

**Exploration of Mental Health as a Social Justice Problem Among Low-Income
Populations**

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SWK5002

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July 17, 2025

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Forms and Mechanisms of Oppression and Discrimination

The need to be able to access mental health care is a big social justice concern among the low-income communities in the United States. The socioeconomic status plays a crucial role on the ability of individuals to access timely, culturally competent and quality care concerning mental health. Structural barriers: The lack of funding of public health systems, the poor transportation system, poor health insurance coverage, and mental illness stigma are the mechanisms of oppression that predominantly affect economically deprived communities (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Such inaccessibility to care only fuels poverty flows since it predisposes people to chronic mental illness, drug addiction, homelessness, and unemployment. In particular, the National Institute of Mental Health (2023) documents that serious mental illness exists in more than 50 percent of low-income people in the U.S., leaving a person with a mental illness untreated, even though almost one out of every five adults in the U.S. have a mental illness. Moreover, people belonging to racial and ethnic minority groups in this socioeconomic bracket experience even more discrimination as their cultural discrimination and society-wide racism coincide with economic disenfranchisement restraining access to fair care even more.

Ethical Implications and the NASW Code of Ethics

Ethically, the lack of mental health care available to low-income people is an open conflict with social work profession values. Promoting human dignity and appreciation of each individual (Section 1.01) and interfering with social injustice (Section 6.04) highlighted in the

National Association of Social Workers (NASW, 2021) Code of Ethics are threatened when unresponsive systems exclude vulnerable people from seeking mental health assistance. Such ethical issues are pressing when clients suffer because of the lack of resources or systematic oversight. Moreover, the requirement of cultural humility and competence with respect to practice are articulated by the Standard 1.05 present in the Code, central to which is the issue of critical reflection concerning the effects of power, privilege, and oppression within practice. In this regard, a lack of promotion to have policy change and equality to access services is not only an institutional failure but also a moral lapse in the practice of professionals. Practitioners have the moral responsibility to recognize the existence of these disparities and participate in advocacy activities. This would ensure equity and inclusivity of all clients, especially clients that are most affected by socio-economic and structural inequalities.

Current Enacted Policies Addressing Mental Health Disparities

There are a number of federal or state policies that have been laid to reduce mental disparities and friendly service delivery to the associated economically deprived demographics. Affordable Care Act (ACA) can be considered an essential milestone in legislative initiatives, since it has extended Medicaid insurance and has stipulated that parity had to be provided to mental health care services, which represents the effective treatment of mental care services compared to physical health services (Centers for Medicare & Medicaid Services [CMS], 2023). At the same time, the Community Mental Health Services Block Grant (MHBG) program offers federal financing to states to promote the entire community mental health services, specifically concentrating on the uninsured and underinsured groups. These policies have enabled the establishment of better access to care as well as the enhancement of insurance coverage on mental health care among the low-income people. On the state level, the Mental Health Services

Act (MHSA) in California has enabled the enforcement of the programs at the county-level that aim at the prevention, early intervention, and underserved groups support. Such programs reflect policy interest in redressing health care disparities in mental health, but their effects are mixed, depending on the resources of the states and the needs and management of their populations.

Policy Effectiveness and Impact on Low-Income Populations

Even despite these legislative developments, some wide gaps also exist in the way these policies are profoundly followed in the practicality and how effective they can be in addressing the mental health requirements of the low income people. Although the Medicaid expansion associated with the ACA has augmented the utilization of mental health services, it has not eradicated inequity in the receiving quality of services as well as the availability of providers and continuity (Han, Blanco, Compton, & Olfson, 2022). Long waiting times, limited workforce, and the lack of culturally competent services (specifically, those found in rural locations or disadvantaged areas of cities) are quite common among many people. The mentioned limitations outline the gap between the policy intent and the life reality of the target population. Similarly, it is possible to note both positive assessments of MHSA in terms of its effectiveness in minimizing psychiatric hospitalization and maximizing the use of outpatient services and criticism linked to resource allocations and fails in accountability monitoring (UCLA Center for Health Policy Research, 2023). Therefore, these policies may be promising but the structural inefficiencies of the policies appliances and absence of structural follow through is what limits them in achieving their potential. This aspect of challenges posing intractability further highlights the importance of perpetual policy adjustments, sufficiency in funds used, and inclusion of culturally sound practices.

Advocacy Methods and Recommendations

To address these ongoing problems, an array of advocacy approaches has developed, which include lobbying legislators and educating the population. The National Alliance on Mental Illness (NAMI) or mental health America have been successful in trying to change the policy on mental health and educating people about care inequality. Such attempts highlight the significance of planning and participation in bringing about policy change. However, one of the limitations to the success of advocacy initiatives has been the lack of funds, polarization on politics, and the established stigma about mental illness. In an effort to increase the success of these strategies, social workers will have to assume a leadership position on advocacy activities by the virtue of their own experience in the field, as well as, their ethical imperative of ensuring social justice. To better achieve a client-based and sustainable reform, it is also possible to include participatory models of advocacy. It help give a voice to the individuals with lived experience. Going ahead into the future, the scale of investment in the telehealth infrastructure and the degree of incentive to providers to work in the high-need areas, and policy monitoring provision within the system is required to be done in order to achieve equity in both access and outcomes to mental health care of the low-income populations.

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