



# ACCESS TO AFFORDABLE AND AVAILABLE MENTAL HEALTH PROVIDERS

## NEVADA ECONOMIC JUSTICE WORKGROUP

### MENTAL HEALTH ACCESS AS VIOLENCE PREVENTION

Inadequate mental health services and co-occurring Intimate Partner Violence (IPV), demonstrates how neglecting to prioritize mental health services, increases violence and causes victim survivors to suffer. After an instance of power-based violence, victim-survivors are at heightened risk of Post-Traumatic Stress Disorder (PTSD), substance abuse, and mental illnesses such as depression and anxiety.

## These negative outcomes also increase risk factors for future violence and re-victimization.

[1] Perpetrators often target those with untreated mental illnesses because of their vulnerability and likely previous victimization. Repeat victimizations and untreated mental health symptoms keep victim-survivors from adequately functioning in society, making it challenging to maintain employment, attend school, and parent to the best of their ability. This further perpetuates a cycle of violence and may keep individuals in lower socio-economic standing, needlessly increasing their future risk of violence.

Access to mental health services benefit victim-survivors and society. According to research, having mental health interventions may decrease the likelihood that an individual becomes a perpetrator of power-based violence in the first place. “Both for survivors and perpetrators, mental health treatments may have additional indirect benefits for IPV reduction by conferring psychological and social skills - strengthening communication, stress management, and anger management skills, and reducing social isolation - that may reduce IPV incidence.” [2]

Gaps in community mental health services also affect youth and their long term success. “Promising evidence suggests that there are benefits to in school mental health services. When provided social and emotional learning and universal mental health care interventions, there are improvements in student social competency and behavioral and emotional functioning. Additionally, improvements are seen in academic indicators, such as grades, test scores, attendance, and teacher retention.” [3]

Youth with routine access to mental health support are less likely to become perpetrators or victim-survivors of power-based violence. Prioritizing positive mental health by increasing available services and reducing the stigma around receiving help benefits our communities by equipping those in need with the tools and confidence necessary to live independently.



# ACCESS TO AFFORDABLE AND AVAILABLE MENTAL HEALTH PROVIDERS



## Mental Health in Nevada

In a 2022 Mental Health America study, Nevada ranked 51st in the nation for access to mental health care for both adults and youth. [4] In the same study, Nevada had only one mental health provider (psychiatrists, psychologists, licensed clinical social worker, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health) for every 460 Nevadans.

## Because of the lack of available mental health providers, Nevadans are suffering.

Examining Clark County School District (CCSD), the 9th largest school district in the country, it is evident that students are also feeling the effects of unaddressed mental health challenges. During the first seven months of the 2021-2022 school year, there was an unprecedented increase of school violence, with roughly 7,000 calls to police for violent offenses. [5]

Despite increased budgets for school police/police presence, incidences of violence continue to rise. This could be due to an undeniable dearth of school psychologists. Nevada currently has one school psychologist for every 1,866 students. [6] The recommended ratio is 500:1. We must prioritize mental health interventions for youth. Our youth cannot become successful adults who hold their peers accountable and practice anti-violence if they lack coping skills and assistance with their mental health struggles.

Early mental health interventions will decrease violence and re-victimization. Dr. Stephanie Woodward of the Nevada Department of Health and Human Services has noted that to decrease barriers to mental health care in Nevada, we must prioritize and address [7]:



**COVERAGE**



**ACCESSIBILITY**



**TIMELINESS**



**WORKFORCE DEVELOPMENT**

[1] Centers for Disease Control and Prevention. Sexual Violence: Risk and Protective Factors. Retrieved from: <https://www.cdc.gov/violenceprevention/sexualviolence/riskprotectivefactors.html>

[2] Tol, W.A. et al. February 2019. Can mental health treatments help prevent or reduce intimate partner violence in low- and middle-income countries? A systemic review. BMC Women's Health. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6376658/>

[3] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Global Health; Forum on Global Violence Prevention. March 2018. Violence and Mental Health: Opportunities for Prevention and Early Detection: Proceedings of a Workshop. National Academies Press. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK488196/>

[4] Mental Health America. 2020. The State of Mental Health in America: 2020. Retrieved from: [https://mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020\\_0.pdf](https://mhanational.org/sites/default/files/State%20of%20Mental%20Health%20in%20America%20-%202020_0.pdf)

[5] Billoř, Zachary. March 2022. CCSD and the potential of mental health services. Nevada Current. Retrieved from: <https://www.nevadacurrent.com/2022/06/14/ccsd-and-the-potential-of-mental-health-services/>

[6] hymianos, Kristian et al. March 2022. Youth Mental Health in the Mountain West. Health Fact Sheet No. 15 The Lincy Institute & Brookings Mountain West. Retrieved from: [https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1013&context=bmw\\_lincy\\_health](https://digitalscholarship.unlv.edu/cgi/viewcontent.cgi?article=1013&context=bmw_lincy_health)

[7] Woodard, Stephanie. July 2022. Improving Access to Behavioral Health Care in Nevada. Department of Health and Human Services. Retrieved from: <https://www.leg.state.nv.us/App/InterimCommittee/REL/Document/27967>