Rural Mental Health: Challenges & Opportunities

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At the time of this presentation, Miriam E. Delphin-Rittmon, Ph.D. served as Assistant Secretary for Mental Health and Substance Use at the Substance Abuse and Mental Health Services Administration (SAMHSA). The opinions expressed herein are the views of the speakers 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 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/ 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

Building Connections Achieves

Components That Impact Mental Health Services in Rural Communities

Accessibility – Rural residents often travel long distances, less likely to be insured for mental health services, and providers are less likely to recognize a mental illness.

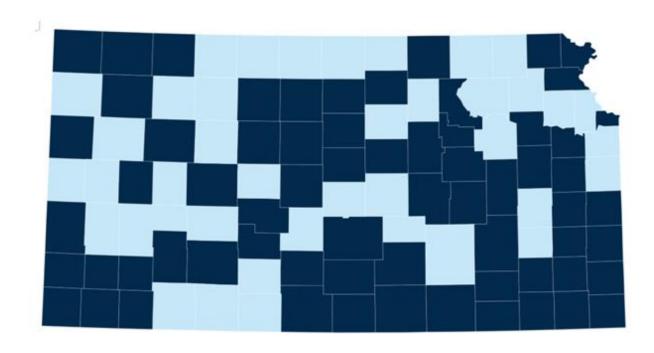
Availability – Chronic shortages of mental health professionals

Affordability – Some rural residents may not be able to afford the cost of health insurance or the cost of out-of-pocket care if they lack health insurance

Acceptability – Rural residents may be more susceptible to the stigma, lack of faith in confidentiality

Primary Care Access

Kansas

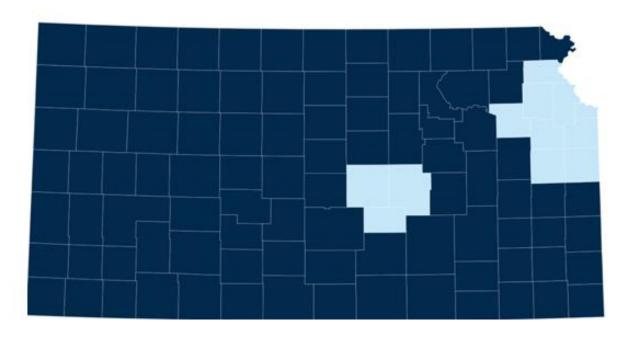


None of county in shortage area Part of county in shortage area Whole county in shortage area

Source: HRSA-April 2024

Mental Health Care Access

Kansas



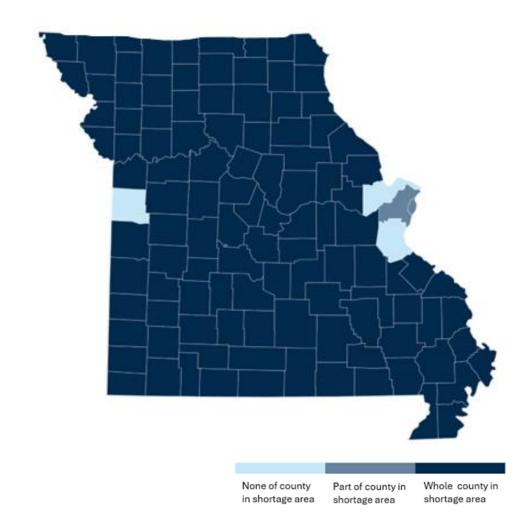
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Primary Care Access

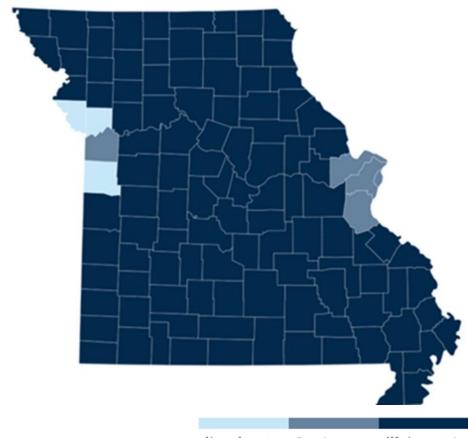
Missouri



Source: HRSA-April 2024

Mental Health Care Access

Missouri



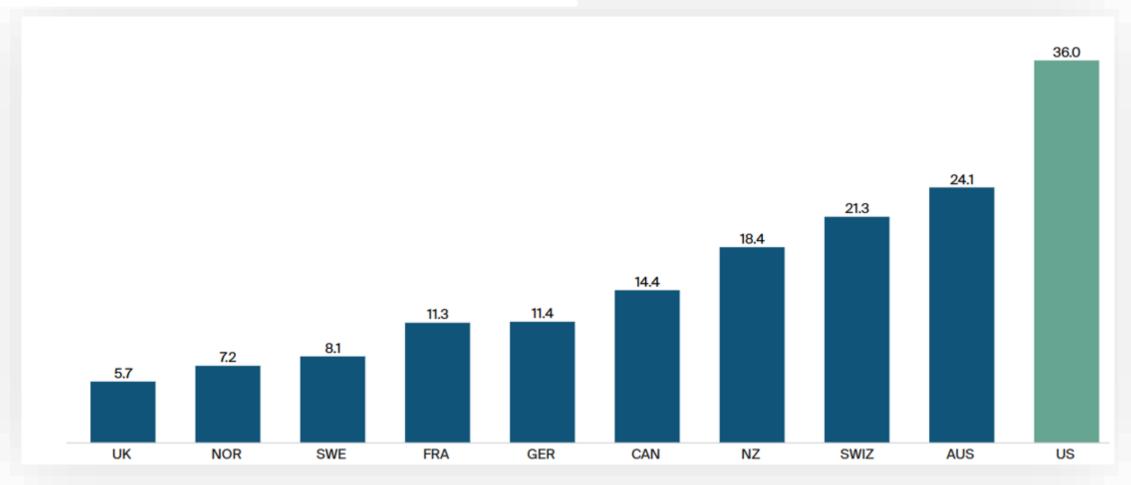
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How did it get this way?

- Stigma/Discrimination
- Lack of a rural plan
- Lack of sustained effort to prepare and deploy professionals
- One size fits all planning and funding
- Mental Health Care is "optional"



Percent of Rural adults age 18+ Who Skipped Needed Medical Care Because of Costs

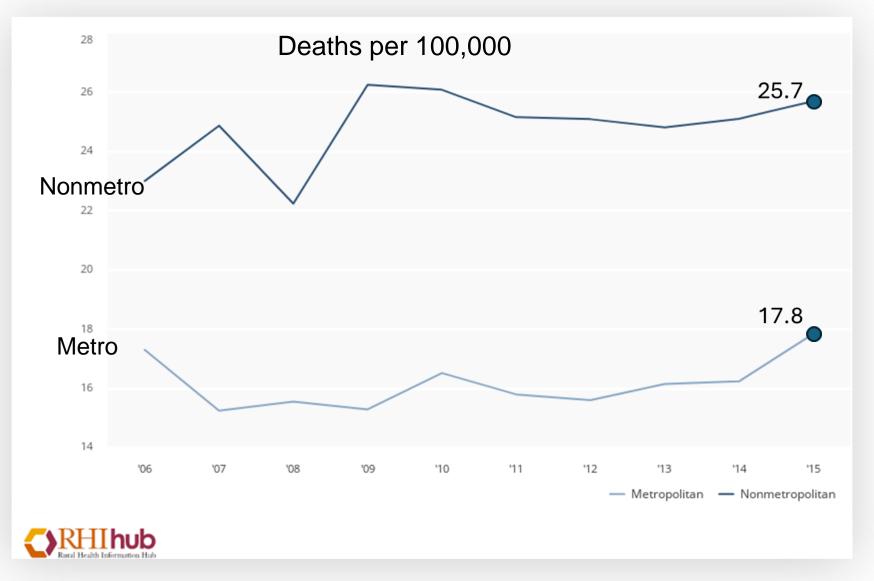


Unintentional Injury: Metro vs Nonmetro

Rural unintentional injury: fatality rates are much higher than urban rates

CDC Report:

Between 2000 and 2020 suicide rates increased 46% in non-metro areas compared to 27.3% in metro areas



Factors Contributing to Substance Use in Rural America

- Low educational attainment
- Poverty
- Unemployment
- Lack of access to mental healthcare
- Isolation and hopelessness
- A greater sense of stigma



Opportunities

Co-locate or Integrate Services with Primary Care

- Routine screening in primary care visits to identify at-risk children and adults
- Appreciate perspectives, expertise, teamwork
- Enhancing primary care teams-CHW, CHC
- Expand the scope of practice for PAs and APRNs
- Telemedicine and mobile clinics

Increase Prevention and Support Programs

- Training law enforcement, Fire & Rescue
- Speaking at schools
- Collaborating with churches, clubs, and other community partners
- Providing critical care hospitals/ED
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Questions and Discussion

