

Communication is the tip of the iceberg: Overcoming hidden barriers to realise inclusive mental health care for people with communication access needs.

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Short Abstract

People with communication access needs may face elevated risk factors for poor mental health. Existing research and reports from the Australian Disability Royal Commission (Commonwealth of Australia, 2023a) identify that this group are frequently exposed to events that negatively impact mental health and wellbeing. Social and legislative imperatives exist to improve the communication accessibility of mental health supports (Commonwealth of Australia, 2021, 2023b). Article 25 of the United Nations Convention on the Rights of People with Disability states that people with disability have the right to quality health care that is responsive to the individuals' access requirements (United Nations, 2006). However, mental health care remains inaccessible to many people with communication access needs (Noyes & Wilkinson, 2023; Watson et al., 2021). The Conceptual Model of Access to Health Care (Levesque et al., 2013) provides a model to investigate access to mental health care for people with communication access needs through a human rights lens. The factors influencing mental health care are multi-factorial and can be hidden. Accounts from participants indicated that communication access is just the tip of the iceberg when seeking mental health care. In this presentation we will describe the systemic barriers and supports impacting access to mental health care as described by people with communication access needs, everyday communication partners, and mental health workers.

Long Abstract

People with communication access needs may face elevated risk factors for poor mental health. Existing research and reports from the Australian Disability Royal Commission (Commonwealth of Australia, 2023a) identify that this group are frequently exposed to events that negatively impact mental health and wellbeing. Social and legislative imperatives exist to improve the communication accessibility of mental health supports (Commonwealth of Australia, 2021, 2023b). However, mental health care remains inaccessible to many people with communication access needs (Noyes & Wilkinson, 2023; Watson et al., 2021). The Conceptual Model of Access to Health Care (Levesque et al., 2013) provides a model that assists investigation into the mental health care experiences of people with communication access needs through a human rights lens. In this presentation we will describe the barriers and supports influencing access to mental health

care as described by people with communication access needs, everyday communication partners, and mental health workers.

Method.

The Human Rights Model (Degener, 2016) was used to inform the design of a participatory-social justice mixed methods study exploring access to mental health care for people with communication access needs. Online surveys and interviews were designed in collaboration with lived-experience research advisors and delivered to three groups: people with communication access needs (n=6 survey, n=9 interview), their ECPs (n=9 survey, n=6 interview), and MHWs (n=24 survey, n=9 interview). Framework Analysis (Ritchie et al., 2014) was used to analyse the interviews and survey data was analysed using descriptive statistics. Quantitative and qualitative data were integrated using the Framework approach. The information from the three groups was further contextualised using Levesque et al.'s (2013) Conceptual Model of Access to Health Care to better understand the barriers and supporters throughout the process of securing mental health care.

Results.

During the data collection phase of this research project, it became apparent that participants had discussed access barriers and facilitators across the trajectory of mental health help-seeking. Thus, a model was sought that would adequately capture experiences across time points in the mental health care journey. Thus, the Conceptual Model of Access to Health Care (Levesque et al., 2013) was used to integrate findings, policy, and literature to develop recommendations to support access to mental health care from primary to tertiary service provision. The six stages in the trajectory of health care practice: 1) emergence of mental health care needs; 2) perception of mental health support needs and desire for care; 3) mental health care seeking; 4) mental health care reaching; 5) mental health care utilisation; and 6) mental health care consequences (Levesque et al., 2013). Our findings are incorporated at each stage of the model shows that the supports and factors are multi-layered and not all are visible. The outcomes assist in proposing strategies that enable the inclusion of people with communication access needs as active participants in mental health care.

Conclusions.

The findings of this study clarify the challenges encountered by people with communication access needs in accessing mental health care. By prioritising lived experience perspectives in the research design and analysis, we propose access solutions relevant to the community. With the Conceptual Model of Access to Health Care (Levesque et al., 2013) as a framework to structure the barriers and facilitators of mental health support, we emphasise the value of preserving a human rights orientation in addressing access challenges in mental health care.

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