Our society's most significant health crisis is almost invisible. It's the problems we do not see that plague us the most. The COVID-19 pandemic certainly created, exacerbated, and exposed the vulnerability of our healthcare system. More than that, it pushed some of our most delicate citizens into a mental health crisis. The mental health crisis affects many, but not all, in the same way. Socioeconomics, demographics, age, and ethnicity may all play a role in how care is received.

While mental health is a commonly accepted and discussed topic today, it is also considered taboo, nonexistent, or even demonic, especially in times past. In many ethnic communities, it is still prevalent for even severe mental health issues like schizophrenia, bipolar, and chronic depression to be heavily shamed and ostracized. Studies show that these behaviors resonate heavily in the Black and Hispanic communities adding to already acknowledged internal and external ethnic stigmatization and disenfranchisement in the workplace and school environments.

For these reasons, a person with a mental illness may be seen as unreliable, weak-willed, and lesser, prompting some with psychological disorders to avoid seeking mental and physical help. Sadly, due to the lack of support, some of these individuals pass on the same ideals and views regarding mental health to their children, discouraging the acknowledgment of this needed area of personal health concern.

To properly promote mental health care, we need more than a month on a calendar to address the chronicity of diseases and the types of treatments. May is mental health awareness month, but what are our personal thoughts on the matter? Are we quick to use derogatory terms to describe an individual's mental state? There is great bravery in seeking help for psychological illness, as this often involves discussing one's innermost feelings and thoughts.

Solutions for change aren't just on the individual and personal level. They also involve strategic collective community efforts from pediatric to geriatric patients instead of allowing commercialism to drive our healthcare outcomes. Once a person recognizes the need for help and has the desire to seek

assistance, the first barrier may be financial, a major hurdle to climb. Even those with insurance coverage might pay large sums of money for counseling, proper medications, and office visits. In addition, some insurance plans do not cover mental or behavioral health concerns. One solution is to tier behavioral health needs within a plan so that the most serious, dangerous, and common illnesses are always covered, like the common cold, a headache, or having a child. The last three mentioned illnesses are common to most individuals at some point and time. The second solution is to provide consistent and strategic governmental funds for counseling and other therapies.

Rural communities such as the community I live in suffer intensely when the number of patients exceeds the number of providers; in fact, the community in which I reside has near zero counseling for children within a 50-mile radius. Maybe this would have saved my high school peer who tragically took his life mid-pandemic. Teen suicide, anxiety, and depression escalated due to abrupt changes in routine, lockdowns, and isolation. For teens, telehealth could be a readily used modern-day technology tool. Adolescents are already familiar with cell phones and computer use, so using this technology coupled with a teleconference platform such as Zoom would assist those with limited access to care. In addition, most teens attend some form of school. A quarterly direct school assessment and screening could readily assess and identify troubled teens. Also, we could use app development to anonymously screen children and teens using established and vetted assessment tools. Interventions could then occur at school with parental consent.

In conclusion, our communities must work together on a local–town and city- level to develop tiered strategic stratified care plans for its individual citizens, including populations that are young and vulnerable. These plans can be expanded to counties and then cluster or groups of counties based on community needs. Insurance and financial barriers are prevented when patient care drives mental health programming rather than patient profits. People should be valued more over the yields that their

health care struggles generate. Healthy citizens are better citizens, and the profits are in their continued health in our society.