

Responding to Behavioral Health Needs in Rural America

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Objectives of this Overview

- → Review the current context of behavioral health issues in rural places
- → Present challenges to efforts to serve behavioral health needs of rural Americans
- → Discuss approaches to enhancing service delivery
- → Discuss implications for public policy action





Note on source material

Specific data in this presentation are reported in a document disseminated by the RUPRI Health Panel.

- → "Behavioral Health in Rural America: Challenges and Opportunities"
- → Principal authors: John Gale, Jaclyn Janis, Andrew Coburn, and Hanna Rochford
- → Prepared by the RUPRI Health Panel: Keith J. Mueller, Alana Knudson, Jennifer P. Lundblad, A. Clinton MacKinney, and Timothy D. McBride
- → December 2019
- → http://www.rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities.pdf
- → Supported by Leona M. and Harry B. Helmsley Charitable Trust grant number 2017PG-RHC006





Context: Prevalence of Behavioral Health and Substance Use Disorders

- → Higher rates of suicide among rural residents: 19.7 per 100,000 compared to 12.7 per 100,000 among urban residents deaths of despair
- → Higher rates of alcohol-related behavior among rural youth, including binge drinking and driving under the influence of alcohol
- → Prevalence of drug use higher opioids, heroin, prescription medications, and methamphetamines (meth)





Consequences of Higher Prevalence

- → Increased risk of substance use disorder because of underlying behavioral health issues
- → Impacts on families
- → Exacerbating other chronic conditions
- → Demand for services on systems with limited capacity
- → SUD and overdose leading to death, exposure to HIV and hepatitis C virus





Context: Subpopulations at High Risk

- → Women: double rates of depressive symptoms compared to urban women; higher rates of illicit opiate use
- → Children and adolescents: ages 2-8 with higher prevalence of mental, behavioral, or developmental disabilities (18.6 percent vs. 15.2 percent; more likely to exhibit high-risk behaviors
- → Veterans: experience mental health issues than general population



Context: Subpopulations at High Risk

- → Minority, Ethnic, American Indian, and Alaska Native Populations
- → Older Adults dealing with issues in transportation, social isolation, shortages of geriatric behavioral health specialists
- → Individuals with Co-occurring conditions







Context: Challenging Times

- → Ongoing Opioid and Meth crises
- → Economic Dislocation (predates COVID-19) and associated stress levels
- → COVID-19 and associated uncertainty clouding immediate and near term future



Service Needs: Access Challenges

- Accessibility and Availability: personnel, facilities, technology
- 2. Acceptability: culturally appropriate care
- 3. Affordability: inclusion in insurance coverage; costs of deductibles; cost of medication
- 4. Stigma: stereotypes and visibility of seeking services





Services: Element of Comprehensive and Continuous Care

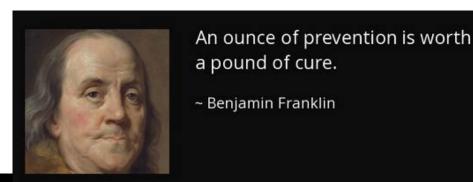
- → Community engagement in comprehensive approaches
- → Addressing emergent needs
 - Early identification from a variety of organizations including law enforcement, schools, churches, local businesses
 - Collaborations across community organizations to address underlying economics, quality of life in the community (alternatives for personal activities)
 - Counseling (discrete)
 - Longer term needs: support alternative delivery modalities, including peer-to-peer





Prevention

- → Addressing harmful alcohol use through legal means and community education
- → Reducing access to lethal means of suicide
- → School-based social and emotional learning programs
- → Community-based parenting programs
- → Training programs to help identify people with mental illness







Treatment and Recovery

- → Integration of behavioral health and general medical care
- → Regionalizing services; including use of tele-behavioral health
- → Self-help groups in recovery
- → Peer recovery services







Policy: Promote Rural Community Engagement

- → Leverage federal and state incentives, technical assistance, and funding for education programs and service development
- → Support rural community education aimed at reducing stigma and promote awareness that behavioral health conditions are preventable and treatable







Policy: Development of Local and Regional Behavioral Health Services

- → Require needs assessments that include assessment of service system and available resources
- → Use federal and state programs to create incentives to develop regional systems of care
- → State investment in regional evidence-based prevention, treatment, harm reduction, and recovery programs





Policy: Reform Behavioral Health Regulatory and Payment Policies

- → Encourage integration of behavioral health and primary care
- → Expand use of telehealth technology
- → Fund use of peer recovery workers
- → Improve functioning of state health insurance markets, reduce regulatory burdens, effectively use Medicaid program





Policy: Expand BH Workforce and Create Incentives for Rural Practice

- → Federal and state reimbursement and scope-of-practice changes to expand pool of reimbursable providers
- → Encourage use of peer recovery and community health workers through training programs and payment policies
- → Develop and fund rural recruitment and pipeline programs
- → Use technology to support supervision and collaboration among rural providers to reduce isolation and burnout





Conclusion

No higher priority in service delivery for rural residents

Times accentuate need to address behavioral health needs

There are policy and program choices that will make a difference





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For further information

→ The RUPRI Center for Rural Health Policy Analysis http://cph.uiowa.edu/rupri

- → The RUPRI Health Panel http://www.rupri.org
- → Rural Telehealth Research Center http://ruraltelehealth.org/
- → The Rural Health Value Program http://www.ruralhealthvalue.org





Collaborations to Share and Spread Innovation

✓ The National Rural Health Resource Center



https://www.ruralcenter.org/

✓ The Rural Health Information Hub



https://www.ruralhealthinfo.org/

✓ The National Rural Health Association



https://www.ruralhealthweb.org/

√ The National Organization of State Offices of Rural Health



https://nosorh.org/

✓ The American Hospital Association



http://www.aha.org/



