Behavioral Health in Rural America: Challenges and Opportunities

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EXECUTIVE SUMMARY

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BACKGROUND

Mental health conditions (MHCs) and substance use disorders (SUDs), collectively referred to hereafter as behavioral health disorders (BHDs), affect individuals from all sectors of society. However, the prevalence of certain diagnoses and unmet treatment needs are not equally distributed, with place of residence being one factor associated with these differences. Although overall prevalence rates for BHDs are similar across urban and rural areas, their prevalence varies within specific sub-populations and/or across rural areas. Moreover, the rural context has proven challenging for ensuring the availability of and access to prevention, diagnosis, treatment, and recovery services in rural areas. Given the increased health burden in rural areas compared to urban areas, attention to the patterns of BHDs and needs among rural people is essential to improving the health of rural populations and communities. This paper reviews the prevalence of BHDs in rural populations, rural access to behavioral health services, promising program models that have been successfully implemented in rural communities, and opportunities for policy and system changes to improve rural behavioral health systems and outcomes.

BEHAVIORAL HEALTH DISORDERS AND ACCESS TO CARE IN RURAL POPULATIONS

This paper documents known disparities in the prevalence of BHDs among rural and urban populations. Although the overall prevalence of MHCs is similar across rural and urban areas, the prevalence of some conditions (e.g., depression) differ. There are also variations within some rural sub-populations and communities in the rates of MHCs, including women, low-income children, veterans, non-Hispanic blacks, and American Indian/Alaska Natives. Rates of SUDs (which often co-occur with MHCs) also differ by rural-urban residence. For example, the prevalence of illicit drug use is similar across rural and urban areas in general, yet many rural areas and populations disproportionately suffer from a growth in the use of opioids, heroin, prescription medications, and methamphetamines. Rural-urban behavioral health disparities are closely linked to the socioeconomic characteristics of rural and urban populations and communities. Rural areas have a higher proportion of families living below the poverty level, higher rates of unemployment, and a greater percentage of residents who have public insurance or are uninsured than do urban areas, all known risk factors for behavioral health disorders. Rural individuals also experience a greater sense of stigma, a higher sense of isolation and

hopelessness, lower education rates, and higher rates of chronic illnesses. These socioeconomic stressors create a significant challenge for addressing behavioral health disparities in rural areas.

The high burden of BHDs in rural areas requires a comprehensive, accessible health care infrastructure that is often not available to rural populations. Access to behavioral health services in rural areas are a function of what has been termed, the "4As and an S": accessibility, availability, acceptability, affordability, and stigma. As a matter of principle, this paper assumes that rural residents should have access to the same continuum of services and care as urban people do, including prevention, treatment, and recovery. Yet, studies show that rural residents with BHDs are less likely to have access to appropriate services compared with those living in urban places. Well-known problems, including behavioral health workforce shortages, a limited continuum of specialty services (e.g., inpatient, partial hospital, or intensive outpatient services), high rates of uninsurance or under-insurance, and social stigma, are among the factors limiting access to behavioral health services in rural areas. These barriers contribute to known differences in the patterns of service use among rural and urban people with rural residents relying to greater extent on primary care providers and local hospitals for behavioral health care.

DEVELOPING COMPREHENSIVE BEHAVIORAL HEALTH SERVICE SYSTEMS

There are significant, chronic, and difficult-to-overcome obstacles in rural communities to developing appropriate strategies to reduce the onset of BHDs and moderate their impact (prevention), provide services to individuals with these conditions (treatment), and help them to lead productive and satisfying lives (recovery). Yet, there is growing experience and evidence that with a coordinated, community-wide response, rural communities can implement multipronged strategies that build a capacity for behavioral health prevention, treatment, and recovery services.

The paper reviews several local and national community engagement and innovative behavioral health prevention models that have been successfully implemented in rural communities across the country. With regard to innovations in treatment services, the paper highlights models that integrate behavioral health and primary care services, seek to build regional service models, and expand use of telehealth technology to improve access to specialty behavioral health services. Finally, the paper reviews examples of recovery service models developed and used in Vermont, Michigan, Indiana, and tribal settings.

POLICY OPTIONS TO ADRESS BEHAVIORAL HEALTH DISORDERS

The opioid epidemic has focused federal, state, and local policy on the problem of SUDs with important advances in the delivery of services across the prevention, treatment, and recovery continuum. The opioid epidemic has also highlighted long-standing deficiencies in our rural behavioral health system. Increased policy attention, combined with the significant mobilization of local community resources (with needed federal and state policy and financial support), have produced promising strategies and models to expand and improve services in rural communities. As important as these program models are, success requires a comprehensive strategy that engages citizens, consumers, health care providers, and community leaders, among others, to develop a plan that best fits the community and to marshal available resources. Federal and state policies and resources are critical to support the implementation of these comprehensive strategies, especially in vulnerable rural communities. In the final section of the paper, we discuss four broad areas where focused policies are needed to develop a more comprehensive approach to improving behavioral health in rural communities:

- Promote rural community engagement to support the design and implementation of local and regional strategies;
- Support the development of comprehensive system of local and regional behavioral health (including both mental health and substance use) services;
- Reform regulatory and payment policies to expand coverage for BHDs and encourage the development of comprehensive systems of care; and
- Expand the behavioral health workforce and create incentives for rural practice.