Week 5: Mental Health Advocacy Infographic

Rough Draft

Assigned Marginalized Mental Health Population: Homeless Individuals

Background: Provide a brief overview of the importance of diversity, equity, and inclusion in mental health care for your assigned marginalized population.

- Realizing and understanding the enhanced need for diversity, equity, and inclusion (DEI) in mental health care for homeless individuals is critical so that they can be treated fairly and not discriminated against by healthcare and other services. Discrimination against homeless individuals is called "homeism" (Canham et al., 2024). Based on epidemiological studies, there is an average of 25-30% of homeless individuals who have a severe chronic mental illness, schizophrenia, for example (Padgett, 2020). Homeless individuals are at increased risk for infectious diseases but also experience stress, uncertainty, and safety threats, which can increase a homeless individual's risk for developing anxiety, post-traumatic stress disorder (PTSD), depression, and other mental illnesses (CDC, 2024). There is a large gap for the homeless population between the necessary mental health needs and the available services, which causes an increased prevalence of suicidal ideations and substance use (Padgett, 2020). This not only puts the homeless population at having increased mental and physical health needs but also puts them at increased risk of death, which can lead to negative outcomes. This is important to realize because the homeless population has a mortality rate that is three times higher when compared to the general public (Mongelli et al., 2020).

Current Challenges: Highlight the existing barriers faced by your assigned marginalized mental health clients in accessing equitable and inclusive care.

- There are many current barriers that homeless individuals face, which include income, security, and housing, in addition to healthcare- related barriers such as institutional, interpersonal, structural, and intrapersonal discrimination and stigmatization (Canham et al., 2024). These barriers are considered umbrellas to many other barriers caused by discrimination and stigmatization, such as those with social services, landlords, the general public, and their social associations like family and friends. Homeless individuals who present to the emergency room for mental health needs, such as suicidal ideations, may be construed as malingering. This malingering idea may worsen when there are extreme temperatures, suggesting that the patient came to the hospital to stay warm or get out of the extreme heat, or may present related to hunger needs. Discrimination and stigma can create a barrier when addressing the homeless population's mental health needs. Examples of what the homeless population may face within the healthcare system include feeling negatively judged, invisible, or ignored by providers, longer wait times in the waiting room, denial of care or treatments, early discharges, rushed treatment, and denied pain medications (Canham et al., 2024).