Achieving the Promise: Transforming Mental Health Care in America

The Rural Picture: Challenges and Opportunities Caring for the Country

Carson City, Nevada
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• “Our country must make a commitment. Americans with a mental illness deserve our respect…and they deserve excellent care.”
President George W. Bush
Announcing the Commission
Albuquerque, New Mexico: April 29 2002

- Our fragmented mental health service delivery system is an obstacle to quality mental health care… “Many years and lives are lost before help, if it is given at all, is given.”
Interim Report Findings: Barriers to Care

- Fragmentation and Gaps in Care for Children
- Fragmentation and Gaps in Care for Adults with Serious Mental Illness
- High Unemployment, Costly Disability
- Older Adults with Mental Illness Are Not Receiving Care
- Mental Health and Suicide Prevention Are Not Yet National Priorities

“The system is in shambles”
Interim Report: “System in Shambles”…

Incremental reform of the mental health system is no longer a viable option.

A FUNDAMENTAL TRANSFORMATION IS NEEDED.
We envision a future where recovery and resilience are the expected outcomes and when mental illnesses can be prevented or cured.

We envision a nation where everyone will have access to early detection and the effective treatment and supports essential to live, work, learn and participate fully in their communities.
What the Commission said on rural issues

- The federal government lacks a consistently applied definition of rural America
- **Accessibility is impaired due to knowledge, funding, and distance**
- Availability has critical shortages of providers and programs
- **Acceptability of care is often impaired due to urban based models and strategies**
- A clearly defined plan to address long standing rural mental health disparities does not exist
- **Mental health policy is routinely established without consideration of its rural impact**
What’s Rural?

Nonmetropolitan and metropolitan counties, 2003

Source: Prepared by ERS using data from the Census Bureau.
The cold hard facts

• More than 60% of rural Americans live in mental health professional shortage areas
• More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas
• More than 65% of rural Americans get their mental health care from their primary care provider
• Rural Americans enter care later in the course of their disorders, with more advanced symptoms, and require more intensive and expensive interventions.
ACCESSIBILITY

- Rural Americans travel further to provide and receive services
- Rural Americans are less likely to have insurance benefits for mental health care
- Rural Americans are less likely to recognize mental illnesses, and understand their care options
AVAILABILITY

- Rural areas suffer from chronic shortages of mental health professionals
- Specialty providers highly unlikely to be available in rural areas
- Comprehensive services often not available
- Consumers often delay care
Designated Mental Health Professional Shortage Areas
HRSA Designated MH Shortage Areas - Nevada
ACCEPTABILITY

- Few programs train professionals to work competently in rural places
- Rural people often lack choice of providers
- Care often is delivered by professionals without competence in rural culture or life
- Stigma
- Urban models assumed to work for rural
Rural Issues Subcommittee: Policy Options

Policy Option 1: The Administrator of SAMHSA should convene an expert panel to identify and recommend a single rural definition that is then applied consistently across all SAMHSA programs.

Policy Option 2: SAMHSA, in collaboration with NIMH, should ensure research is supported that seeks to improve the depth of knowledge available on the prevalence, incidence, and etiology of behavioral disorders across a wide array of rural environments, to better support the ability to precisely focus limited resources on specific areas of need.

Policy Option 3: The Secretary of HHS should develop Federal policies that will enable rural individuals and small businesses to enter insurance-purchasing pools as a means to enhance access to more affordable health insurance options. While parity legislation is critical to mental health care in general, affordability is the issue for rural communities and residents.
Policy Options...

Policy Option 4:
SAMHSA should ensure that non-Federal matching fund requirements are not placed at levels unrealistic for rural entities competing for Federal funding opportunities.

Policy Option 5:
SAMHSA, in collaboration with the HRSA Office for the Advancement of Telehealth and NIMH, should fund rural demonstrations of, and performance measurement of, Telehealth Mental Health Care for adults with SMI and children with SED. Additionally, requirements which promote enhanced coordination between funded telehealth systems and public mental health systems should be included in HRSA/OAT and other Federally supported telehealth projects.
Policy Options...

Policy Option 6:
SAMHSA, in collaboration with the Secretary of HHS and the Surgeon General, should establish a public information initiative to increase rural residents’ understanding of mental illnesses and best practices in treatment. This effort should be coordinated with local systems of care.

Policy Option 7:
SAMHSA, in collaboration with the Secretary of HHS, should implement a study and tracking mechanism to monitor the relinquishment of child custody to obtain mental health treatment for children.
Policy Option 8: 
The Secretary of HHS should convene a cross-agency work group to examine existing workforce enhancement programs and make recommendations for ensuring and enhancing their collaborative focus on rural mental health needs.

Policy Option 9: 
The Secretary of HHS should support an effort to articulate a rural mental health workforce strategy that includes a realistic use of and support of mid-level and alternative providers of mental health services.

Policy Option 10: 
The Administrator of SAMHSA should ensure the support of programs that specifically support the training, deployment, and continuing education of rural mental health professionals. Such support should focus on strengthening the capacity and competency of the workforce to support an evidence-based practice care delivery system.
Policy Options…

Policy Option 11:
The National Health Services Corps should include Master’s-level psychologists and counselors in their loan repayment and scholarship programs, since these professionals are most likely to locate and be retained in rural underserved areas.

Policy Option 12:
The Secretary of HHS should explore the creation of a limited program—similar to the former Community Mental Health Centers Act—to provide a basic safety net continuum of rural mental health care for underserved areas. This program should ensure integration with the Community and Migrant Health Centers program and provide for an alternative financing strategy for rural mental health.
Policy Option 13:
SAMHSA, in collaboration with NIMH, should initiate and support research to identify, verify, and disseminate evidence-based practices suitable for rural practice environments. Resources should be made available to support transferring this knowledge to rural providers and systems of care.

Policy Option 14:
The Administrator of SAMHSA should establish an Office of Rural Mental Health and a National Advisory Committee on Rural Mental Health, specifically staffed and tasked to exclusively coordinate SAMHSA activities relating to rural areas and ensure coordination with other HHS offices relating to those rural areas.

Policy Option 15:
The Secretary of HHS should require a “rural impact statement” of all behavioral health rules, policies, and initiatives within the department retrospectively and prospectively to ensure rural parity of access.
Policy Options.

Policy Option 16: The Secretary of HHS should require the creation of a SAMHSA Rural Mental Health Plan, with specific targets (similar to Healthy People 2010), as a means to establish a rural mental health benchmark and method for gauging progress.
Most Vital Rural Resource

Charismatic Leadership

• One person often makes the difference
• One person leaving often changes everything
  • Human resources must be nurtured
• The most effective human resource strategy: Grow your own!