




MENTAL HEALTH IN RURAL COMMUNITIES

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Is Mental Health More Prevalent In Rural Areas?

- Rural residents are more likely to experience circumstances, conditions, and behaviors that challenge health and may increase the prevalence of depression.
 - Rural residents are more likely to live in poverty than urban residents; poverty is associated with more illness and mental health.
 - People in rural areas were more likely to have characteristics that are strongly associated with depression.
 - The age-adjusted suicide rate among persons aged 15 years and older who lived in nonmetropolitan counties was 37% higher than the rate among suburban residents
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The Unfortunate 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
 - The mental health crisis responder for most rural Americans is a law enforcement officer
 - Rural residents commonly have less access to primary health care, specialists, health-related technologies, and other health and social services than persons in urban areas.
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Limitations

on

Rural

Communities


- **Accessibility** – Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and are less likely to recognize an illness.
 - **Availability** – Chronic shortages of mental health professionals exist and mental health providers are more likely to practice in urban centers.
 - **Acceptability** – The stigma of needing or receiving mental healthcare and fewer choices of trained professionals who work in rural areas create barriers to care.
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Limitations

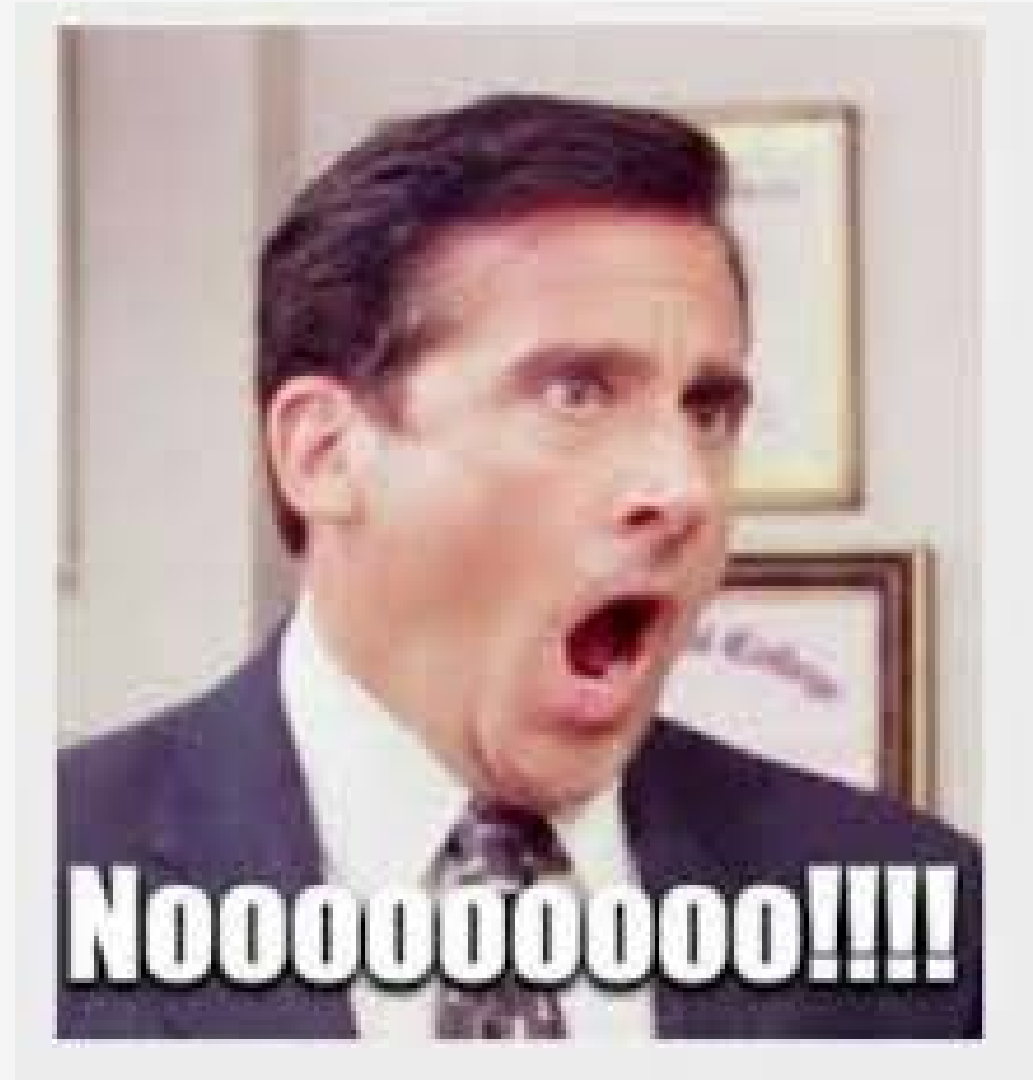
on

Rural

Communities

- It is difficult to obtain informed mental health specialists for persons living in rural areas.
 - Increases in the distance traveled for care among rural residents.
 - Rural residents have both higher hospitalization rates and higher physician visit rates than those living in urban areas.
 - 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
 - Community Mental Health Centers are expected to serve all
 - Few programs train professionals to work competently in rural places
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*Do Mental
Health
Resources
Match The
Community
Need?*



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Mental Health Resources


1. Acute Psychiatric Care
2. Mental Health Specialists
3. Transitional Housing

1. *Acute Psychiatric Care*

- Gerald Champion Regional Medical Center
 - Best in the State
 - Treats individuals through out the entire state
 - Admits inmates
- Mesilla Valley
 - Only takes Medicaid
 - Only does in person assessments
 - Does take inmates
- The Peak
 - Does not take inmates
 - Is not local
- Telepsychiatry
 - redistributes resources, but does not necessarily create them
 - Clinical time is rapidly saturated


2. *Mental Health Specialist*

We are in need of those:


- Who focus on Veteran's needs and treatment
 - Who Focus on Problem Sexual Behavior
 - Who can conduct Multi-Systemic Therapy
 - Who have Outpatient for Psychotropic Medications
 - Who have Intensive Out Patient
 - Who are Psychiatrists and Psychologists
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3.

Transitional Housing

- Homeless Shelters (0)
 - Veteran Services (1)
 - Substance Abuse Residential Treatment Centers (0)
 - Inpatient Substance Abuse Facilities (0)
 - “Half Way” Houses (2)
 - Domestic Violence Shelters (2)
 - Living assistance for those who are mentally ill (0)
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*Criminal
Justice
Reform
for
those with
SMI*

- Police interaction
 - Bail reform
 - Diversion programs
 - Alternatives to incarceration in high-security settings
 - Mental health services, including psychiatric rehabilitation, in jails and prisons
 - Alternatives to solitary confinement
 - Release plans
 - Eligibility for health and mental health services and for income supports immediately upon release
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References

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