importance of mental health treatment, I am hopeful that effective quality care will be easily accessible soon.

Dr Eustace notes:

This paper presents a student’s critical synthesis of the literature and excellent grasp of the application of the World Health Organization Health Systems Building Blocks Framework to identify strengths, and improvement opportunities for nursing interventions in mental health care. The student’s writing demonstrates an awareness of factors that impact complex health systems in nursing practice which is an important competency in system-based practice.
Exploring the Systems-Related Factors Influencing Depression and Anxiety in the Private Healthcare System: A Nursing Student’s Perspective

Introduction

In this literature review, I intend to assess health financing, health workforce, and leadership and governance influencing depression and anxiety in the private healthcare system. I believe that we have come far with improving the quality, effectiveness, and accessibility of healthcare treatment related to mental health conditions. However, we are still far from where we should be.

The most prevalent mental health conditions include depression and anxiety (Kandasamy & Campbell, 2019). These can be seen individually but are commonly seen as co-occurring. These conditions are often found in the adolescent and adult populations and can have detrimental effects on a person’s activities for daily living. Symptoms of depression include feeling sad or anxious, feeling irritable, not wanting to do normal daily activities, having difficulty falling or staying asleep, eating more or less than normal, feeling guilty or worthless, and thinking about harming yourself (CDC, 2022). Symptoms of anxiety include excessive and intense worry that is usually frequent throughout the day and persistent in nature. Intense fear or worry can become very high leading into a panic attack. These worries and fears will last for long periods of time and are often not proportional to real danger and often lead to a person avoiding people or places that they feel could bring on these feelings and/or panic attacks (Mayo, 2018). Both conditions can become debilitating, making it difficult or even impossible to maintain normal daily functions, including maintaining relationships, and even daily work. In the United States, the leading cause of disability was depression, affecting 17.3 million adults. Additionally, over 6 million adults are diagnosed with general anxiety disorder. However, only 43.2% of this population is getting care (Facts & Statistics, n.d.). Since the recent COVID-19 pandemic, the combined total of adults who experience depression and/or anxiety symptoms rose from 11% (pre-pandemic) to 33% (post-pandemic) (Weiner, 2022).

Depression and anxiety can be treated or managed with the right combination of therapy, complementary alternative therapies, and medication (Kandasamy & Campbell, 2019). Often symptoms can become significantly lessened or even completely eradicated with the proper treatment. In some situations, with therapy and complementary alternative therapies, medication is not needed. On the other hand, when left untreated, a person can develop worsening symptoms that continue to progress. Over time, this would increase the risk of developing more severe mental health conditions that include bipolar disorder or personality disorders (Kandasamy & Campbell, 2019).

There are many who do not get the care they need for several reasons. One reason includes medical coverage. In 1996, there was a Mental Health Parity Act (MHPA) that prevented large group health plans from setting financial limits on mental health benefits that are less than that of medical/surgical benefit limits (MHPAEA, n.d.). In 2008, this was expanded upon to include substance use disorder (SUD). Then in 2010, this law was amended to include individual health insurance coverage as well (MHPAEA, n.d.). An example of this would be when the insurance provider allows office visits to be covered at a $15 co-pay for a primary care provider without limits on how many visits are allowed per year; then the insurance company must also allow the member to be seen for counseling services for the same or less of a co-pay without limits on how many visits they are allowed per year. The insurance company cannot charge a co-pay for inpatient admissions related to behavioral health or substance use disorder if they do not impose the same co-pay on
medical inpatient admissions. Another example of a violation includes prior authorization for medical inpatient admissions routinely for 7 days but only approving mental health or substance use disorder inpatient admissions routinely for 1 day. While we can see that laws have been passed to hold the insurance coverage companies accountable to cover the mental health needs of the population, who was holding the insurance companies accountable? Typically, the insurance companies would be required to show proof that they are holding to the parity laws by submitting necessary documents and data for review by an auditing team. However, these audits were either not being done, or when a parity violation was found, no or minimal penalty was implemented on the managed care organization (insurance companies). Without real penalties, one could not expect the managed care organizations to change their behaviors. So, in 2021, when 10 states implemented corrective actions against 30 health plans for parity violations resulting in $31 million in fines (Davies, 2021), managed care organizations took notice. This was an unprecedented move to enforce the parity laws. The legal and compliance departments of many managed care organizations reacted by getting all their departments educated on parity laws but most importantly the utilization review department. The utilization review nurses were taught how to spot potential parity violations and how to report those to assist the managed care organizations with catching potential violations and preventing not only severe penalties and fines but also to prevent damage to their reputation.

With this movement made to hold the managed care organizations accountable, more services are now covered by many insurance companies that were once not covered, and/or those services are more affordable. Additionally, a person’s mental health coverage should be similar or better than that of their medical coverage. Better medical coverage to support mental health treatment is a step in the right direction but is meaningless if there are in adequate providers available to deliver the care that is needed.

When looking at the statistics of the percentage of adults who experience symptoms of depression and anxiety pre-pandemic versus the statistics of those post-pandemic (11% compared to 33%), are there enough resources to support those who need treatment? The answer is simply no. The percentage of those afflicted with mental health conditions has tripled in a short period of time, and there are not enough medical professionals available to meet the needs of the population. It is expected that within a few years we could see a shortage of “between 14,280 and 31,109 psychiatrists” (Weiner, 2022). There are several potential causes for shortages, including the increased population, increased need for mental health treatment, especially since the pandemic, the majority of (more than 60%) psychiatrists being 55 years of age or older, and only having a limited capacity to train new psychiatrists (Weiner, 2022). With these shortages, the areas that feel the greatest impact are rural areas. There are reports that it could take months to get in for an appointment, and now patients are seeing much longer wait times when they show for their appointments. In addition to these shortages, there is a shortage of nurses. There are many factors contributing to the nurse shortage, including an aging workforce (greater than 50% of the registered nurses are over the age of 50), high turnover, and not enough faculty available to train nurses (Staff, 2022). With nursing shortages and a growing population, there is a greater patient to nurse ratio, which leads to burnout, further contributing to the problem.

With these known issues of access to care, there are some professionals who are starting to look to other avenues to address the needs of the many. With the accessibility of technology today, there has been an increase in the availability of telehealth and mobile health options that offer some form of cognitive behavioral therapy (CBT) (Weiner, 2022). But with the increase in the use of technology and the increase in the need for programs to assist with a greater capacity to train medical professionals, where does the money come from?
March 2022 Health and Human Services announced that there was going to be an increase in the funding to community behavioral health clinics across the nation (SAMHAS, 2022). The goal is to make care more readily accessible to patients without the long waits. These grants will help to implement the programs and/or support, improving the programs that are already established for mental health clinics. The government also approved increased funding to promote increased residency training programs to help combat the Physician shortage (Weiner, 2022). There are also major increases in scholarships and loan repayments offered to nurses (among other medical practitioners) that were signed into law in 2021 in an effort to build up our healthcare workforce.

As nurses, we need to be aware of the barriers that a person may experience to getting care as well as the gaps in care. We have the ability to provide education and resources to the patient that they may not be aware of. We can also approach a patient with a more holistic approach offering education about available telehealth and mobile applications but also being aware that financing and medical coverage could be a barrier to care. That being said, many times insurance companies have their own case managers that will assist in finding care that a member needs that would not only be in the network but close to the member. They also have access to additional resources that help to holistically treat their members free of charge.

Method/Approach:

I have found that there were very few articles reporting on the financial gap related to mental health healthcare. After searching several different ways to find articles to give insight into the gaps financially, I was able to locate an article that was informative. The article titled, “Understanding and Addressing the Treatment Gap in Mental Healthcare: Economic Perspectives and Evidence from China,” written by Qin and Hsieh, does discuss gaps found in the leadership and government building block as well as the health financing building block related to mental health treatment. This article found that many will not receive treatment for their mental health issues for one of two reasons. The cost is too high and/or the benefit is too low (Qin & Hsieh, 2020). According to this article, the World Health Organization reports that many governments only allocate on average approximately 3% of their healthcare budget to the treatment of mental health conditions, which means those who seek treatment will have high out of pocket expenses. They also found that partially due to the low funding available to the mental health healthcare sector, the technology is not available for use as it is for the physical health sector of healthcare (Qin & Hsieh, 2020). This means that the development of new treatments, including new prescription drugs, is not advancing as it is in the physical health sector or healthcare.

Another article titled, “Utilizing telehealth to enhance nursing care and reduce burnout,” written by Lindgren, discusses some gaps in the health workforce. This study also addresses the high turnover rate and the shortage of appropriately trained staff to deliver the care needed. In this article, recommendations were made to support that incorporating telehealth can increase the accessibility to healthcare (Lindgren, 2023). Another study stated the use of telehealth can increase accessibility as well as medication adherence (Talarico, 2021). This article found that patients were more likely to adhere to their medication regimen, keep follow up appointments, and feel satisfied with their consultations. While adherence was not where we want it to be, it was still showing an improvement. I think this shows that telehealth is not the answer alone. It would need to be in addition to regularly scheduled appointments.

Originally, it was very difficult to find articles that I felt covered the gaps in healthcare and the complex health condition that I was researching. I was able to find approximately ten sources.
After reviewing all the sources found, I was able to narrow down the original ten to three articles for this paper.

**Discussion**

There are many systems related challenges, barriers, and stressors influencing the process of care in managing and controlling depression and anxiety. However, I am focusing on the system issues of health finance, health workforce, and leadership and governance for depression and anxiety.

The health finance system block has challenges related to funding. Decreased funding leads to decreased ability to dedicate new technology for developing new treatments and new medications, as well as getting current best practice education out to providers. Decreased funding can also lead to higher costs for treatment (Qin & Hsieh, 2020).

The health workforce systems block has barriers that include a lack of available qualified nurses and other medical professionals able to deliver care. With a smaller workforce this leads to limited accessibility to care (Lindgren, 2023). Patients will have to wait longer to get in to see a medical professional (Qin & Hsieh, 2020).

The leadership and governance systems block has barriers as well. With the average government allocating an average of 3% of their health budget to the mental health sector, this also leads to an increase in the cost for the patient (Qin & Hsieh, 2020). Although with the passing of the Mental Health Parity Act in 1996 and the strict fines that could be imposed on those who violate it, we are seeing some improvement in the policies surrounding mental health healthcare in the United States (Davies, 2021).

The actions the nurse can take to prevent the stressors in the health care system at the primary level or prevention would include providing education to the patient about proper self-care, including taking the time to exercise, eating well, taking medication as prescribed, and getting enough sleep. This should include not smoking, drinking alcohol, doing drugs, or drinking caffeinated drinks if you are prone to anxiety (Talarico, 2021). The nurse can also include education about programs available to the patient. The nurse can also advocate for better policies and funding for the mental health sector.

The actions the nurse can take to prevent the stressors in the health care system at the secondary level of prevention would include medication education and the importance of adhering to the treatment plan provided by the medical professional, ensuring that the patient is aware of all the appointment options available including “in person” or telehealth options (Talarico, 2021) and ensuring the patient is aware of crisis interventions that are available if the need arises. The nurse can also work with the community and leaders to be sure that what funding is made available is used in the most efficient ways, making care more accessible to the mental health sector.

The actions the nurse can take to prevent the stressors in the health care system at the tertiary level of prevention would include organizing support groups or assisting in directing patients to support groups. The nurse can also direct patient rehabilitation programs that are available specifically for the treatment of mental health issues including depression and anxiety. Many of these rehabilitation programs offer several hours of therapy daily and work to develop goals and coping skills that can assist the patient long term. These programs also provide the patient with a crisis plan that can assist the patient with steps to follow if they feel they are entering into a crisis. These treatment programs are referred to as residential, partial hospitalization, or intensive outpatient.
program, and some are offered virtually or as a hybrid program utilizing telehealth (Lindgren, 2023). As a nurse with a heavy behavioral health background, I have seen many of these programs offered through different facilities that are effective for treating patients, offering long-term recovery.

Some of the limitations I experienced with gathering the evidence was the limited number of peer-reviewed articles related to depression and anxiety from the private healthcare sector. The evidence that I was able to find was, in one case, geared toward care offered in China versus what would have been more ideal, care in the United States. I was not able to find sources that included information that I was looking for. I had changed my approach to this paper several times because of the limited articles before deciding to write about these three health systems blocks.

Once I found a few articles that covered my topic, I was able to start applying some of the knowledge I have gained from working in the field as well as working for a managed care organization to help strengthen the way I searched for articles as well as add information and resources. I was able to transfer a lot of the evidence found in the articles “Utilizing telehealth to enhance nursing care and reduce burnout” written by Lindgren and “Understanding and Addressing the Treatment Gap in Mental Healthcare: Economic Perspectives and Evidence from China” written by Qin and Hsieh, as much of the evidence was more generalized. I was then able to apply this to the health systems building blocks I was researching to give evidence for the gaps.

**Conclusion**

If left untreated, depression and anxiety can lead to more complicated mental health conditions as well as physical health conditions. However, there are many gaps in the mental health healthcare including the areas of health finance, health workforce, and leadership and governance. Additional funding is needed to support increasing the accessibility and affordability of receiving appropriate healthcare for mental health conditions like depression and anxiety. It is also clear that the government needs to allocate more funding for the mental health healthcare sector. With additional funding dedicated to this sector, we will hopefully see new prescription drug treatments that will be more effective in treating these conditions and with fewer side effects. Additional funding could also lead to closing the knowledge gap from older treatment practices and instead bring education to providers about newer, more effective, and best practice treatment options. We also need to see more available options for telehealth healthcare and mobile applications available to deliver cognitive behavioral therapy. Focusing on having more telehealth availability would mean that our limited number of trained nurses can deliver care to more patients in a safe and effective way, as well as reaching patients well outside of their typical boundaries for delivering care. Telehealth visits combined with regularly scheduled “in person” appointments could lead to more accessible health care with an increase in the patient’s treatment plan adherence, which would lead to overall better mental health.
References


Talarico, I. (2021). The use of telehealth to increase mental health services access and promote medication adherence in rural locations. *Journal of the American Association of Nurse Practitioners, 33*(11), 1074–1079. [https://doi.org/10.1097/jxx.0000000000000495](https://doi.org/10.1097/jxx.0000000000000495)

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<td>Utilizing Telehealth to enhance nursing and reduce burnout</td>
<td>Bring awareness about nurses’ ability to give quality care via telehealth</td>
<td>Telehealth conducted in various healthcare facilities</td>
<td>Variables include how the patient care is being delivered and effectiveness</td>
<td>Analysis of the number of nurses who are considering leaving profession due to burnout, anxiety, and depression</td>
<td>32% of nurses were thinking of leaving the profession, 70% were reported to have symptoms of anxiety and depression</td>
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<td>Talarico, 2021</td>
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<td>35-50% of people with MH diagnosis go untreated, 1.46 psychiatrists per 100,000 patients</td>
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