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**Title**

*Through the Lens of the Community: Reviewing Public Testimonies of Colorado Mental Health Care to Improve Medical Education*

**Priority 1 (Research Category)**

Behavioral, psychosocial, and mental illness

**Presenters**

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**Abstract**

Context: The U.S. mental health system is inadequate to support people with mental illnesses, their family members and the communities that serve them. With calls for mental healthcare reform, we seek to understand the needs of those living with mental illness, their caregivers and family members, and the community at large to help reform medical education. Objective: We investigated the gaps and barriers faced by mental health community members in the Denver Metro Area through public testimonies to identify opportunities to improve medical education. Study Design / Setting / Dataset: 69 online public testimonies delivered in Sep. 2019 – Mar. 2020 were retrieved from the Colorado Department of Human Services Behavioral Health Task Force. Population Studied: Community members were from 9 locations: Arvada, Breckenridge, Colorado Springs, Denver, Douglas County, Durango, Eagle County, Grand Junction, and Westminster. Intervention / Instrument: 2-3 researchers independently conducted qualitative thematic analyses, in addition to Natural Language Processing (NLP) to improve context and nuance. Results / Outcome Measures: Inductive NLP generated word frequency, bi-grams, trigrams, and a word web to depict the interconnectedness among commonly expressed themes. Cross-referenced with the framework approach, the results identified 4 primary themes: (1) structural barriers, (2) equity of access, (3) population-specific needs, and (4) training and education gaps. Common structural barriers included financial, political, and socioeconomic barriers. Social inequities included stigma, poor education, and lack of awareness of available resources. Training barriers highlighted frustration related to lack of cultural awareness, diagnosing, and care coordination. Population-specific needs were identified among the deaf and hard of hearing, incarcerated persons, those experiencing homelessness and patients suffering from substance use disorders. Conclusions / Expected Outcomes: There is a pressing need to understand the perspectives of community members to identify barriers to treatment and improve the training of medical professionals. In future work, we will seek to address these identified barriers through pre-clerkship medical student experiences (e.g., having students help patients and their families identify navigate systems) with the hope of both reducing barriers for patients and their families and changing attitudes and beliefs among future physicians.