

Advocacy for Counseling Profession and Clients

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### **Introduction**

In recent years there has been considerable attention paid to the relationship between physical and mental disorders. Moreover, the frequency with which physical illnesses are accompanied by the symptoms of behavioral disorders, is also urging counselors and therapists to consider treating both kinds of illnesses together. The emotional and behavioral disorders often overlooked, and even rejected, in the preparation of serious physical illnesses management plans, such as cardiovascular disease, diabetes, gastrointestinal disorders, communicable diseases and treatment of accidents and serious physical trauma (McConnell et al. 2012). This situation creates disparity in mental illness treatment and also neglects the importance of diversity.

### **Discussion**

The fact that the major depression with disabilities and their negative effect on the treatment and recovery process is a physical illness overlooked so often by those charged with health care has an important effect on the person, his family and the whole system of health service delivery (Cummings et al. 2013). At the same time, for many of the thousands of people living with severe and persistent mental disorders, such as clinical depression and schizophrenia, physical health care is often inadequate or non-existent.

The disparity in coverage of health insurance for people who have been diagnosed with mental disorder further reduces their potential for physical health problems are recognized and addressed. People having severe and persistent mental disorders often struggle with physical problems such as obesity, hypertension, diabetes, asthma and others (McConnell et al. 2012). The lack of development of coordinated care and treatment systems, resulting in untreated concurrent physical and mental illness; this is not a problem only in developed countries. If anything, it is an issue that receives much less attention in countries with fewer resources, in which both systems care of the physical and mental health are less developed. Indeed, in countries where the prevailing HIV / AIDS, the impact of the disease on mental health are not being treated appropriately (Barry & Huskamp, 2011).

More than a decade of activism and advocacy for mental health and substance abuse in communities eventually led to the adoption in October 2008 of the Equity Act of parity in mental health and addictions (Mental Health Parity and Addictions Equity Act) proposed by Paul Wellstone and Pete Domenici. Interim regulations issued to implement the law have produced a new outbreak of disputes, when consumers and managed care organizations struggle over the scope of parity (Beronio et al. 2014).

Some now believe now that the need for various state mental health agencies may someday disappear. With the passage of parity legislation for mental health and health care reform that creates a pathway for the integration of mental health with general health, you

may forward to the day that a separate mental system of public health and this is not necessary (Cummings et al. 2013).

Another trend that is occurring both nationally and on a state-wide basis is the issue of considering diversity in mental health. One of the most important requirements for understanding user behavior, patient or neighbor is to know how they see the world. It is therefore important to seek and acquire a solid cultural knowledge and understanding of ethnic differences of individuals (Mechanic et al. 2013). This multicultural knowledge involves learning and finding information about cultures, world views and experiences of different groups of people: the heritage, history, family structure, values, beliefs, etc. In the field of mental health, for example, is important for proper diagnosis and treatment meet user beliefs about the origin and nature of mental health, how to manifest symptoms, coping style, the system family and community support, the provision for compliance, etc. Also, you must have accurate information on the institutional, political context and mechanisms of oppression and discrimination suffered by the minority group in question. This dimension of cultural competence must be completed with an attitude of continuous search for information and making appropriate and meaningful questions (Collins et al. 2011).

The field of psychology has long recognized the importance of considering cultural/diversifies issues in the training of future clinicians. Accreditation criteria from the American Psychological Association require that programs engage in actions that indicate respect for and understanding of cultural and individual diversity (Taylor & Hemmington, 2014). As a result, most programs in clinical psychology incorporate training in multicultural issues into every trainee's curriculum to expand their horizons and knowledge base of the various cultures that may be encountered in their professional practice, This helps therapists better understand their clients culturally influenced decision-making and overall approach to mental health services (Mechanic et al. 2013).

The diversity of human values in mental health means that the healthcare professional, as an expert, must have the knowledge and skills to understand the perspectives or their patients as unique individuals. A balanced ethical agenda thus puts the Patient firmly at the centre of the ethical action (Jacobson & Farah, 2012), where values clash, though, the professional must also have the knowledge and skills required for shared decision making, for drawing on the rich variety of Perspectives represented by the different agencies involved in mental health services. This gives a distinctive and important new role to the multi-agency team (Taylor & Hemmington, 2014).

### **Conclusion**

The ability of a therapist to be aware of and sensitive to the cultural influences acting on their clients impacts not only the client's perceptions of the therapists; ability to help, but also the actual outcomes of therapy. On the other hand, parity laws on mental health are extremely important in order to reduce disparities health among those receiving quality care and those without. The health care system can lead the way; there is no reason to exclude the health care system of mental health services. Hence, then, that the parity between physical and mental health care services in is vital.

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