

# Bridging Mental Health Gaps for Underserved Communities Through Trauma-Informed Care

---

## ABSTRACT

**Aim:** To review how trauma-informed care frameworks have been implemented in practice to improve gaps in mental health among the underserved populations across the United States, with emphasis on the integration of CBT and culturally adapted modalities.

**Study Design:** A literature-based review concerning systemic barriers, effective interventions, and scalability of the trauma-informed approach among the underserved population.

**Methodology:** A systematic review of the peer-reviewed literature between 2019 and 2024 through databases such as Google Scholar, PubMed, PsycINFO, Scopus, and Cochrane Library. The review targeted interventions for trauma-related mental health problems, including intimate partner violence, exposure to violence during youth, and systemic inequities.

**Results:** The study revealed that trauma-informed care, together with cognitive behavioral treatment and community-based interventions, showed a great enhancement regarding mental health for underserved populations. Early interventions, along with culturally competent strategies, have been identified to reduce the long-term effects of trauma, reduce disparities, and increase access to mental health services.

**Conclusions:** Trauma-informed care provides a practical framework for bridging mental health gaps in underserved communities. It is necessary to address structural and cultural barriers to equitable access to effective and sustainable mental health solutions.

*Keywords: Trauma-Informed Care (TIC), Cognitive Behavioral Therapy (CBT), Underserved Communities, Community-Based Interventions*

## 1. INTRODUCTION

Mental health disparities persist as a significant public health concern for underserved communities across the country. Factors such as socioeconomic challenges, systemic inequities, and cultural stigmas contribute to limited access to adequate mental health care in these populations[1, 2]. Approximately 21% of adults in the United States experienced mental illness in 2021, yet underserved communities face disproportionately higher risks due to structural and cultural barriers [3]. Innovative frameworks are required for the implementation that would cater to the needs of the vulnerable populations.

Trauma is one such less-recognized but critical factor that leads to mental health disparities among underserved communities. Traumatic experiences related to intimate partner violence, community violence, systemic discrimination, and intergenerational poverty contribute to poor mental health outcomes[4, 5]. Such experiences give rise to a host of

psychiatric disorders, including post-traumatic stress disorder, depression, anxiety, and substance use disorders [6, 7]. The impacts of trauma are never limited to an individual experience but trickle down into the family and community dynamics that continue in cycles of disadvantage and inequity [8].

Trauma-informed care has emerged as one promising framework to address these disparities in mental health. Trauma-informed care takes into consideration the widespread impacts of trauma on persons, creating safe, supportive conditions that foster recovery and resiliency. Incorporating such principles as safety, trustworthiness, peer support, empowerment, and cultural competence helps make holistic and inclusive care for the individual [3]. This is of importance, especially within populations defined as underserved, who, through inequity in history and systemic dimensions, have experienced higher distrust of healthcare systems.

Cognitive Behavioral Therapy (CBT), an evidence-based psychotherapy modality, has been shown to effectively complement TIC frameworks by addressing the psychological and behavioral impacts of trauma. CBT focuses on identifying and altering maladaptive thought patterns and behaviors, promoting healthier coping mechanisms, and fostering emotional resilience [9, 10]. Studies indicate that CBT is especially effective in managing trauma-related disorders such as PTSD and depression, even in resource-limited settings [11, 12].

One of the strong points of trauma-informed care is that it easily adapts to the incorporation of culturally competent strategies. Cultural competence refers to the design of interventions that respect the diverse cultural beliefs, values, and practices of the different populations. This is really important in underserved areas where cultural stigma about mental health and systemic racism have prevented many from seeking proper care [13, 14]. Culturally competent care ensures that interventions are not just accessible but relevant and successful.

The second cornerstone is early intervention, since the earlier appropriate support is offered, the less likely the continuation and severity of mental health problems manifesting, thus reducing serious negative outcomes in the longer term. Early identification of trauma and subsequent treatment reduce the risk of poor long-term mental health outcomes [8]. Some successful community-based programs have been using early intervention strategies and involve school-based mental health services, or neighborhood outreach initiatives; such programs have shown overall reductions in disparities in youth and family mental health across underserved communities [15].

Implementation of trauma-informed care in under-resourced communities follows through on the national priority to reduce health care disparities and advance equity in mental health services. The Affordable Care Act and subsequent policies have placed great emphasis on integrating mental health into primary care, especially in resource-poor areas [3]. Trauma-informed care frameworks outline how these goals may be reached by way of the etiology of disparities in mental health and subsequent systemic change. However, the successful integration of trauma-informed care into mental health systems requires overcoming several challenges, including funding constraints, workforce shortages, and a lack of standardized training for healthcare providers. Collaborative efforts among policymakers, healthcare providers, community leaders, and researchers are essential to address these barriers and ensure the sustainability of trauma-informed care programs [16]. This study investigates the potential of trauma-informed care in reducing gaps in mental health for underserved communities. The study evaluates recent progress in the articulation of TIC models and their incorporation into evidence-based practices such as CBT to identify approaches through which sustainable, equitable mental health programs can be designed. The findings

underpin the transformative potential of trauma-informed care in building resilience, enhancing accessibility, and improving societal well-being for underserved populations.

## **2. METHODOLOGY**

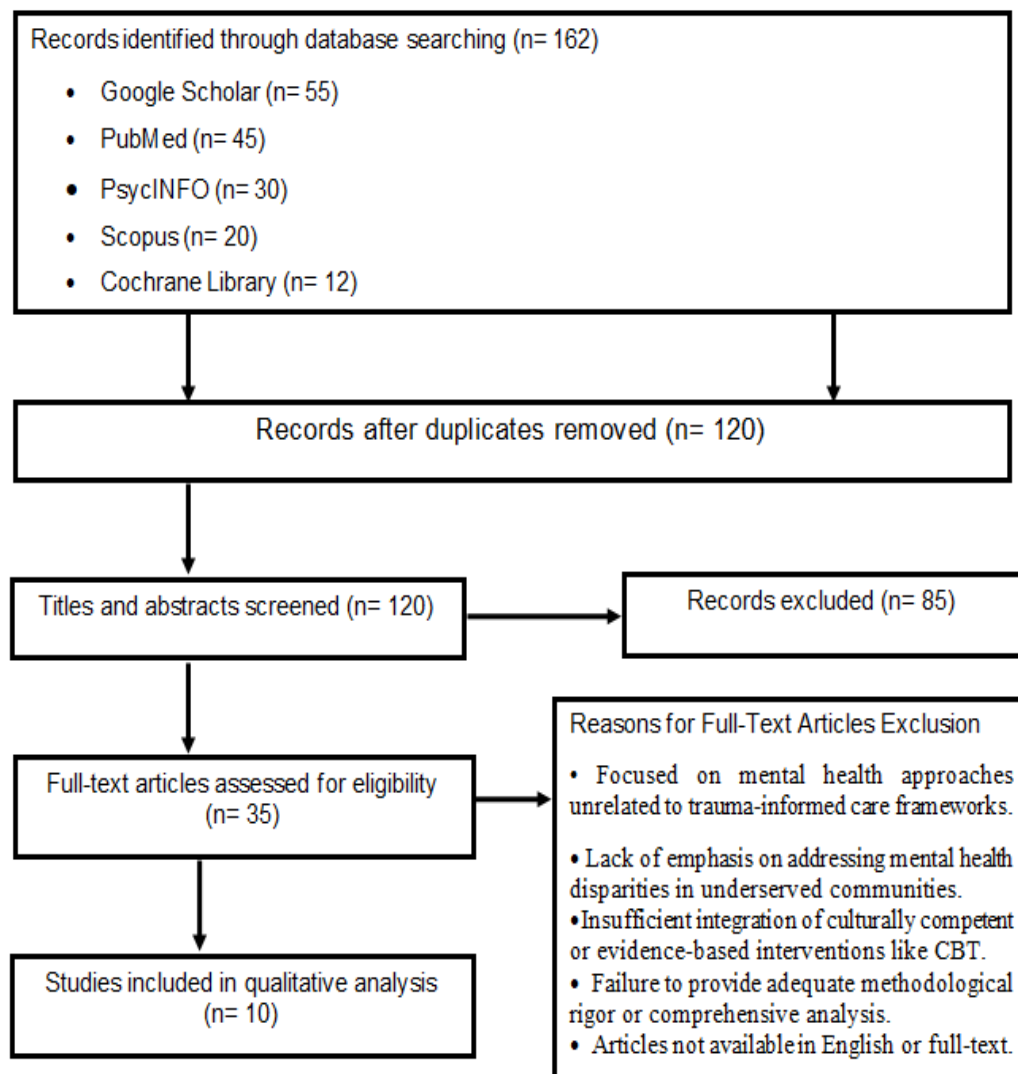
The study methodology for trauma-informed care as a strategy to address mental health disparities in underserved communities followed a systematic approach in which relevant and high-quality evidence was included. The process included a rigorous literature search strategy, an organized study selection process, and the evaluation of limitations.

### **Literature Search Strategy**

The literature search was comprehensive and involved five major databases: Google Scholar, PubMed, PsycINFO, Scopus, and Cochrane Library. These databases have been selected because all carry comprehensive coverage of the peer-reviewed literature in public health, psychological, and health care disciplines. Specific keywords combined with Boolean operators comprised the search strategy and included the following: "trauma-informed care," "mental health disparities," "underserved communities," and "Cognitive Behavioral Therapy (CBT)." For example, the following search strings included: "trauma-informed care AND underserved communities AND mental health interventions" to identify studies that are focused on the intersection between trauma-informed practices and health equity. Filters were applied to ensure that the studies were in English, between 2019 and 2024, to capture recent and relevant findings.

### **Selection Process for Studies**

All search results were systematically reviewed to identify studies for possible inclusion in this review. In all, a total of 162 records (See Figure 1) were identified: Google Scholar (55), PubMed (45), PsycINFO (30), Scopus (20), and Cochrane Library (12). After the removal of duplicates, 120 unique records were considered for screening. After screening through the titles and abstracts, 85 were excluded since they were irrelevant to trauma-informed care, mental health disparities, and/or serving underserved communities. Subsequently, full texts of 35 articles were retrieved and checked against predetermined eligibility criteria. Studies also needed to focus on trauma-informed care frameworks, discuss disparities in mental health of underserved populations, and incorporate culturally competent or evidence-based interventions, including CBT. Hence, 10 studies satisfied all the inclusion criteria for qualitative synthesis.



**Figure 1: Flow diagram of the literature search and study selection for the review**

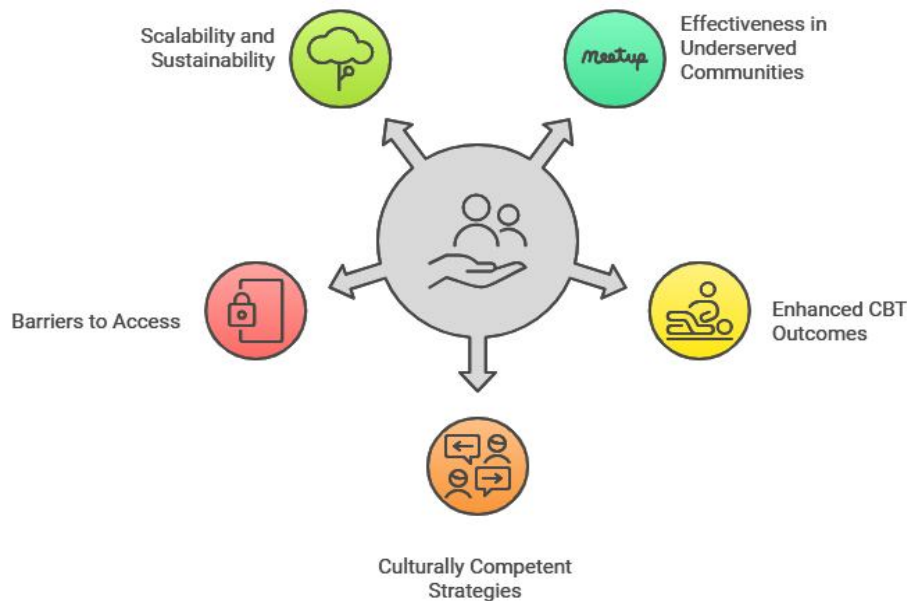
During the full-text review, articles were excluded for a number of reasons. The studies that did not present methodological rigor, did not report on outcomes of interest, or did not explicitly focus on trauma-informed care frameworks were excluded. Other articles were excluded for addressing general mental health topics not related to underserved populations or for being published in non-English journals due to reduced accessibility. Such exclusions have been made to include only the most relevant and methodologically sound studies [17].

Although the methodology applied was appropriate, a few limitations need to be recognized. The paper was limited to English-written studies, and as such, it must have excluded worthwhile literature conducted in non-English-speaking countries, and potential bias might appear. Also, limiting the timeframe for sources to a narrow range of 2019-2024 may exclude foundational research that could provide historical insights. The reliance on peer-reviewed literature also introduced publication bias, as studies with inconclusive results are less likely to be published. Finally, the heterogeneity of studies in terms of population focus,

intervention strategies, and outcome measures posed challenges for synthesizing findings [18]. Despite these limitations, the methodology provided a strong framework that could be used to identify and analyze relevant studies. Further research might overcome these limitations by considering non-English studies, extending the timeframe, and including gray literature to reduce publication bias. These would make subsequent analyses more comprehensive and further enhance the understanding of trauma-informed care as a gap-narrowing strategy for mental health in underserved communities.

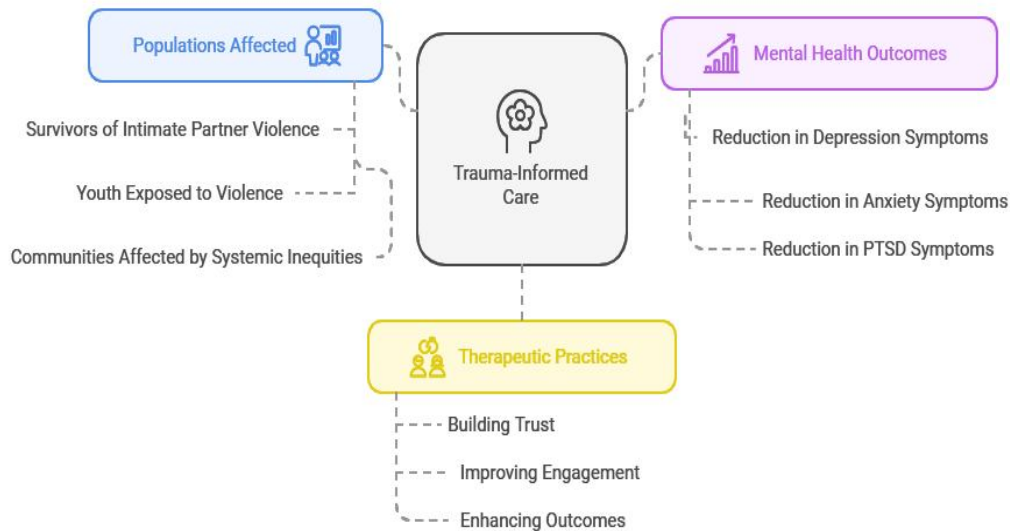
### 3. RESULTS AND DISCUSSION

The findings on the implementation of trauma-informed care in disadvantaged populations, especially when combined with CBT and culturally competent interventions were found to have a number of important findings (see figure 2).



**Figure 2: Trauma-informed care outcomes**

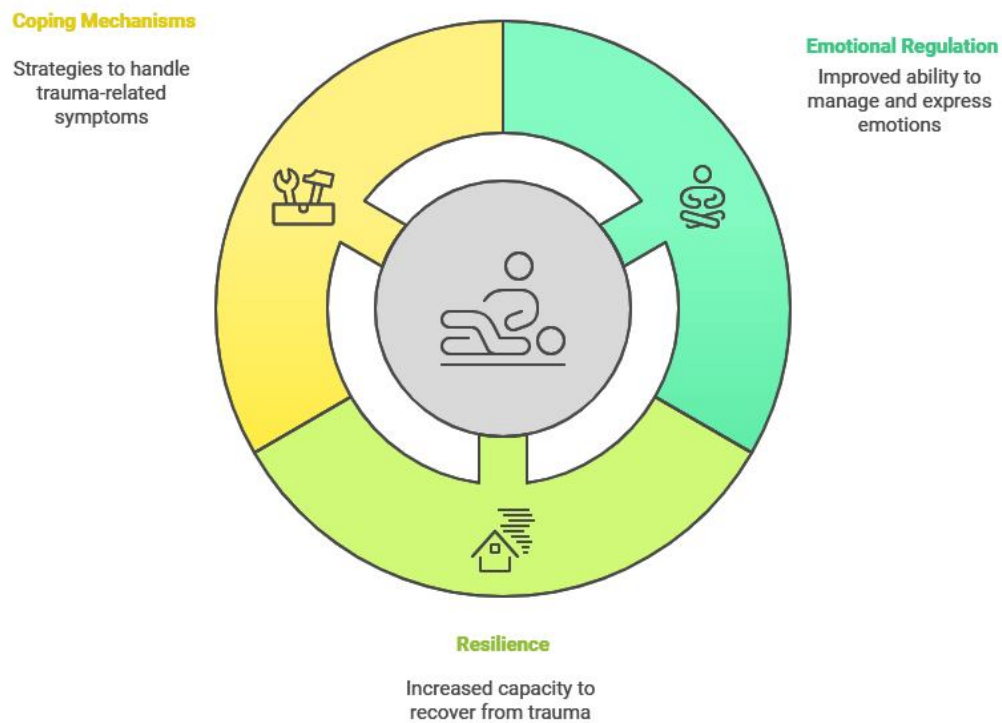
The studies consistently bring forth how TIC frameworks address the issue of mental health disparity, especially among populations that are afflicted by trauma, survivors of intimate partner violence, youth who have been exposed to violence, and communities from backgrounds of systemic inequities. A review by Salter et al [19], has shown a decrease in symptoms related to depression, anxiety, and post-traumatic stress disorder in TIC approaches within marginalized populations. The integration of trauma-sensitive practices within therapeutic settings fosters trust between patients and providers, improving therapeutic engagement and outcomes [20, 21].



**Figure 3: Impact of trauma-informed care on mental health outcomes in underserved populations**

### **Integration of Cognitive Behavioral Therapy (CBT)**

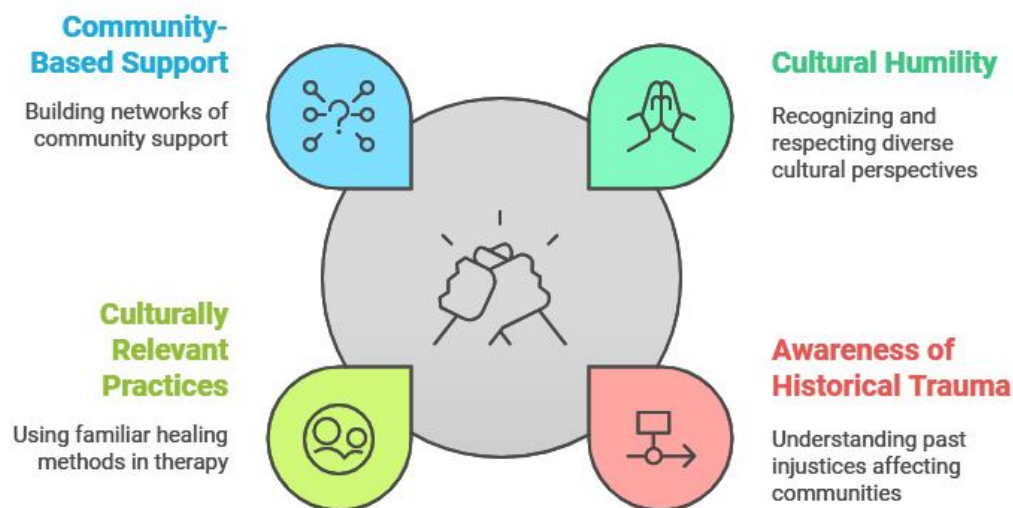
The combination of TIC and CBT was particularly effective. CBT, as a structured therapeutic intervention, aids in addressing maladaptive thought patterns associated with trauma [22]. When adapted for trauma, CBT helps individuals process traumatic memories, challenge negative beliefs, and develop coping mechanisms, which are crucial in communities where trauma is widespread. Thomas et al [23], demonstrated that integrating CBT into TIC increased emotional regulation and also resilience for low-income youth, providing the youth with methods to self-manage symptoms associated with trauma.



**Figure 4: Effectiveness of Integration of Cognitive Behavioural Therapy (CBT) with Trauma-Informed Care.**

#### **Culturally Competent Strategies**

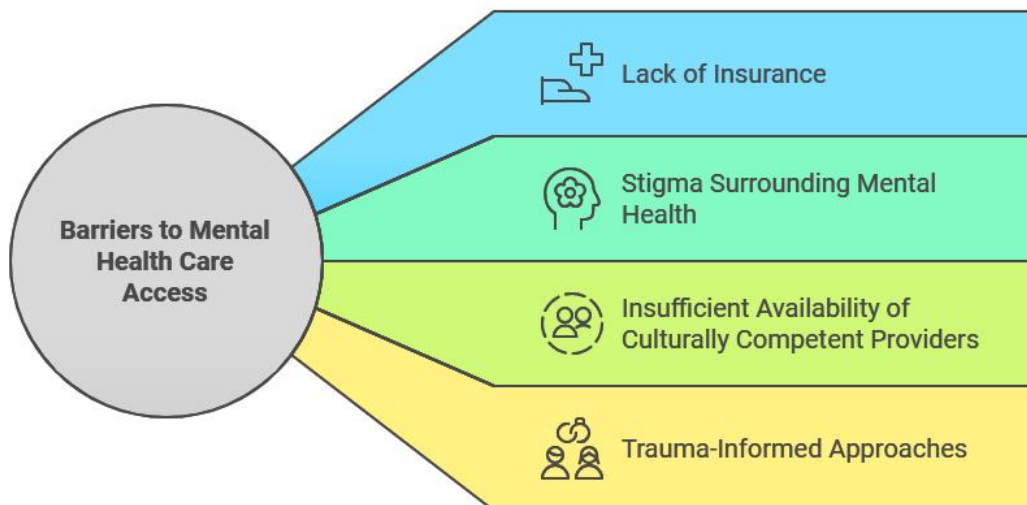
It was identified in the review that cultural competence was the main ingredient to the successful implementation of the trauma-informed practice. The review found that cultural humility, awareness of historical trauma, and the use of culturally relevant healing practices significantly enhanced the therapeutic relationship and outcomes for diverse populations [24]. For example, the inclusion of community-based support networks and other culturally relevant practices, like group therapy and traditional healing approaches, were more acceptable and effective for specific populations [25].



**Figure 5: Role of culturally competent strategies in enhancing trauma-informed care.**

### Barriers to Access

Major barriers to accessing mental health care include lack of insurance, stigma about mental health, and lack of availability of culturally competent providers. These factors often result in underutilization of the services provided for mental health [26]. In spite of such challenges, trauma-informed approaches that focused on safety, trustworthiness, and empowerment mitigated some of these barriers and allowed better engagement with mental health services[27].

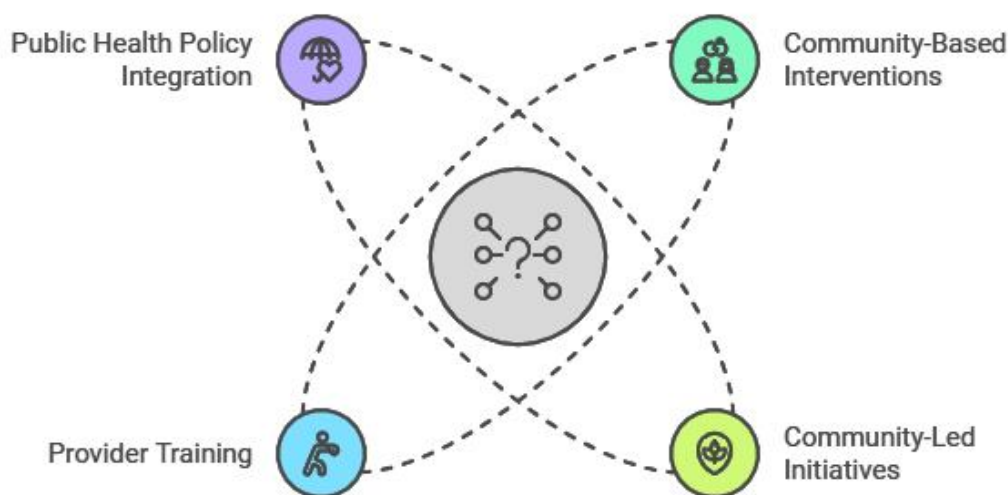


**Figure 6: Barriers to mental health care access**

### Scalability and Sustainability



The scalability and sustainability of trauma-informed interventions were highlighted as key to the long-term success of the program. Community-based interventions are found to enhance the reach and sustainability of TIC programs. In fact, a study by Vera et al. [28] found that community-led initiatives, such as peer counseling and family-focused programs, were effective in extending the benefits of trauma-informed care beyond the clinical setting. It also showed that the use of training providers in trauma-informed approaches, along with integration into public health policy, may ensure the scale-up of such interventions for diverse underserved communities.



**Figure 7: Scalability and sustainability of trauma-informed care interventions in underserved communities.**

This review indicates that trauma-informed care, when combined with cognitive-behavioral principles of treatment and culturally appropriate strategies, provides a particularly promising framework for addressing disparities in mental health in underserved communities. The integration of TIC into mental health services offers a transformative approach for addressing mental health disparities-particularly in underserved communities. TIC places great emphasis on understanding trauma as a pervasive and universal experience in these communities, which is important to the improvement of engagement and outcomes in mental health treatment. This approach not only recognizes the direct impact of trauma on an individual's mental health but also includes strategies that make safety, trust, and empowerment first and foremost. TIC is guided by the notion that safety and support provide trauma survivors with the sense of safety needed to heal and recover in therapeutic settings. The provision of safety helps in reducing the negative impact that trauma has on anxiety, depression, and posttraumatic stress disorder (PTSD), which are quite common within marginalized communities [3].

Another important reason incorporating TIC into mental health frameworks is the fact that it considers the hesitation or reluctance that many underserved community members have towards seeking mental health services. Poor communities cannot take this step because of fear of judgment, distrust of the healthcare system, and negative experiences with providers in the past. TIC deconstructs these complications in service by emphasizing the lack of judgment in approach, hence allowing individuals to seek help without feeling stigmatized or misunderstood. Studies, one of which was conducted by Thomas et al. [23] demonstrate that

trauma-informed approaches are associated with improved client retention rates and increased engagement in treatment. These findings are important in highlighting the potential of TIC to break down long-standing barriers to mental health services and facilitate sustained engagement, which is critical for achieving long-term mental health improvements.

Indeed, the integration of Cognitive Behavioral Therapy into trauma-informed frameworks is a significant development in the treatment of trauma, especially among underserved populations. CBT is an established, structured therapeutic intervention that focuses on addressing negative thought patterns, which many times arise in individuals who have experienced trauma[27]. Trauma typically distorts one's thinking, leading to maladaptive beliefs such as feelings of helplessness, worthlessness, or guilt. These cognitive distortions could further deteriorate emotional regulation and coping, hence exacerbating mental health disorders. It is in CBT that these cognitive distortions are addressed; the thinking patterns of the individual are reframed to think in healthier ways of coping-managing trauma symptoms, for instance.

This adaptation of CBT via trauma-informed, better suits the needs of the marginalized because it recognizes unique ways in which trauma might manifest. For instance, individuals from the underserved community may suffer from piled-up trauma, which could be due to systemic inequities, poverty, racism, or discrimination. Integrating a trauma-sensitive approach into CBT assures that layers of trauma will be taken into consideration while tailoring interventions. As shown in the studies by Salter et al. [19] and Ranjbar et al. [25], greater symptom reduction, emotional regulation, and increased resilience associated with improved quality of life are realized when the principles of TIC are integrated into CBT treatment. This integration of TIC and CBT will allow these service members to better understand their thoughts, feelings, and behaviors and help them to heal and recover.

Moreover, cultural competence is a guiding principle in effective trauma-informed care, especially among community groups whose collective experiences reflect a historical course of oppression, discrimination, and marginalization. Among diverse racial, ethnic, and sexual minority populations, culturally relevant interventions should be instituted because such therapeutic engagement can ensure positive outcomes in the treatment of mental health. Going beyond just recognizing diversity within populations, cultural competence requires deep knowledge of historical, social, and cultural contexts that inform the traumatic experiences of individuals. Some communities have been deeply scarred by history, through processes such as colonization, slavery, and forced assimilation[18]. Recognizing this forms the very basis for any attempt at engendering trust in mental health care.

Integration of cultural competence into TIC frameworks involves an alteration of therapeutic approaches to conform to the specific needs and circumstances of diverse populations. This includes knowledge of the cultural values, norms, and practices that affect how individuals from different backgrounds perceive and access mental health care. Culturally appropriate healing practices, for example, may be indigenous, group, or community-based supports that dramatically enhance trauma-informed interventions. According to Sue et al. [24], when individuals feel understood and respected in a treatment setting, the therapeutic bond is more likely to be forged and result in better mental health outcomes. This approach not only improves acceptance of treatment but also increases the likelihood of participation in and benefits derived from mental health services for members from underserved communities.

Despite the established benefits of trauma-informed care, significant obstacles to mental health services exist for the underserved. Structural disparities in poverty, lack of insurance, and access to inexpensive healthcare are major barriers for individuals receiving or seeking care for their mental health. These are usually compounded by cultural stigma associated

with mental health that discourages people from pursuing treatment. For instance, in many underserved communities, mental illness can be seen as a personal weakness or something to hide, which further exacerbates the problem of not wanting to seek care.

The second critical barrier involves the availability of culturally competent mental health providers. Many underserved areas, especially rural regions, lack qualified mental health professionals, let alone those trained in trauma-informed care. This shortage leads to another barrier: providers who can understand the peculiar cultural and social contexts that surround individuals, a very important ingredient in effective treatment. Trauma-informed approaches mitigate these barriers through safety, trustworthiness, and empowerment in fostering an environment where the individual may feel supported and understood. These cannot, however, take the place of systemic changes needed for addressing root causes of inequities in access to care. Increasing funding for mental health services, trauma-informed care training among providers, and anti-stigma campaigns through public awareness can help overcome these barriers[4].

The scalability and sustainability of trauma-informed care interventions are other major issues to be concerned with in ensuring long-term success for underserved communities. While it is clear that trauma-informed approaches have numerous salient positive effects, their widespread diffusion and sustainability require community-involving systemic changes. It is only with community-based initiatives that scalability in TIC programs may be a reality—for instance, peer support, family engagement, and culturally relevant practices. In fact, such initiatives ensure ownership by community members for the sustainability of mental health initiatives, and the benefits accruable from TIC go beyond mere individual treatment to the larger community.

Success in the integration of community-based interventions largely depends on whether trauma-informed practices are inculcated into the public health systems and policies. Vera et al. [28] noted that policies that make training in trauma-informed care for health providers available, along with resources for community-based services, are vital in ensuring the sustainability of TIC programs over the long term. Furthermore, training of health professionals in approaches to trauma-informed practice is critical in ensuring continuity in the use of TIC across various platforms. Such systemic supports can facilitate the scale-up of TIC across underserved communities and make trauma-informed care a standard practice in mental health services. By embedding trauma-informed practices into community organizations and public health systems, we can create a sustainable model for addressing mental health disparities and promoting resilience in underserved populations. While this review has indicated the potency of TIC frameworks, future research should explore TIC's application in diverse global contexts, integrate non-traditional data sources, and evaluate long-term outcomes to inform best practices.

#### **4. CONCLUSION**

Trauma-informed care, coupled with culturally competent strategies and evidence-based interventions such as CBT, provides a potentially transformative pathway to reducing disparities in mental health in underserved communities. By addressing structural inequities, building cultural relevance, and focusing on early intervention, the TIC framework has the potential to bridge critical gaps in mental health care delivery. These will require collaboration among policymakers, healthcare providers, and community leaders to ensure sustainability and scalability, thus equitably expanding access to mental health care.

## REFERENCES

1. Centers for Disease Control and Prevention (CDC). Trauma-informed care in behavioral health services. *Morb Mortal Wkly Rep*. 2020;69(10):23–30.
2. Oral R, Jennissen C, Wojciak AS, Segal R, Wibbenmeyer L, Nielsen A, Conrad A, Zarei K, Coohy C, Peek-Asa C. Nationwide efforts for trauma-informed care implementation and workforce development in healthcare and related fields: a systematic review. *The Turkish journal of pediatrics*. 2020;62(6):906-20.
3. Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA's concept of trauma and guidance for a trauma-informed approach. 2022. Available from: [www.samhsa.gov](http://www.samhsa.gov)
4. World Health Organization (WHO). Integrating trauma-informed care in public health systems. Geneva: WHO Press; 2022.
5. Heris CL, Kennedy M, Graham S, Bennetts SK, Atkinson C, Mohamed J, Woods C, Chennall R, Chamberlain C. Key features of a trauma-informed public health emergency approach: A rapid review. *Frontiers in public health*. 2022 Nov 28;10:1006513.
6. Huo Y, Couzner L, Windsor T, Laver K, Dissanayaka NN, Cations M. Barriers and enablers for the implementation of trauma-informed care in healthcare settings: a systematic review. *Implementation Science Communications*. 2023 May 5;4(1):49.
7. Menschner C, Maul A. Key ingredients for successful trauma-informed care implementation. Center for Health Care Strategies. 2019. Available from: [www.chcs.org](http://www.chcs.org)
8. Ellis BH, Abdi SM, Lazarevic V, White MT. Trauma and resilience among refugee youth: A systematic review and narrative synthesis of qualitative literature. *Trauma Violence Abuse*. 2020;21(3):498–511.
9. Gkintoni E, Antonopoulou H, Kazantzi E. Cognitive behavioral therapy for enhancing emotional regulation and resilience in online learning environments: A clinical psychology perspective. In: *ICERI2024 Proceedings*. 2024. (pp. 6882–6891). IATED.
10. National Institute of Mental Health (NIMH). Post-traumatic stress disorder: Facts and statistics. 2021. Available from: [www.nimh.nih.gov](http://www.nimh.nih.gov)
11. Zemestani M, Mohammed AF, Ismail AA, Vujanovic AA. A pilot randomized clinical trial of a novel, culturally adapted, trauma-focused cognitive-behavioral intervention for war-related PTSD in Iraqi women. *Behavior Therapy*. 2022;53(4):656-72.
12. Beck JG, Grant DM, Clapp JD, Palyo SA. Cognitive behavioral therapy for posttraumatic stress disorder: A systematic review and meta-analysis. *J Consult Clin Psychol*. 2020;88(4):289–305.
13. Misra S, Jackson VW, Chong J, Choe K, Tay C, Wong J, Yang LH. Systematic review of cultural aspects of stigma and mental illness among racial and ethnic minority groups in the United States: Implications for interventions. *American journal of community psychology*. 2021 Dec;68(3-4):486-512.

14. Pottie K, Greenaway C, Feightner J, Welch V, Swinkels H, Rashid M, et al. Evidence-based clinical guidelines for immigrants and refugees. *CMAJ*. 2019;191(3):E33–E39.
15. Weisz JR, Kuppens S, Ng MY, Eckshtain D, Ugueto AM, Vaughn-Coaxum R, et al. What five decades of research tells us about the effects of youth psychotherapy: A multilevel meta-analysis and implications for science and practice. *Am Psychol*. 2019;74(4):350–62.
16. Wassink-de Stigter R, Kooijmans R, Asselman MW, Offerman EC, Nelen W, Helmond P. Facilitators and barriers in the implementation of trauma-informed approaches in schools: A scoping review. *School mental health*. 2022;14(3):470-84.
17. National Institute of Mental Health (NIMH). Addressing mental health disparities in underserved communities. 2023. Available from: [www.nimh.nih.gov](http://www.nimh.nih.gov)
18. Young JG, Carter PA. Culturally competent care: Bridging mental health gaps in vulnerable populations. *Am J Public Health*. 2021;111(5):780–8.
19. Salter M, Hall H. Reducing shame, promoting dignity: A model for the primary prevention of complex post-traumatic stress disorder. *Trauma, Violence, & Abuse*. 2022 Jul;23(3):906-19.
20. Bargeman M, Abelson J, Mulvale G, Niec A, Theuer A, Moll S. Understanding the conceptualization and operationalization of trauma-Informed care within and across systems: a critical interpretive synthesis. *The Milbank Quarterly*. 2022 Sep;100(3):785-853.
21. Knight C. Trauma-informed social work practice: Practice considerations and challenges. *Clin Soc Work J*. 2019;47(1):9–20. doi:10.1007/s10615-018-0681-9.
22. Beck JS. *Cognitive behavior therapy: Basics and beyond*. Guilford Publications; 2020 Oct 7.
23. Thomas FC, Puente-Duran S, Mutschler C, Monson CM. Trauma-focused cognitive behavioral therapy for children and youth in low and middle-income countries: A systematic review. *Child and adolescent mental health*. 2022;27(2):146-60.
24. Sue DW, Sue D, Neville HA, Smith L. *Counseling the culturally diverse: Theory and practice*. 8th ed. Hoboken: Wiley; 2019.
25. Ranjbar N, Erb M, Mohammad O, Moreno FA. Trauma-informed care and cultural humility in the mental health care of people from minoritized communities. *Focus*. 2020 Jan;18(1):8-15.
26. Lu W, Todhunter-Reid A, Mitsdarffer ML, Muñoz-Laboy M, Yoon AS, Xu L. Barriers and facilitators for mental health service use among racial/ethnic minority adolescents: a systematic review of literature. *Frontiers in public health*. 2021;9:641605.
27. Goldstein E, Chokshi B, Melendez-Torres GJ, Rios A, Jelley M, Lewis-O'Connor A. effectiveness of Trauma-Informed Care Implementation in health Care Settings: Systematic review of reviews and realist Synthesis. *The Permanente Journal*. 2024;28(1):135.
28. Vera M, Garcia F, Thompson R. Building community resilience: The role of peer-led mental health interventions in trauma recovery. *Community Ment Health J*. 2022;58(3):413–24. doi:10.1007/s10597-022-00909-3.