Addressing Rural Mental Health, Session One:

Rural Mental Health Disparities and Workforce Implications

Webinar: Mountain Plains MHTTC
University of North Dakota
April 25, 2019
1:00 PM CDT

Presented by:
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Matt Bruflodt, MA, Information Specialist

Mountain Plains MHTTC

The Mountain Plains MHTTC serves the states of Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming (HHS Region 8). The primary focus of the center is to provide training, resources, and technical assistance to individuals serving persons with mental health disorders, especially those with serious mental illness or a serious emotional disturbance.

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https://mhttcnetwork.org/centers/mountain-plains-mhttc/subscribe
Mental Illness in the U.S.

- Mental illnesses are more common than cancer, diabetes, or heart disease
- Nearly one in five US adults lives with a mental illness (46.6 million in 2017)
- NIMH states that “only half of the people with mental illness in United States receive treatment”
- Fewer rural than urban residents access treatment for a host of reasons

Today’s Webinar

- First in a series addressing Rural Mental Health
- Introduce the Mountain Plains MHTTC Focus Area
- Present epidemiological trends in rural health and rural mental health
- Present relative to providing mental healthcare with a limited workforce
- Share additional information and resources on rural mental health
Area of Focus: Rural Mental Health

Our rural mental health vision is to support increased access to providers of behavioral health services for the more than 60 million Americans living in rural communities.

To achieve this vision, the Mountain Plains MHTTC develops and promotes training and technical assistance which supports the rural behavioral health workforce in HHS Region 8.

Rural Mental Health, Area of Focus:
https://mhttcnetwork.org/centers/mountain-plains-mhttc/area-focus

Region 8 has a large proportion of counties identified as “Frontier” – Frontier Counties as defined by Public Law 94-171 are those counties with a population density of fewer than 7 people per square mile.
Rural Demographics

Age, Income, and Health Status

- Variable definitions of "rural"
- Regardless of the applied definition, rural health researchers, advocates, policymakers, communities, and programs generally describe rural populations as older, sicker, and poorer than urban
- Rural communities outperform urban on other measures of health, but it is important to understand disparities in age, health status, and income and how this may influence access and utilization of mental health services
Age and Income

Using the Census division definition, rural residents report an older median age and have a larger proportion of residents ages 65 and older.

<table>
<thead>
<tr>
<th></th>
<th>Age Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age (2015)</td>
<td>51</td>
<td>45</td>
</tr>
<tr>
<td>Life expectancy (2009)</td>
<td>76.8</td>
<td>78.8</td>
</tr>
<tr>
<td>% under age 18 (2015)</td>
<td>22.3%</td>
<td>23.5%</td>
</tr>
<tr>
<td>% age 65+ (2016)</td>
<td>18.4%</td>
<td>14.5%</td>
</tr>
<tr>
<td>% age 85+ (2016)</td>
<td>1.8%</td>
<td>2.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median household income (2016)</td>
<td>$46,000</td>
<td>$62,000</td>
</tr>
<tr>
<td>Poverty rate (2016)</td>
<td>16.9%</td>
<td>13.6%</td>
</tr>
<tr>
<td>Food insecure (2013)</td>
<td>15.8%</td>
<td>14.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Status</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age-adjusted, all-cause mortality per 100,000 (2014)</td>
<td>830.5</td>
<td>703.5</td>
</tr>
<tr>
<td>Mortality: Suicide (2014)</td>
<td>16.8</td>
<td>12.4</td>
</tr>
<tr>
<td>Mortality: Unintentional injury</td>
<td>54.4</td>
<td>38.3</td>
</tr>
<tr>
<td>Mortality: Drug poisoning</td>
<td>15.6</td>
<td>14.7</td>
</tr>
<tr>
<td>Physically inactive (2012)</td>
<td>27.8%</td>
<td>22.3%</td>
</tr>
<tr>
<td>2-3 chronic conditions (2015)</td>
<td>22.2%</td>
<td>18.2%</td>
</tr>
<tr>
<td>4+ chronic conditions (2015)</td>
<td>5.8%</td>
<td>4.3%</td>
</tr>
<tr>
<td>High cholesterol (2013)</td>
<td>42.4%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Hypertension (2013)</td>
<td>38.1%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Arthritis (2013)</td>
<td>31.1%</td>
<td>25.1%</td>
</tr>
<tr>
<td>Diabetes (2013)</td>
<td>12.0%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Heart disease (2013)</td>
<td>8.6%</td>
<td>6.5%</td>
</tr>
<tr>
<td>COPD (2013)</td>
<td>8.7%</td>
<td>6.3%</td>
</tr>
</tbody>
</table>
Rural Mental Health

- Information taken from:
  - Rural Health Information Hub (RHihub)
  - Rural Health Research Gateway
  - Substance Abuse and Mental Health Services Administration
  - Centers for Disease Control and Prevention
  - Health Resource Service Administration
  - PEW Research Center
  - Western Interstate Commission for Higher Education – Behavioral Health Program
  - National Council for Behavioral Health

Rural Health Disparities

- 2010-11, nonmetropolitan counties reported a higher percentage of residents with AMI (19.5%) than metropolitan counties (17.8%)
- Nationally, 4% reported SMI, though rates rose with increasing rurality
- 4.9%, or nearly 1.7 million, of residents of nonmetropolitan counties experienced serious thoughts of suicide during the year (2017)
- Rural counties consistently had higher suicide rates than metropolitan counties from 2001-2015
Rural Suicide Rates

• 5 of 6 states in Region 8 recorded an increase in suicide rate of 38% or more

Image Source: https://www.cdc.gov/vitalsigns/suicide/infographic.html#graphic1

Rurality as a Culture

• Rural areas - 90% of the land mass and 25% population
• Fewer than 10% of the population live on farms
• Non-farm income accounts for 80% of the job – often seasonal work
• Factors that Shape Rural – No One Size Fits All
  • Agricultural production
  • The weather – increased disasters
  • Agricultural heritage
  • Diversity
  • Proximity to Urban Area
Rural Barriers to Mental Health Services

**Accessibility:** Rural residents may have limited access to mental healthcare due to cost of services, insurance coverage, lower behavioral health literacy which allows mental health concerns to go unrecognized and/or untreated, and the remote nature of living rural may require residents to travel long distances to receive services.

**Availability:** County-Level Estimates of Mental Health Professional Shortage in the United States reports that higher levels of unmet need for mental health professionals exist in counties that were more rural and had lower income levels.
Health Professional Shortage Areas: Mental Health, by County

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

Acceptability: Rural residents are likely to experience self-stigma, fear or embarrassment related to seeking out mental healthcare due to internal beliefs. When implementing rural mental health programs, community members and mental health care providers should consider how stigma may impact access and use of mental health services among rural residents. Lower health literacy and not recognizing the signs of various mental health issues can also serve as barriers to behavioral healthcare access in rural areas.
Mental Health Technology Transfer Center Network
Mountain Plains (HHS Region 8)

Measuring Stigma around Mental Illness in North Dakota
Nieland Schwabedissen PhD
Thomkinson Hinkley, SCW
Child Mung Lang, PhD

Introduction
The World Health Organization has stated the "social aspect of mental illness" as being a major issue. Mental illness is often stigmatized, and the result is often a lack of treatment and support. Stigma can be defined as the social implications of having a mental illness, which can range from being perceived as a weakness to being ostracized by society. In rural areas, stigma can be even more pronounced due to the lack of knowledge and understanding about mental illness.

Key Findings
- Low stigma overall
- Gender and age variation in stigma
- Individuals with mental illness or who have an immediate family member with mental illness held less stigma

Background
It is estimated that 20% of adults in the US experience mental health conditions, but only 50% receive treatment. In North Dakota, adults aged 18-44 were more likely to report a mental illness (32%) than older adults (24%). Youth aged 12-17 were also more likely to report a mental illness (17%) than adults aged 18-44 (12%).

Strategies for Addressing Rural Mental Illness with a Limited Workforce
- Identifying local resources and expertise
- Collaborating with community organizations
- Training community health workers
- Telehealth and other technology-based solutions
- Addressing stigma and reducing barriers to care

Conclusion
Addressing mental health issues in rural areas requires a multidisciplinary approach that includes training and education, technology, and community involvement. Continued research and partnerships are necessary to improve access to mental health services in rural areas.
Strategies

• Address Digital Divide
  • 58% of rural residents believe access to high speed internet is a problem in their area – in contrast to 13% in urban areas and 9% in suburbs
  • Rural areas are less likely to be wired for broadband
  • Fewer broadband providers
  • Access to high-speed internet is a concern among all economic backgrounds and education

Strategies

• Support and fund pathways out of poverty
  • Put investment in rural people and communities - including expanding educational opportunities, mentoring (peers) and access to better broadband
  • Use tele-health to provide services with reimbursements that are seamless across state borders (portable licenses)
  • Access federal resources to expand workforce in behavioral health including, but not limited to, Behavioral Health Workforce Education and Training (BHWET) and National Health Services Corps
  • Use technology to advance evidence based practices
Strategies

• Use existing screening tools in for depression and substance use (SAMHSA – HRSA Center for Integrated Health Solution Screening tools) engage local FQHC and VA
• Integrate trauma informed care practices using SAMHSA principles.
  • Over a half of all rural residents have experienced some kind of trauma or Adverse Childhood Experience (ACE)
• Conduct community specific assessments – Strategic Prevention Framework (SAMHSA)
• Integrate faith-based and natural helpers

Strategies

• Streamline billing practices to CMS and insurance providers
• Expand training on mental health first aid (expands access to risk factors and warning signs of mental health problems)
• Apply principles of integrated care (behavioral health and primary care) to assist in eliminating stigma
Strategies

- Implement the National CLAS standards - with understanding of rural
- Develop plans with knowledge of health disparities
- Use grant funded resources, like MHTTC, to support workforce
- Work collaboratively with community and tribal colleges

Rural Training and TA Needs
Training Topic Priorities

<table>
<thead>
<tr>
<th>Topic</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health and substance abuse co-occurring disorders</td>
<td>92%</td>
<td>91%</td>
</tr>
<tr>
<td>Trauma-informed care</td>
<td>89%</td>
<td>91%</td>
</tr>
<tr>
<td>Compass fatigue</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>Crisis de-escalation</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td>Strength-based approaches to treatment</td>
<td>89%</td>
<td>90%</td>
</tr>
<tr>
<td>Crisis management</td>
<td>89%</td>
<td>89%</td>
</tr>
<tr>
<td>Risk assessment tools</td>
<td>88%</td>
<td>90%</td>
</tr>
<tr>
<td>Suicide prevention</td>
<td>88%</td>
<td>91%</td>
</tr>
<tr>
<td>Suicide assessment</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td>Working with diverse populations</td>
<td>85%</td>
<td>86%</td>
</tr>
</tbody>
</table>

Based on a survey of 482 individuals in HHS Region 8 who serve persons with mental illness

Top 5 Rural Priority Populations Based on % of Respondents

1. Rural (83%)
2. Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) (54%)
3. Individuals with serious mental illness (SMI) (53%)
4. American Indian / Alaska Natives (50%)
5. Individuals with serious emotional disturbance (SED) (50%)

Roughly 48% of urban participants indicated they wanted more information on mental health services for rural populations
Additional Rural Mental Health Resources

Rural Health Research Gateway

ruralhealthresearch.org
### Mental Health Technology Transfer Center Network

**Location**
- **Report Address:** 126 N C Ave, Thermopolis, WY 82443
- **Latitude:** 43.44113
- **Longitude:** 106.39016
- **County:** Hot Springs County, WY
- **Census Tract:** 5661967600

### Am I Rural? – Report

**Report produced by the Rural Health Information Hub on 04/22/19.**

<table>
<thead>
<tr>
<th>Program</th>
<th>Rural?</th>
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<tbody>
<tr>
<td>CMS - Rural Health</td>
<td>YES</td>
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<tr>
<td>Clinics (RHC) Program</td>
<td></td>
</tr>
<tr>
<td>FOH/R - Grant</td>
<td>YES</td>
</tr>
<tr>
<td>Programs</td>
<td></td>
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</tbody>
</table>

The Rural Health Clinics Program requires that your location be outside an Urbanized Area as defined by the U.S. Census. (Please note there are additional location requirements for RHCs.)

This location is not in an Urbanized Area.

This location is eligible for Federal Office of Rural Health Policy grant programs.

Hot Springs County, WY has been designated by FOH/R as rural.

### Shortage Designations

**Health Professional Shortage Areas**

<table>
<thead>
<tr>
<th>Primary Care</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Care</td>
<td>NO</td>
</tr>
<tr>
<td>Mental Health</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Medically Underserved Areas/Populations**

<table>
<thead>
<tr>
<th>Medically Underserved Area (MRU)</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Underserved Population (MUP)</td>
<td>NO</td>
</tr>
</tbody>
</table>

**Medically Underserved Area – Governor’s Exception (MUA-GC)**

**Medically Underserved Population – Governor’s Exception (MUP-GC)**

### Rural Health Information Hub

- **Updates & Alerts**
- **About RHIN**
- **Contact us**

### Topic Guides

- **Health**
  - Rural Health Policy
  - What is Rural?
  - How-to Guides
    - Conducting Rural Health Research, Needs Assessment, and Program Evaluation
    - Preparing for Grants to Rural Health
  - Rural Health Needs & Services
    - Emerging Medical Services (EMS) and Trauma
    - Home Health Services
    - Substance Abuse
    - Rural Response to the Traumatic Incident Stress Disorder
  - Rural Health Population
    - Chronic Disease in Rural America
    - Healthcare Access in Rural Communities
    - Rural Health Disparities
    - Social Determinants of Health for Rural People
    - Agricultural and Rural Health
    - Violence and Abuse in Rural America
    - Hunger and Access to
Mental Health Technology Transfer Center Network
Mountain Plains (HHS Region 8)

Rural Mental Health

There is a significant need for mental health services in rural America. According to the 2017 National Survey on Drug Use and Health: Detailed Tables, 19.1% of residents aged 18 or older of nonmetropolitan counties had any mental illness (AMI) in 2017, approximately 6.8 million people. In addition, 4.9% or nearly 1.7 million, of residents of nonmetropolitan counties experienced serious thoughts of suicide during the year.

While the prevalence of mental illness is similar between rural and urban residents, the services available are very different. Mental healthcare needs are not met in many rural communities across the country because adequate services are not present. Providing mental health services can be challenging in rural areas. According to WICHE’s Rural Mental Health: Challenges and Opportunities Center for the Delivery of Health Care in Rural Area’s report, it is more difficult to access care in rural areas due to a lack of facilities and providers.

Frequently Asked Questions

- Where can I find mental health statistics for rural populations?
- What are the workforce challenges in providing rural mental health services?
- What other challenges affect access and the provision of mental health services in rural areas?
- What can a rural community or healthcare facility do to minimize the challenges of accessing and providing mental health services in a rural area?
- What are some of the benefits of integration of mental health services into primary care in a rural community?
- Is there a resource for rural primary care providers and other healthcare professionals that can connect patients to mental health services and treatment?
- Where can rural veterans and rural healthcare providers find information about mental health services in their rural areas?
- What is the impact of suicide in rural America?
- How can our community take action to prevent suicide?
- What resources are available for suicide prevention efforts?
- How can our school take action to prevent suicide?
Resource & Referral Service

Free customized assistance related to:

- Funding & opportunities
- Statistics
- Experts
- Research
- More

1-800-270-1898
info@ruralhealthinfo.org

Our Information Specialists are ready to take your call!
Additional Rural Mental Health Resources

- National Institute of Mental Health, Office of Rural Mental Health Research: https://www.nimh.nih.gov/about/organization/od/office-of-rural-mental-health-research-ormhr.shtml
- Substance Abuse and Mental Health Services Administration: https://www.samhsa.gov/
- Health Resources Services Administration https://www.hrsa.gov/
- Kaiser Family Foundation: https://www.kff.org/
- Centers for Disease Control and Prevention: https://www.cdc.gov/

Additional Mental Health Resources

References


Schroeder, S. Rural Communities: Age, Income, and Health Status. https://www.ruralhealthresearch.org/recaps/5

Schroeder, S. Rural Behavioral Health. https://www.ruralhealthresearch.org/recaps/1


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