Mental Health: Overlooked and Disregarded in Rural America

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Living and working in rural America presents a variety of distinct stresses and strains as varied as rural America itself. Regardless of differences, state leaders from across the nation indicate that mental and behavioral health problems are a major, widespread rural concern.[1] Mental health is one of the top 10 leading health indicators targeted by *Healthy People 2010,* the nation's blueprint for improving health.[2] And mental health care is the most expensive care for people, accounting for nine percent of their personal health spending.[3] Unfortunately, this need for mental health care has not been met with widely available and accessible mental health services in rural areas. Among other factors, the problem of inadequate mental health care is strongly tied to a lack of affordable, meaningful health insurance coverage. This problem must be addressed for prosperous rural families, economies and communities.

Mental health and mental illness

Mental health and mental illness exist on a continuum, with no clear cut line differentiating health from illness. Symptoms vary with age, gender, race and culture. Mental health may be thought of as successful mental functioning that results in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with challenging situations.[8] It is basic to thinking and communication skills, learning, emotional growth, resilience and a sense of self worth. Mental health is important for individual, family and community health, well-being and productivity.

Mental illness are health conditions that are characterized by alterations in thinking, mood or behavior, or any combination thereof, associated with distress and/or impaired functioning.[8] Mental illness is common in both urban and rural areas, affecting approximately 25 percent of the United States population in any given year and more than half the population over a lifetime.[4,5] However, only about 14 percent of people suffer from moderate to severe mental illness.[5] Mental illness or disorder can range from short term, situational depression (what some might experience as "the blues") to long term chronic conditions such as bipolar disorder or schizophrenia. Depression and anxiety disorders are the most commonly diagnosed problems and often are accompanied by addiction disorders.[6] Depression and major depressive disorders are the leading cause of disability for people aged 15 to 44 years in the United States.[7] Not as common, but just as alarming, 2.2 percent of adults live with bipolar disorder every year, and 1.1 percent live with schizophrenia.[7] Ten percent of children have a serious mental or emotional disorder.[8]

The causes of various mental illnesses are debated, but their existence is certifiable. New research suggests that characteristic brain changes are detectable with imaging technologies just as physical disease such as diabetes is detectable by blood studies. Such changes in mental and emotional health can be brought on by both biological and psychosocial factors. Biological influences include genes, physical trauma (especially head injury), infections, nutrition and toxin exposures (such as lead poisoning).[8] Psychosocial influences might include stressful life events such as childhood abuse or domestic violence, poverty, cultural factors, social isolation, racism, prejudice and interpersonal relationships.[8]

Key concerns in rural America

Addressing mental health issues is a concern across the country, though the situation may be worse in rural America. Here, major depression rates in some areas significantly exceed those in urban areas.[10] Teens and older

adults in rural areas have significantly higher suicide rates than their urban counterparts.[9] Further, stress is associated with increased mental health disorders and rural people experience stress with cyclical farm crises, natural disasters and social isolation. The Farm Crisis Response Council of Interchurch Ministries of Nebraska operates a "hotline" designed to help any rural person who is negatively affected by rural crisis. According to the most recent reported data by the "Hotline," between July 2008 and March 2009, nearly 50 percent of their calls were related to mental health issues.[17]

Despite the substantive calling for mental health services in rural areas, many barriers prevent rural Americans from receiving the care they need. These barriers revolve around issues of availability and accessibility. In many rural communities, mental health services are simply not available. In fact, more than 85 percent of the 1,669 federally designated mental health professional shortage areas are rural.[16]And only in rural America did the National Advisory Committee on Rural Health (1993) find entire counties with no practicing psychiatrists, psychologists, or social workers.[16] This desperate lack of trained mental health professionals means that individuals who need emergency care will likely be transported out of their communities to other locations where care is available. [16]

Given the scarcity of mental health services in rural areas, it is no wonder that distance to mental health providers and a lack of public transportation to reach care prevent rural people from accessing needed mental health services. But even when care is available nearby, still other barriers prevent individuals from accessing this care. One reason is the social stigma attached to mental health problems. This stigma in combination with a general lack of anonymity in many small communities leads some people to forego treatment.

Perhaps the most pervasive factor limiting access to mental health care services in rural America is the lack of affordable, meaningful health insurance coverage. Although rural Americans have demonstrated a need for mental health services, they are less likely than urban Americans to have health insurance that covers mental or behavioral health services.[11] The Center for Rural Affairs has released several reports outlining the problems of uninsurance and under insurance in rural areas. Because mental health care is the most expensive care for people, it is largely unaffordable as an out-of-pocket expense.[3] With many families already struggling to pay their health insurance premium or existing medical debt, accessing uncovered mental health treatment is not a choice they can make.

What can be done?

Mental health is one of the top 10 leading health indicators targeted by *Healthy People* 2010, the nation's blueprint for improving health.[2] It is therefore unacceptable that rural mental health concerns have not been adequately addressed and that available, accessible and acceptable services are scant. Recognizing that this must change, the Center for Rural Affairs identifies mental health services as one of the top health reform issues for rural America.[15] The President's New Freedom Commission on Mental Health's Subcommittee on Rural Issues says the paramount policy, based in social justice principles is that:

> "Rural Americans should be provided the same access to mental health emergency response, early identification and screening, diagnosis, treatment and recovery services as their non-rural peers".[12]

Mental illness and behavioral disorders are preventable and treatable; people do not have to suffer without relief. Relief will not come without reform and new policies and services need to be developed with the participation of rural residents—policy that pertains to urban people and settings is not readily transferred to rural America.

Prevention

Preventing, rather than treating, mental disorder is not only cost effective, but supports quality of life, healthy families and productivity throughout life. The biological and psychosocial causes of mental illness noted previously offer a guide to prevention. We cannot change genetic structure, but we can educate people and enact policies to prevent head injury, exposure to infectious disease and malnutrition. With a commitment from society, we can

prevent child abuse, elder abuse and domestic violence. We can work to reduce poverty, social isolation, racism and prejudice. If we commit to social and economic policies that support healthy individuals, families and communities, we would likely see a notable reduction in mental disorders.

Telehealth—mental health

Barriers related to the availability of mental health care services in rural areas may be reduced through the use of telehealth technology. Telehealth refers to the use of current information technologies and telecommunication systems to make health education and health care available despite distance or travel barriers. According to the Health Research and Services Administration[13],telemental health services are in the top three most used telehealth services. Through this technology, individual, family and group consultation and care may be offered in homes, rural clinics and hospitals, community mental health centers, schools, residential programs/group homes and long-term care facilities. It also allows for ongoing education and training of rural mental health practitioners. To develop and expand rural telehealth services, state and federal policies and funding for rural broadband are needed.

Mental health parity legislation: does it help rural Americans?

Reducing financial barriers to mental health care has long been problematic in the United States because of lower and limited reimbursement from health insurance providers. A step forward was the Wellstone-Domenici Mental Health Parity Act of 2008 (HR6983), enacted into law on October 3, 2008. This Act is a result of over 10 years work to require group health plans of businesses that have more than 50 employees to cover treatment for mental illness on the same terms and conditions as all other illnesses. When it goes into effect on January 1, 2010, it is expected to provide over 113 million people with expanded insurance coverage for mental health treatment.[14]

The Wellstone-Domenici Mental Health Parity Act will benefit rural people and families who work at businesses with more than 50 employees. Unfortunately, this is a minority of our rural residents. For the remaining self-employed ranchers and farmers, those employed in rural small business and the uninsured, we need to continue to work for the rights that the President's Subcommittee on Rural Issues/New Freedom Commission promised—"rural Americans should be provided the same access to mental health emergency response, early identification and screening, diagnosis, treatment and recovery services as their non rural peers."[16]

A lesson from Medicaid

The fact is that private health insurance has not kept up with the mental health needs of rural residents. As a result, individuals who qualify for Medicaid are better off in terms of mental health care coverage than many rural Americans who purchase their health insurance from the individual health insurance market. Medicaid is the largest payer of mental health services in the United States, accounting for 26 percent of total national mental health care spending.[18] And unlike many private insurers, Medicaid covers mental health services that are delivered in the home, school, or workplace. While problems with various states' Medicaid programs exist, the general model is useful for addressing mental health care in rural America.

Mental health reform for rural America

Though nationally progress is being made, many issues remain before we meet the mental health needs of rural residents. Workforce shortages, confidentiality and cost are the most significant barriers. Programs like the Rural Response Hotline in Nebraska, offering vouchers for mental health services, have helped to meet the needs of rural residents. But such programs rely on adequate numbers of trained mental health care providers, who simply do not exist in many parts of rural America. Appropriate training for primary care providers may be the first step towards ensuring that rural residents have access to mental health services. The next step is reaching true parity in mental health coverage—all individuals should have insurance coverage for mental health services regardless of where they work or live. One way to achieve this is through health care reform that includes a public health insurance option. With such a choice, small business owners like farmers and ranchers and their employees can have access to the same mental health coverage that currently only larger groups enjoy. For health care reform that benefits rural

America along with the rest of the nation, equal access to and coverage for mental health services must be part of the design.

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ABOUT THE CENTER FOR RURAL AFFAIRS

Established in 1973, the Center for Rural Affairs is a private, nonprofit organization with a mission to establish strong rural communities, social and economic justice, environmental stewardship and genuine opportunity for all while engaging people in decisions that affect the quality of their lives and the future of their communities.

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