Employing Treatment and Environmental Interventions to Support Rural Populations

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SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC
Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

At the time of this presentation, Miriam Delphin-Rittmon, Ph.D. served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Kenneth Flanagan and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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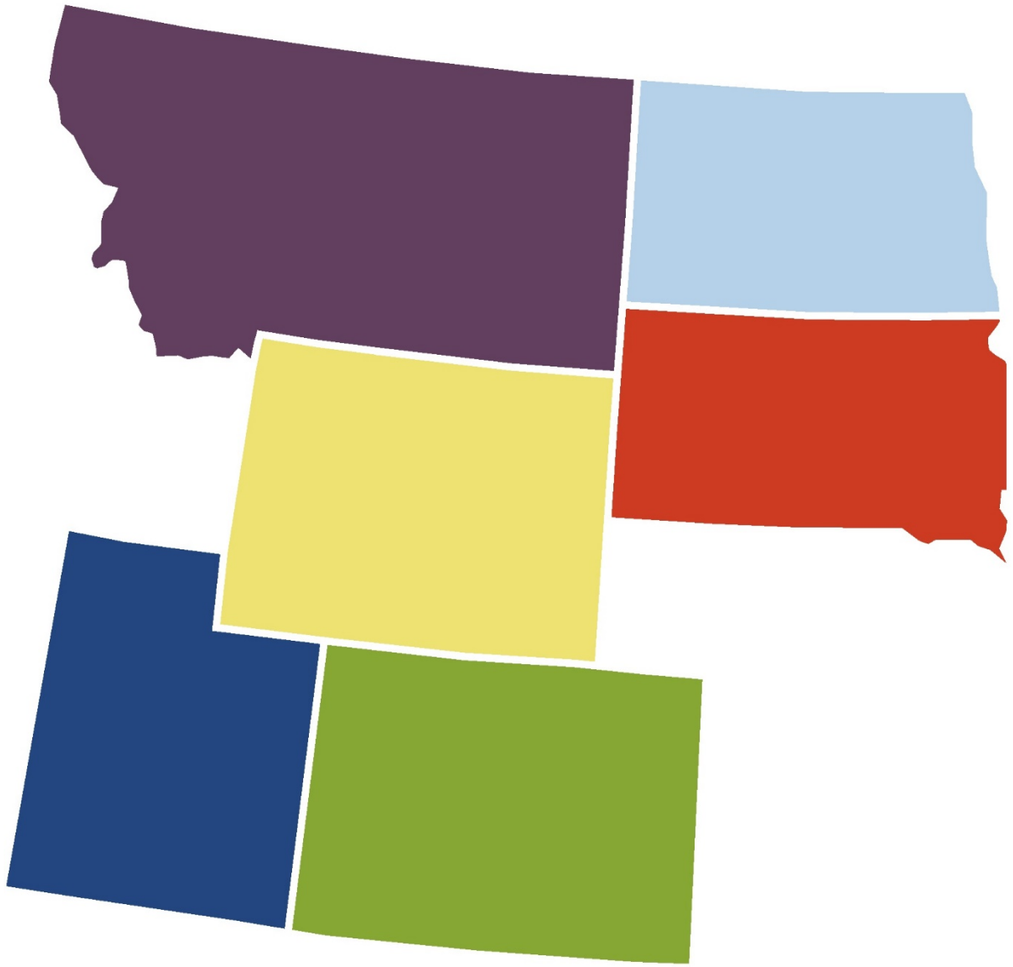
The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Series Title

Addressing Rural Co-Morbidities of Mental Health and Social Conditions

Individuals living in rural communities face **unique challenges** when attempting to access care for mental health concerns.

The “four A’s” of rural treatment barriers often reference the difficulty of finding services that are available, accessible, affordable, and acceptable care for persons in remote and rural settings.

Co-morbid mental health and social conditions increase the complexity of treatment and make delivering evidence-based care challenging for mental health providers of all professions.

The series will review practices that **providers can utilize to support rural populations** presenting with a variety of co-morbid conditions.

Series Topic Areas

Employing Treatment and Environmental Interventions to Support Rural Populations

Supporting Rural Aging Populations

Mental Health Faith Supports in Rural Communities

Today's Webinar

Employing Treatment and Environmental Interventions to Support Rural Populations

Identify reasons for individuals to choose to live in rural and remote and how they influence interventions

Contrast difficulties that can arise when persons living in rural and urban settings begin experiencing mental health challenges

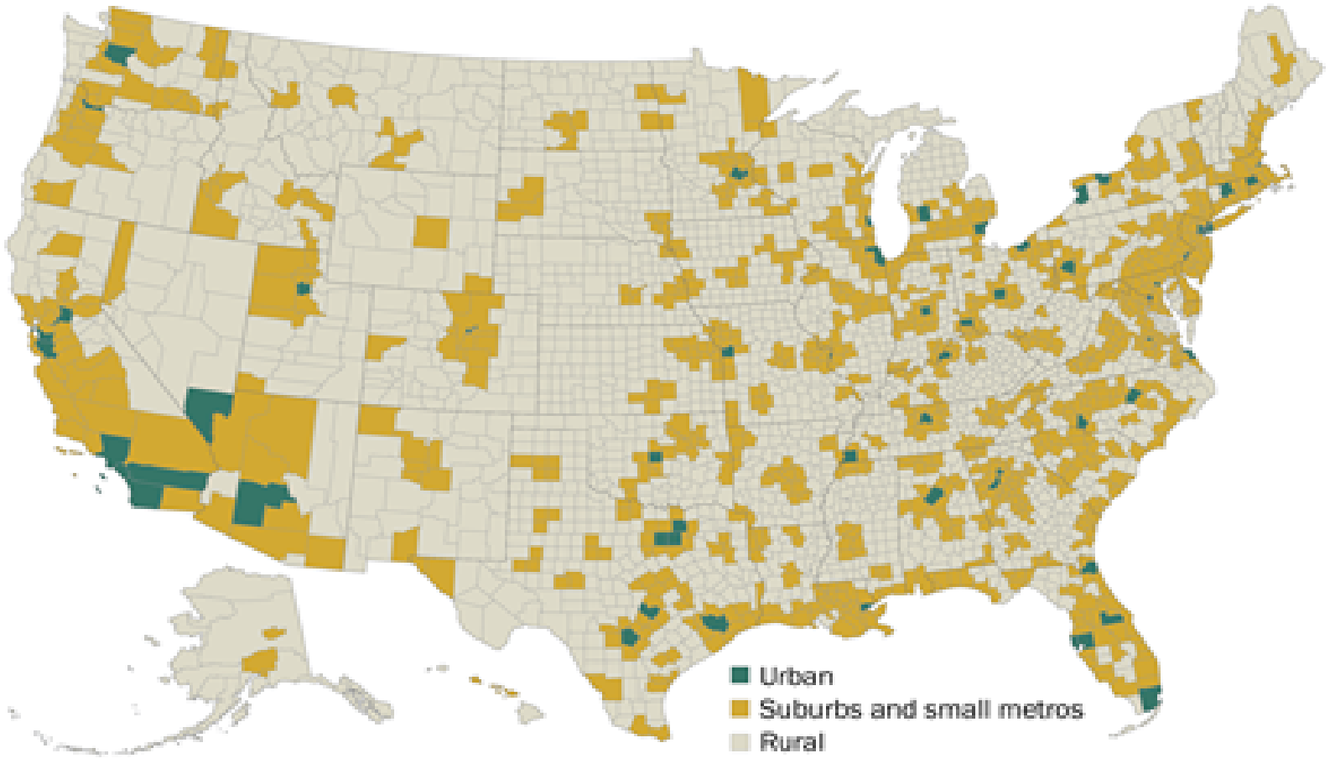
Identify the challenges encountered by those living in rural and remote areas when it comes to social supports and engaging in social interactions.

Identify how treatment and environmental interventions can support the mental health and wellness of persons in rural and remote settings.

Provide a framework for increasing social connections and interactions for persons in rural communities and supporting treatment interventions.

The Rural Context

Majority of U.S. counties are rural, especially in the Midwest



Source: Pew Research Center analysis of National Center for Health Statistics Urban-Rural Classification Scheme for Counties.
"What Unites and Divides Urban, Suburban and Rural Communities"

PEW RESEARCH CENTER

Reasons for Rural Living

- lower cost of living
- slower pace of life.
- having access to big, open spaces for recreation.
- **less crowded**
- **more privacy**
- **live near family and friends**

- https://medlineplus.gov/ruralhealthconcerns.html

Challenges of Rural Living

- A disproportionate burden of chronic disease relative to the general public
- **Geographic isolation**
- **Lack of public transportation**
- **Poor infrastructure**
- Low educational attainment
- Low health literacy
- **Poverty and unemployment**
- **A smaller health care workforce and a lack of specialty care**
- **Cultural or social differences, stigma, and norms**

https://www.ruralhealthinfo.org/toolkits/rural-toolkit/1/rural-issues

Rural-Urban Contrast

Are mental disorders more common in urban than rural areas of the United States?

(Breslau, J., et al (2014)

- Urban vs. rural residence is commonly cited as a risk factor for depression and other mental disorders, but epidemiological evidence for this relationship in the US is inconclusive
- the prevalence of mental disorders was not higher in the most urban compared with the most rural areas

Rurality and Risk of Suicide Attempts and Death by Suicide among People Living in Four English-speaking High-income Countries: A Systematic Review and Meta-analysis

The Canadian Journal of Psychiatry

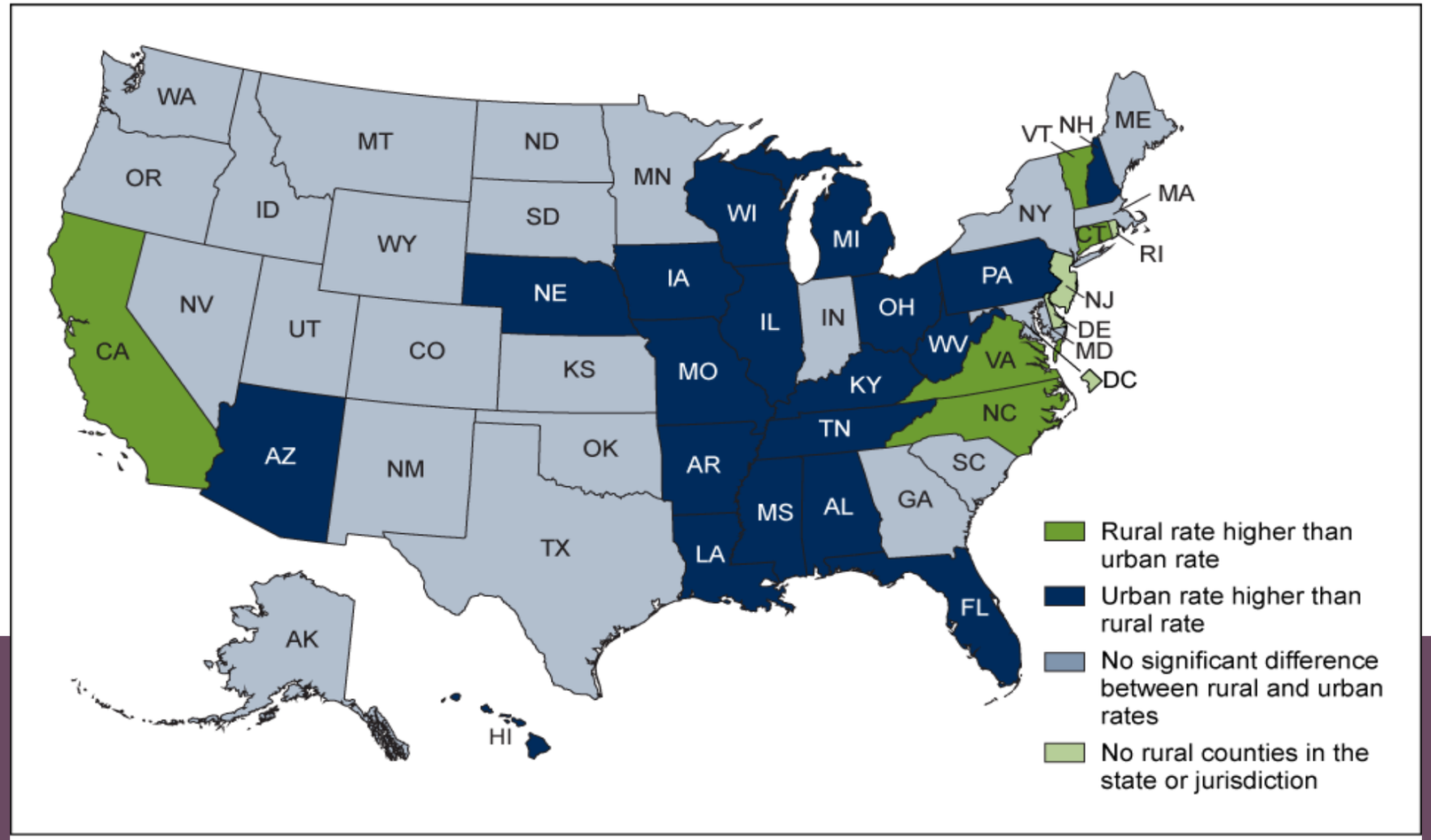
Rebecca Barry, MS, Jürgen Rehm, PhD, Claire de Oliveira, PhD, Paul Gozdyra, MA, Paul Kurdyak, MD., PhD.

First Published January 29, 2020

https://doi.org/10.1177/0706743720902655

Urban-rural differences 2019

Figure 2. Urban–rural differences in age-adjusted rates of drug overdose deaths, by jurisdiction of residence: 2019



NOTES: Drug overdose deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14. Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population. Decedent's county of residence was classified as urban or rural based on the 2013 NCHS Urban–Rural Classification Scheme for Counties. Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db403-tables-508.pdf#2.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Overdose Deaths

- From 1999 through 2019, the rate of drug overdose deaths increased from 6.4 per 100,000 to 22.0 in urban counties and from 4.0 to 19.6 in rural counties.
- In 2019, rates in rural counties were higher than in urban counties in California, Connecticut, North Carolina, Vermont, and Virginia.
- Rates of drug overdose deaths involving natural and semisynthetic opioids (drugs such as oxycodone, hydrocodone, and codeine) were higher in rural than in urban counties from 2004 through 2017 but were similar in 2018 and 2019.
- In 2019, the rate of drug overdose deaths involving psychostimulants with abuse potential (drugs such as methamphetamine) was 1.4 times higher in rural counties (6.7 per 100,000) than in urban counties (4.8)

- *(NCHS Data Brief ■ No. 403 ■ March 2021)* https://www.cdc.gov/nchs/products/databriefs/db403.htm

Rural and Urban Substance Use Rates

(ages 12 and older, unless noted)

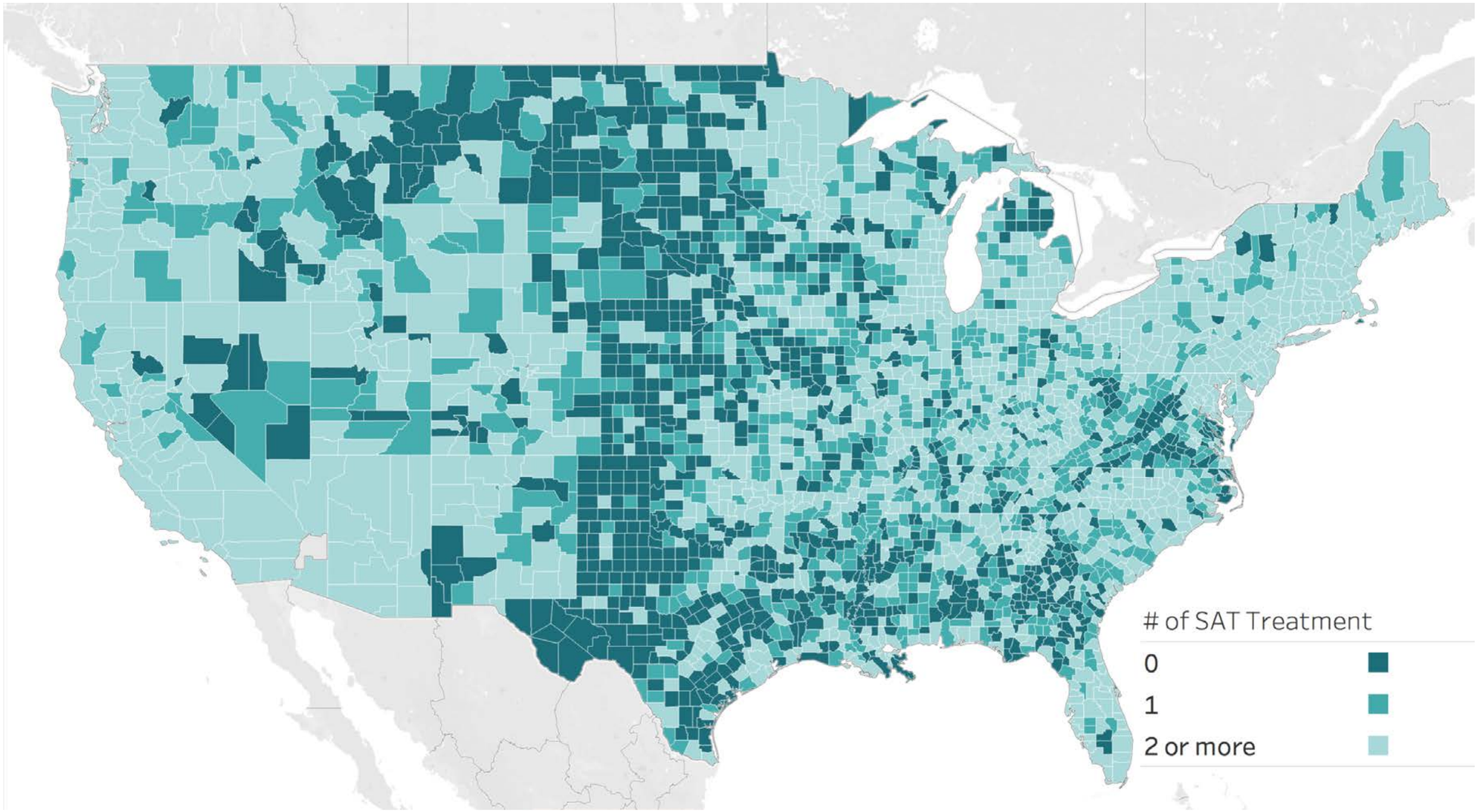
	Non-metro	Small metro	Large metro
Alcohol use by youths aged 12-20	32.7%	34.8%	33.0%
Binge alcohol use by youths aged 12 to 17 (in the past month)	5.4%	4.7%	4.8%
Cigarette smoking	25.2%	22.0%	18.0%
Smokeless tobacco use	7.7%	5.1%	2.8%
Marijuana	14.2%	16.9%	18.7%
Illicit drug use	16.6%	20.5%	22.0%
Misuse of Opioids	3.1%	4.2%	3.5%
Cocaine	1.3%	1.8%	2.2%
Hallucinogens	1.7%	2.1%	2.4%
Methamphetamine	1.2%	0.7%	0.6%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Results from the 2019 National Survey on Drug Use and Health: Detailed Tables.

Barriers to Care

- Desire to Receive Care
- Privacy
- Workforce Shortage
- Transportation
- Affordability

https://www.ruralhealthinfo.org/toolkits/rural-toolkit/1/rural-issues



Counties without treatment for SUDs

Source: National Survey of Substance Abuse Treatment Facilities (N-SSATS), 2019. Note: Types of treatment include substance abuse treatment, detoxification, transitional housing or halfway houses, prescribing of buprenorphine and/or naltrexone, or Substance Abuse and Mental Health Services Administration-certified outpatient treatment programs.

Urban Issues

- Pre-existing risk factors
- Social factors
- Environmental factors

https://www.urbandesignmentalhealth.com/how-the-city-affects-mental-health.html

Co-morbidities & Rurality

Definition

Comorbidity is defined as the co-occurrence ***of more than one*** *disorder in the same individual. In its broadest sense, comorbidity can include the co-occurrence of* ***medical and psychiatric disorders****.*

(William M. Klykylo, in Encyclopedia of Psychotherapy, 2002)

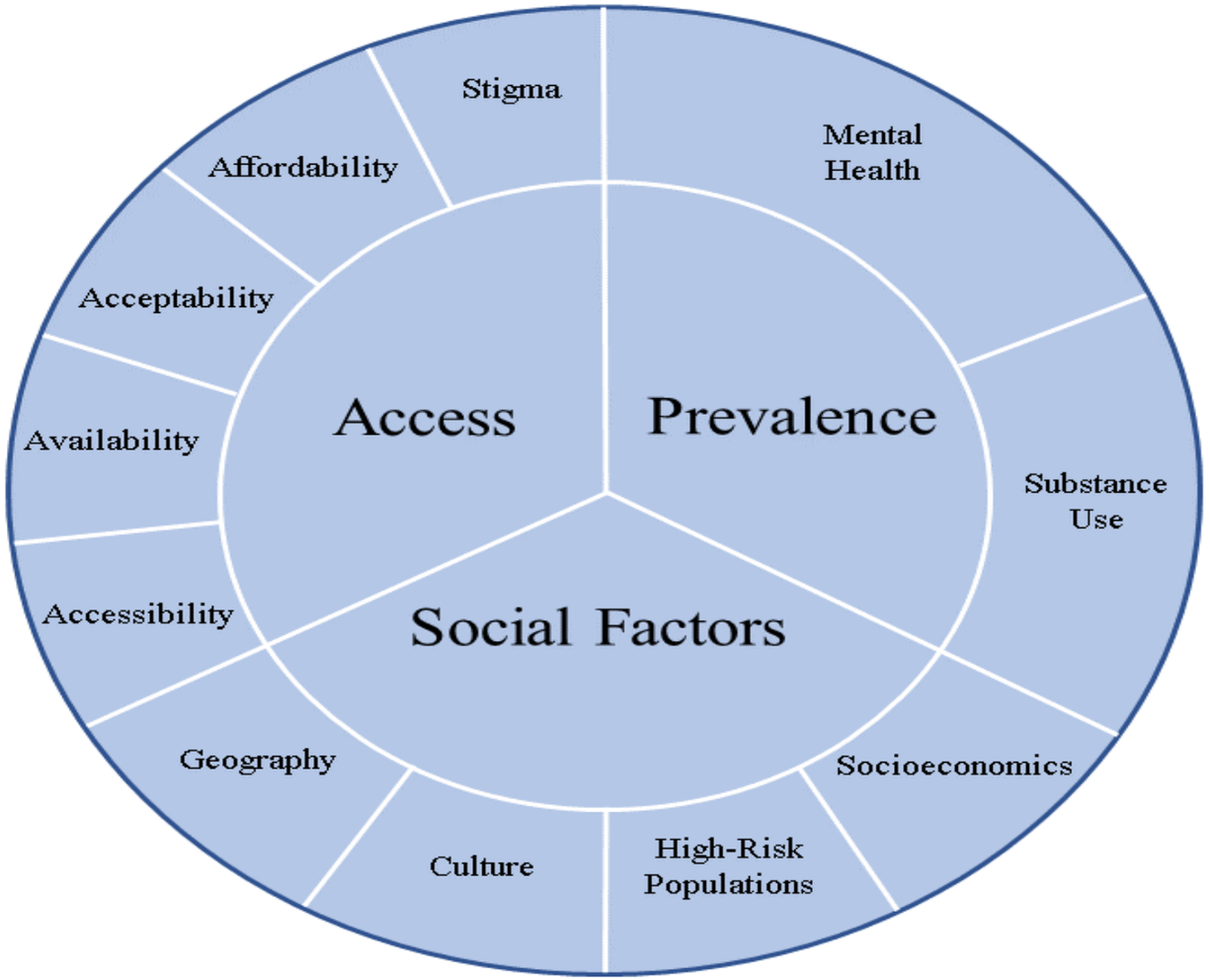
Social Comorbidities

Social and/or behavioral phenomena *that often accompany or* ***are antecedents and co-occurring phenomena***

(Hall & Evans, 2020)

Context

(Behavioral Healthcare in Rural America: Challenges & Opportunities)



Additional Social Co-morbidities

- Criminal Justice – Law Enforcement
- Educational System

Racism – Historical Trauma

The Four A’s

Affordability

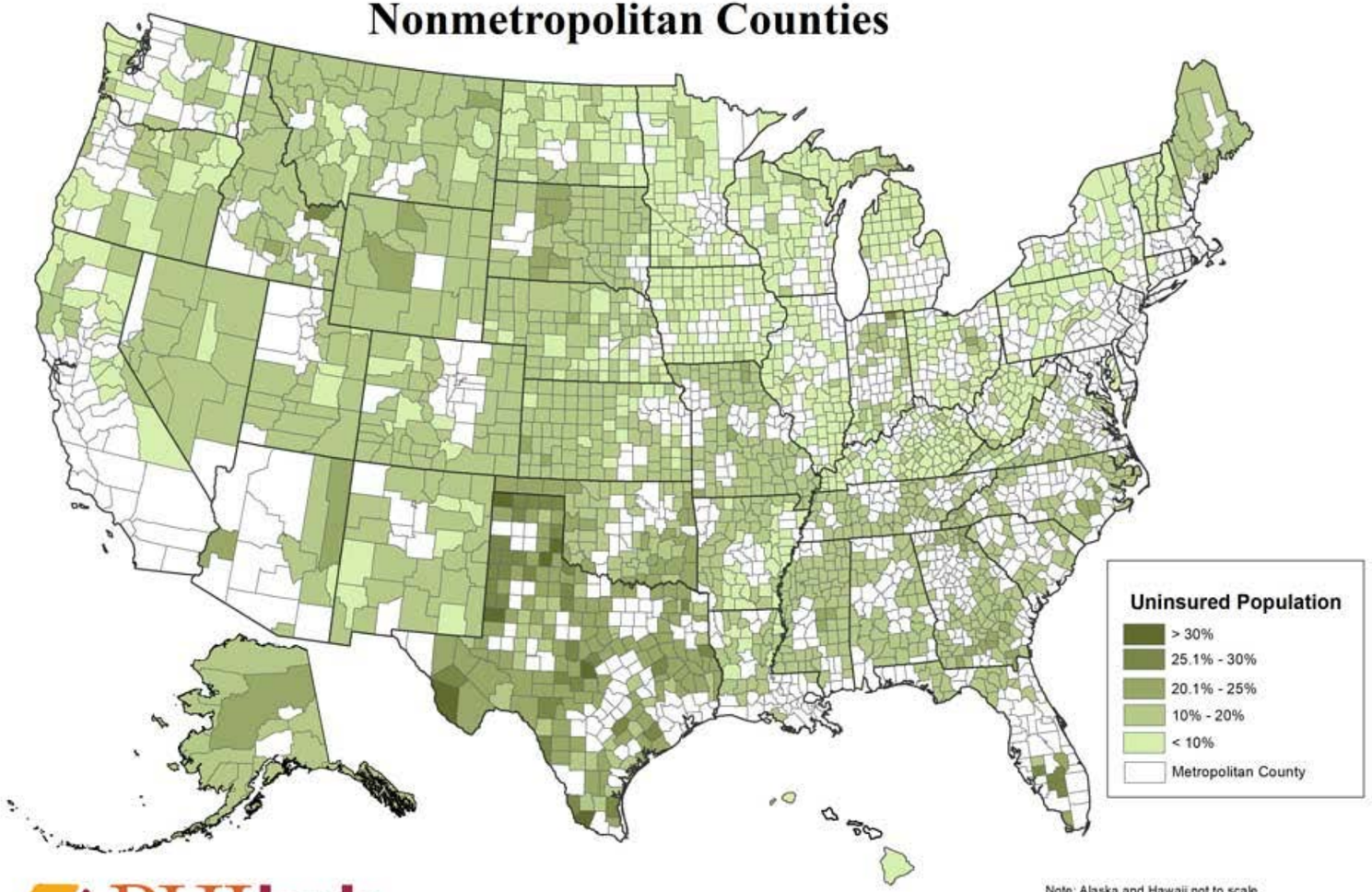
Affordability

Rural areas have a higher proportion of families living:

- below the poverty level
- more unemployment
- a greater percentage of residents who have public insurance or are uninsured than do urban areas

*(*Allen J, Balfour R, Bell R, Marmot M, 2014; Newkirk V, Damico A., 2014)

Uninsured Population in Nonmetropolitan Counties

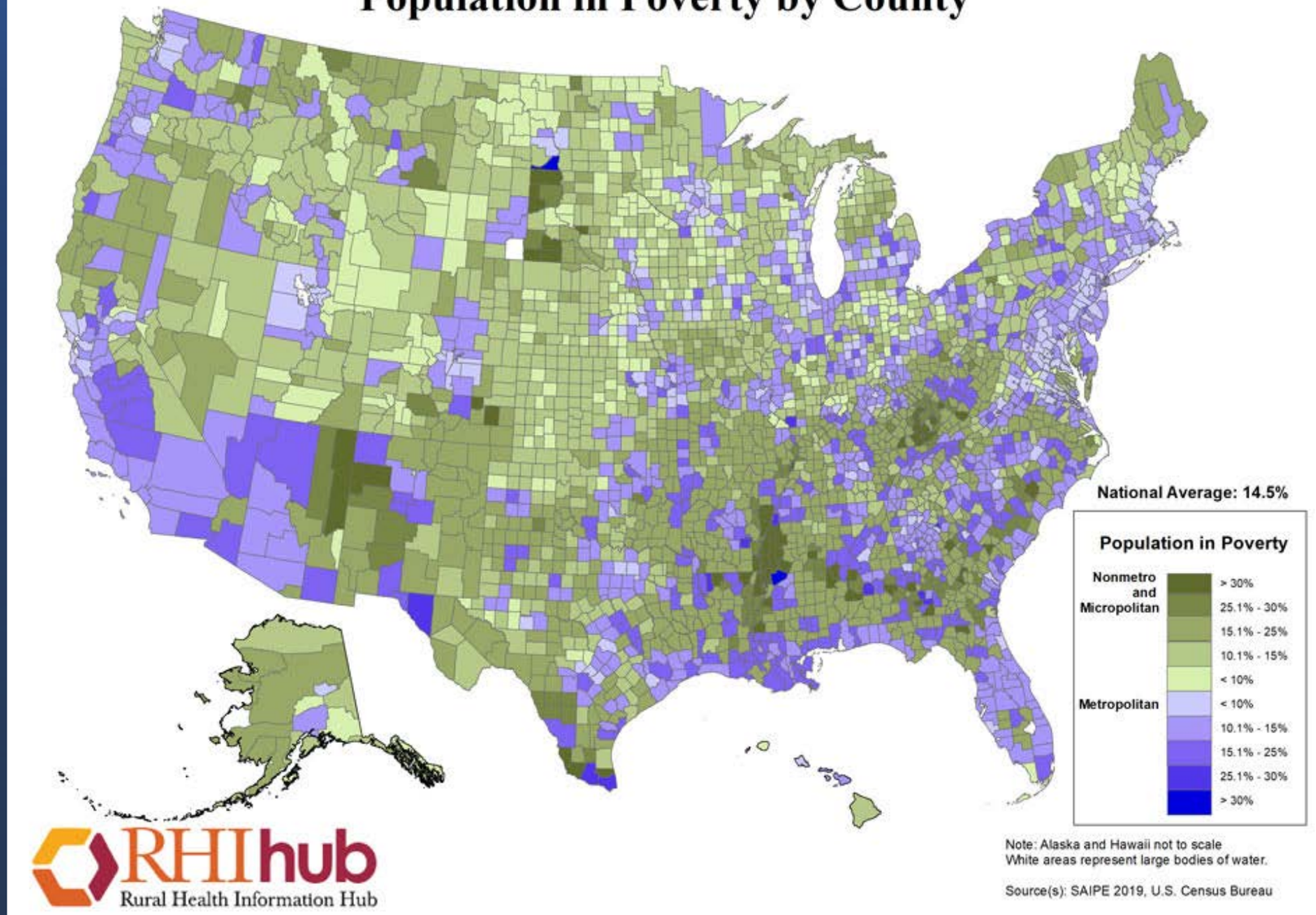


RHIhub
Rural Health Information Hub

Note: Alaska and Hawaii not to scale

Source(s): 2019 SAHIE

Population in Poverty by County



RHI hub
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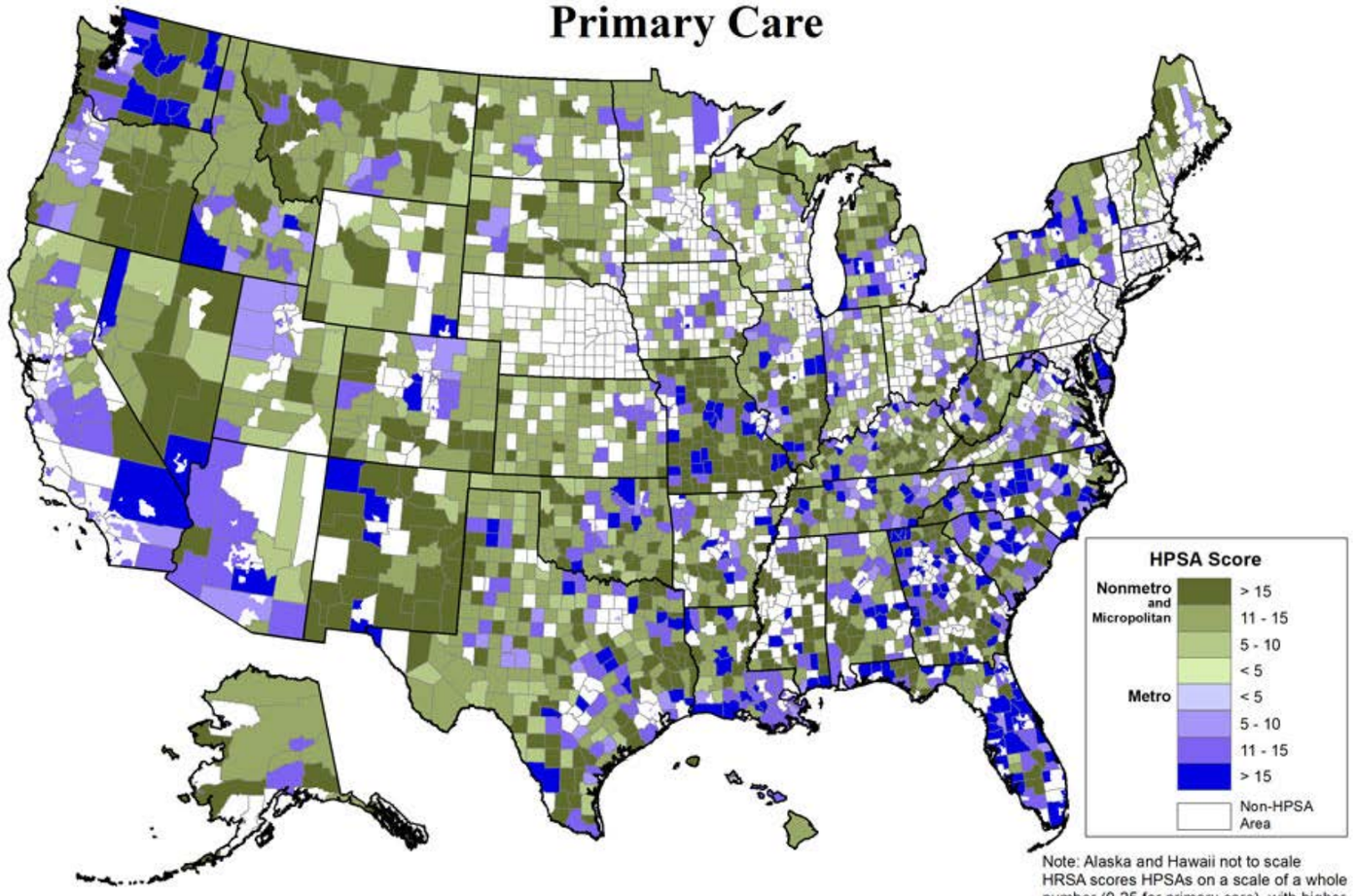
Accessibility

Health Professional Shortage Areas
Primary Care

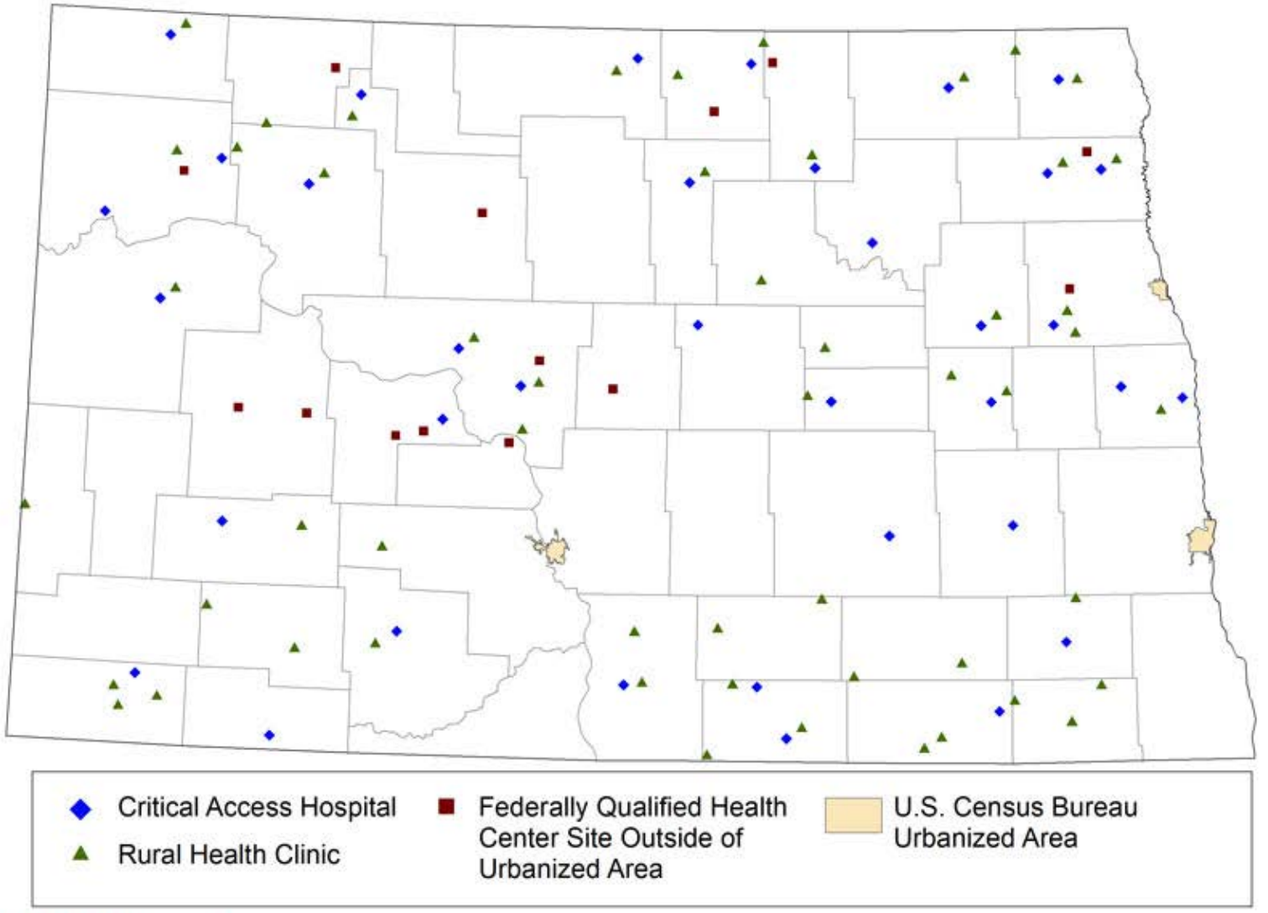


Note: Alaska and Hawaii not to scale
HRSA scores HPSAs on a scale of a whole number (0-25 for primary care), with higher scores indicating greater need

Source(s): data.HRSA.gov, U.S. Department of Health and Human Services, July 2021

RHIhub
Rural Health Information Hub

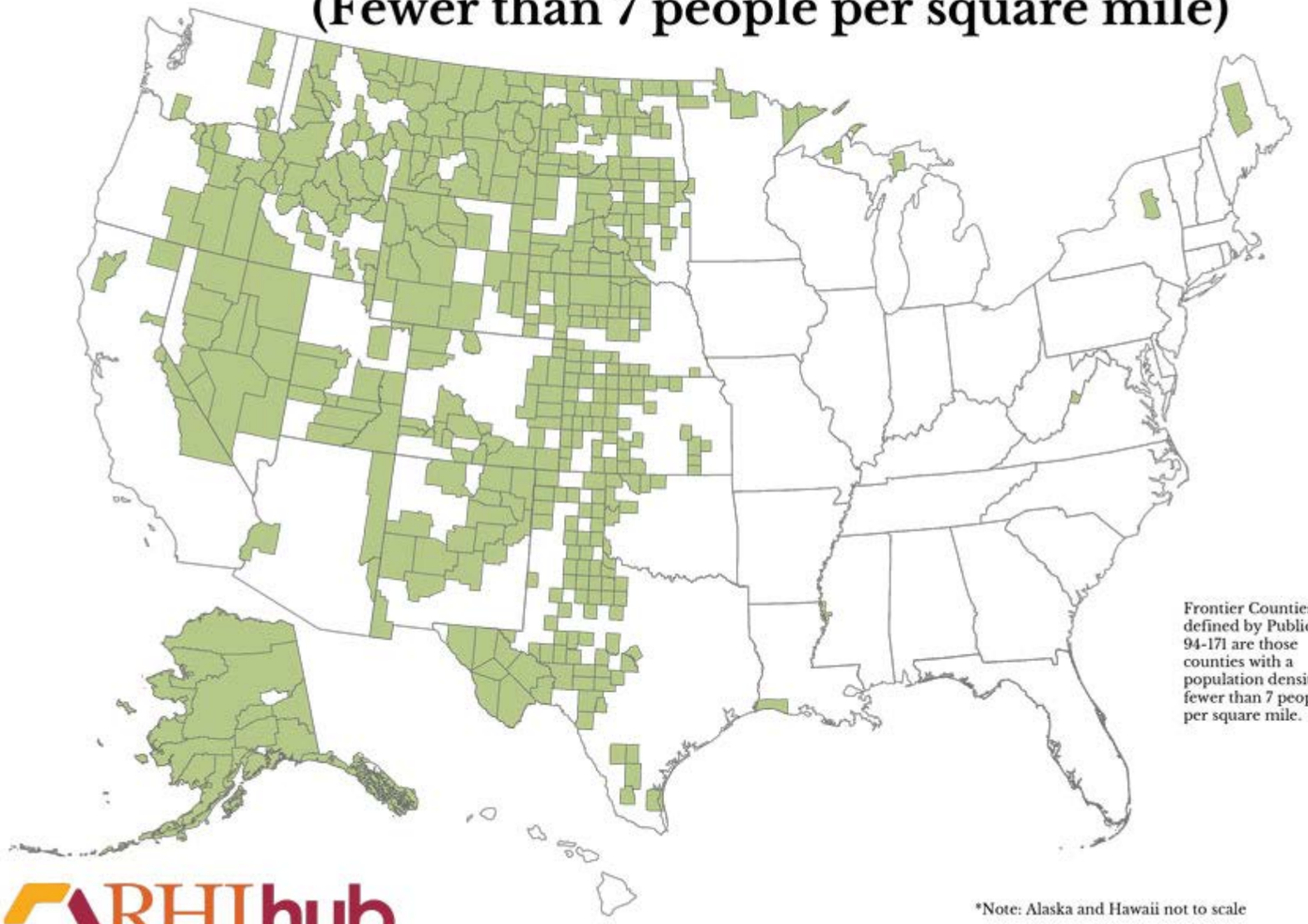
Selected Rural Healthcare Facilities in North Dakota



RHIhub
Rural Health Information Hub

Source(s): data.HRSA.gov, U.S. Department of Health and Human Services, April 2021

Frontier Counties
(Fewer than 7 people per square mile)

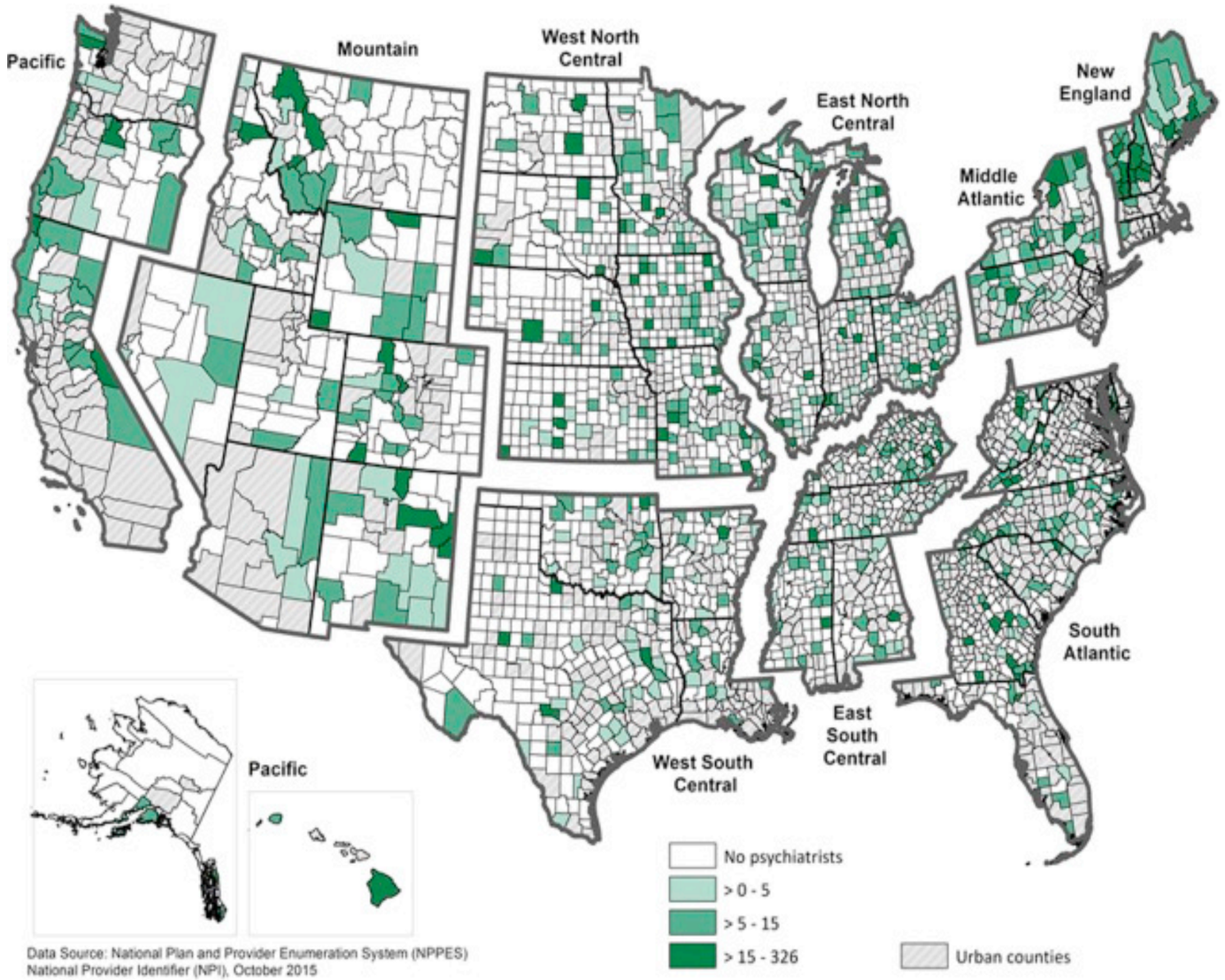


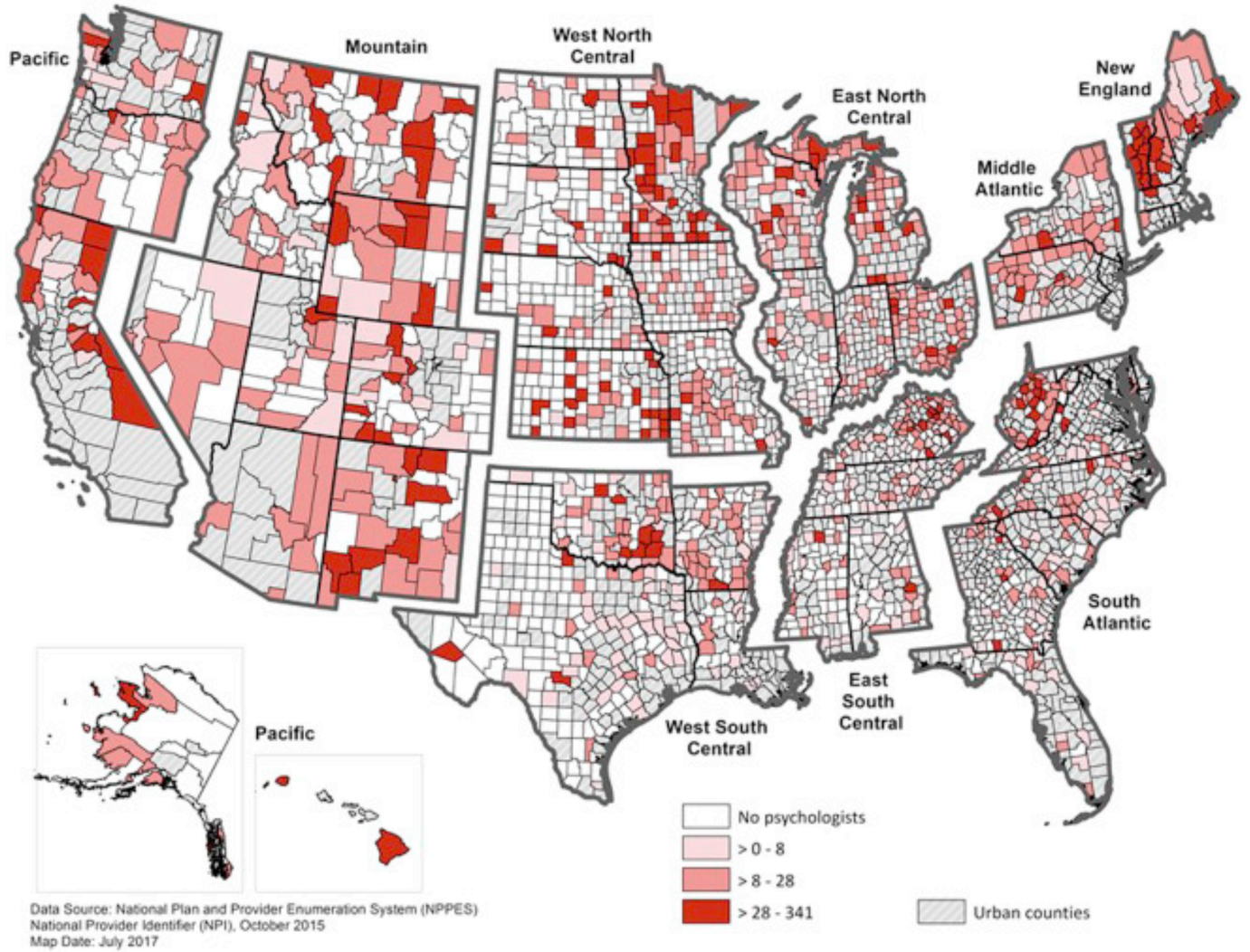
Frontier Counties as defined by Public Law 94-171 are those counties with a population density of fewer than 7 people per square mile.

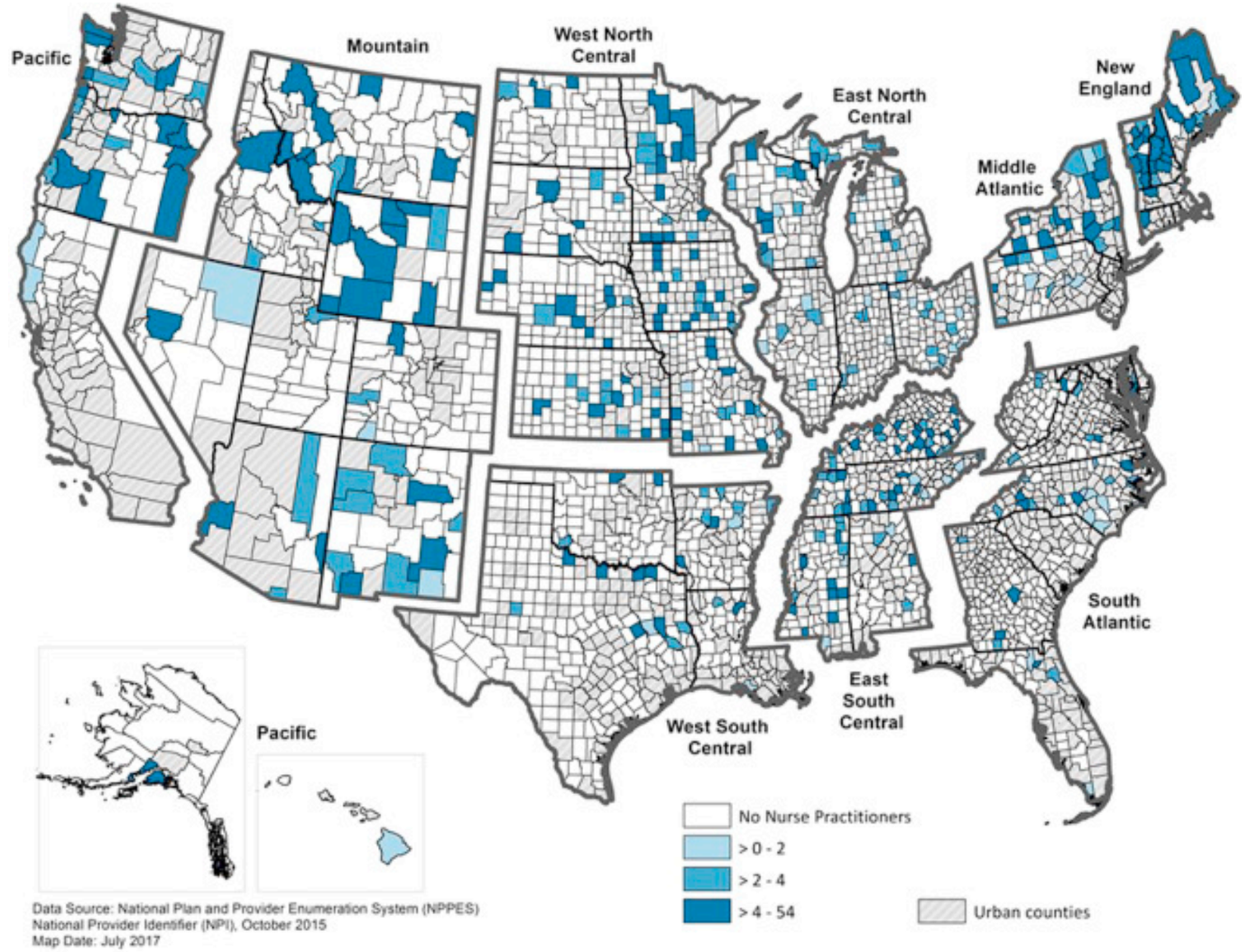
RHI hub
Rural Health Information Hub

*Note: Alaska and Hawaii not to scale

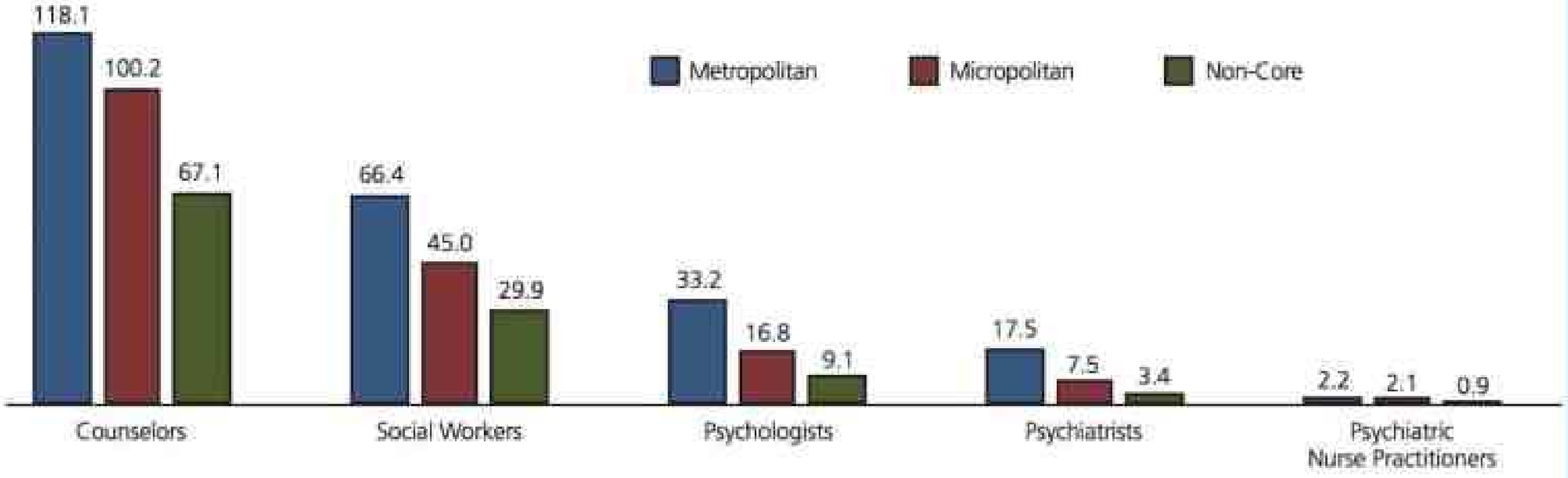
Source(s): U.S. Census Bureau, 2010 Decennial Census, Summary File 1


Pacific
Mountain
West North Central
East North Central
New England
Middle Atlantic
South Atlantic
East South Central
West South Central
Pacific
No psychiatrists
> 0 - 5
> 5 - 15
> 15 - 326
Urban counties
Data Source: National Plan and Provider Enumeration System (NPPES)
National Provider Identifier (NPI), October 2015
Map Date: July 2017


Pacific
Mountain
West North Central
East North Central
New England
Middle Atlantic
South Atlantic
East South Central
West South Central
Pacific
No psychologists
> 0 - 8
> 8 - 28
> 28 - 341
Urban counties
Data Source: National Plan and Provider Enumeration System (NPPES)
National Provider Identifier (NPI), October 2015
Map Date: July 2017


Pacific
Mountain
West North Central
East North Central
New England
Middle Atlantic
South Atlantic
East South Central
West South Central
Pacific
No Nurse Practitioners
> 0 - 2
> 2 - 4
> 4 - 54
Urban counties
Data Source: National Plan and Provider Enumeration System (NPPES)
National Provider Identifier (NPI), October 2015
Map Date: July 2017

Behavioral Health Providers per 100,000 Population in U.S. Counties by Urban Influence Category.



Data Sources: National Plan and Provider Enumeration System (NPPES) National Provider Identifier (NPI) data, October 2015, the U.S. Department of Agriculture Economic Research Service (ERS) Urban Influence Codes, 2013, and the 2014 Claritas U.S. population data.

Availability

Availability

- “There when needed”
- A continuum of care not available

Treatment Intervention Guidelines

University of Sydney, Matilda Center

- *Sequential treatment*

The client is treated for one condition first which is followed by treatment for the other condition. With this model, the AOD use is typically addressed first then the mental health problem, but in some cases, it may be whichever disorder is considered to be primary (i.e., which came first).

- *Parallel treatment*

Both the client's care provider use, and mental health condition are treated simultaneously but the treatments are provided independent of each other. Treatment for AOD use is provided by one treatment provider or service, while the mental health condition is treated by another provider or service.

- *Integrated treatment*

Both the client's care provider use, and mental health condition are treated simultaneously by the same treatment provider or service. This approach allows for the exploration of the relationship between the person's AOD use and his/her mental health condition.

- *Stepped care*

Stepped care means the flexible matching of treatment intensity with case severity. The least intensive and expensive treatment is initially used, and a more intensive or different form of treatment is offered only when the less intensive form has been insufficient.

https://comorbidityguidelines.org.au/about-these-guidelines

Acceptability

Acceptability

- Concerns about privacy and stigma
- Lack of choices and specialties
- Timeliness of services
- Quality of services

Framework

Community Stress

- Caused by events/circumstances that impacts members of a community leading to stress (Hobfoll et al., 1995)
- Can be acute or chronic
- Community stress can impact mental health functioning of community members and impact ability to respond to the stressors (Beehler 2021)
- Need to be sensitive to community trauma

Creating Communities that Care

Stigma

Impact

- Stigma can affect many aspects of people's lives
- Self-stigma is the process in which people turn stereotypes towards themselves
- How the general public perceive people with mental health problems depends on their diagnosis
- Stigma can be a barrier to seeking early treatment, cause relapse and hinder recovery

Parle,S. (2012)

https://cdn.ps.emap.com/wp-content/uploads/sites/3/2012/07/120710-How-does-stigma-affect-people-with-mental-illness.pdf

Levels of Stigma

- Public stigma
- Self-stigma
- Institutional

https://www.psychiatry.org/patients-families/stigma-and-discrimination

Stigma

“Nearly one-third of Americans, or 31%, have worried about others judging them when they told them they have sought mental health services, and over a fifth of the population, or 21%, have even lied to avoid telling people they were seeking mental health services. This stigma is particularly true for younger Americans, who are more likely to have worried about others judging them when they say they have sought mental health services (i.e. 49% Gen Z vs. 40% Millennials vs. 30% Gen X vs. 20% Boomers).”

https://www.thenationalcouncil.org/press-releases/new-study-reveals-lack-of-access-as-root-cause-for-mental-health-crisis-in-america/

Stigma

Strategies

- Community education- Mental Health First Aid, Keepin’ It Real, Helping Kid’s Prosper
- Promote the concept of emotional wellness
- Highlight impact of the pandemic

Social Isolation

Impact

- Increased level of depression
- Suicide risk
- Decreased immunity
- Increased cardiovascular disease & mortality
- Cognitive impairment
- Overall disconnection from life

Pietrabissa, G., & Simpson, S. G. (2020)

- Community isolation

Social Isolation

Strategies

- Find an enjoyable activity
- Schedule connection time
- Employ communication technology
- Join or organize social clubs and activities
- Have community navigators

http://www.nia.nih.gov/health/loneliness-and-social-isolation-tips-staying-connected

- Community Assessment/Asset Assessment

Support

Impact

- Similar effects as social isolation

Support

Strategies

- Advocacy
- Community Organizing
- Entrepreneurship Orientation

Resources

- Rural Mental Health & Farm Stress MPMHTTC https://mhttcnetwork.org/centers/mountain-plains-mhttc/rural-mental-health-farm-stress
- Promoting Positive Mental Health in Rural Schools https://mhttcnetwork.org/centers/mountain-plains-mhttc/school-based-mental-health-program
- Social Isolation https://grandchallengesforsocialwork.org/wp-content/uploads/2015/12/WP7-with-cover.pdf
- Addressing Stigma and Substance Use Disorders https://healtheknowledge.org/course/index.php?categoryid=53

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Upcoming Webinars

Next Tuesday October 12th

- Supporting Rural Aging Populations

Tuesday October 19th

- Mental Health Faith Supports in Rural Communities

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