



Behavioral Health: Developing a Better Understanding

THE BEHAVIORAL HEALTH NEEDS OF RURAL OHIO

Living in a “small town” away from chaos, congestion, and crowds is a dream for many Ohioans. The sense of community, belonging, and safety are values that are deeply held and cherished. Often times, living in a rural community is synonymous with a stronger work ethic, a closer tie with a faith community, and a sense of connection with family, friends and neighbors. Rural communities are unique and are united by common economic and social structures and patterns of caring and support. However, rural residents who have a substance abuse problem or mental illness face particular challenges in accessing the supports they need.

Because a rich array of services may not exist in a rural area, consumers may risk being placed in services of an intensity less than required to promote long-term recovery.

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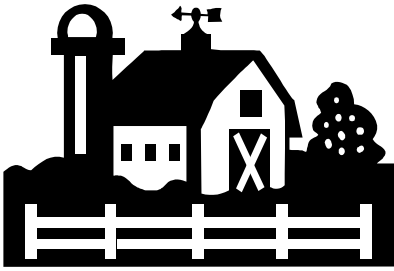
The incidence of substance abuse problems and mental illness in rural areas is generally reflected as “treated prevalence,” that is, the number(s) of clients who actually use a service. In many cases, services are never accessed or used. Some reports suggest a higher incidence of suicide, accidents resulting in injury or death, depression, alcohol abuse, domestic violence, incest, child neglect, and unemployment in rural populations. Other reports suggest an increase in “farm stress,” a term that reflects family and community stressors largely related to economic, social, and emotional conditions. In close-knit rural communities, where families have been together for generations, substance abuse or mental illness is often viewed as a family secret, a “skeleton in the closet,” or an inherited family weakness.

Persons who live in rural areas and who have substance abuse problems or mental illness, enter care later, enter with more serious symptoms and at levels of care that are more expensive. Familiarity among local residents, limited professional services, and lack of education, perpetuate the stigma associated with mental illness and substance abuse. Consequently, individuals in need of services or treatment have added costs related to travel, extra time needed to get to and from appointments, and frustration due to insufficient personnel needed to provide outreach services.

Substance Abuse and Mental Illness in the Heartland

- SAMHSA estimates that over 4 million individuals who meet the diagnostic criteria for addiction and need treatment did not access it.
- Between 25 and 28% of the US population lives in non-metropolitan areas, but 93% of psychiatrists practice exclusively in metropolitan areas.
- Nationally, 61,000 individuals were employed as substance abuse and behavioral disorders counselors in 2000. By 2010, an additional 21,000 counselors will be needed.
- According to the US Department of HHS, 20 of Ohio’s 88 counties are designated as underserved for mental health services.
- Nationally, almost 40% of mental health and substance abuse personnel are hospital based as opposed to 18% community based personnel.

Challenges and Benefits of Rural Living



Challenges

- * Fewer health care providers
- * Long drives to pharmacy
- * No privacy
- * Housing shortages
- * Lack of adequate insurance
- * Under informed law enforcement

Benefits

- * Closer relationships with providers
- * Quiet and restful atmosphere
- * Friendlier neighbors
- * More support from churches and businesses
- * Availability of law enforcement

Key Principles of Rural Behavioral Health

Adult networks can be effective. Smaller communities often demonstrate greater network support among adults in the community than is found in urban areas.

Family integrity is a key value in delivering services. “What happens in the family, stays in the family.”

Health and illness is often culturally-based and influences health-care seeking behaviors. The ability to work often determines when help is sought, how it is sought and how it is paid for.

Social support is key to determining when and how help is received. Often reciprocal in nature, supports include family, neighbors, community groups such as church, school and civic organizations.

Integrating behavioral health care in rural primary care settings helps increase availability of and access to care, and often times is provided at a level of care usually associated with primary health care.

Cultural issues define how individuals access help and respond to treatment programs. Privacy, self-determination, resiliency and reluctance to admit the need for help are common among rural residents.

“Successful outreach programs address the needs of consumers, as they perceive and identify those needs in the context of the communities in which they live.”

Center for Mental Health Services

What Can Policy Makers, Local Officials, and Voters Do to Support Rural Outreach and Service Delivery?

- √ Support adequate funding for substance abuse and mental health services.
- √ Support the expansion of telepsychiatry, technology and the use of the Internet as social support and education resources through chat rooms, discussion boards and listservs
- √ Encourage and incentivize strategies that support the recruitment and retention of mental health and substance abuse professionals.
- √ Align transportation resources to ensure the most effective and efficient access to treatment, support and recovery based activities.
- √ Support legislation that guarantees access to mental health and addiction treatment on par with access to treatment in non-rural areas.
- √ Support efforts to expand the role of properly trained medical professionals to include prescriptive authority.

Sources:

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Center for Substance Abuse Treatment
Join Together Policy Panel Recommendations
National Mental Health Association
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Ohio Department of Health
Treatment Improvement Exchange
U.S. Department of Health and Human Services