

Mental Health and Mental Health Care in Rural America: the Hope of Redesigned Primary Care

“In the United States, most people with mental health issues or disorders remain untreated.” Rural populations have a greater portion of untreated mental illness than nonrural communities. Rural children, rural military Veterans and older rural adults are acutely at risk of not receiving appropriate mental health treatment. Rural Children: Infants and young children are often not targeted for public mental health program funding. The situation is worse in rural areas where children have poorer access to mental health services compared with nonrural settings. Rural Veterans: Limited research on rural Veterans has shown that greater access to mental health services does not equate to a proportionate increase in utilization. Military values based on self-reliance and fear of eventual discrimination contribute to the rural Veteran’s reluctance to seek treatment. Older Rural Adults: One study demonstrated that elderly rural residents had a less positive view of mental health services than their nonrural counterparts. These attitudes may contribute to lower utilization in older rural adults. The authors concluded that mental service integration with primary care based on a medical home model will most effectively decrease the treatment gap between rural and nonrural residents. They recommend providing culturally relevant family centric care, integrated onsite treatment for patients lacking community resources and frequent communication with providers to improve care coordination. They argued that implementing these components will decrease mental health treatment disparities between rural and nonrural residents. *Citation: Lutfiyya, L.N., Bianco, J.A., Quinlan, S.K., Hall, C., & Waring, S.C. (2012). A literature review of different studies about mental health care disparities between rural and nonrural residents. Dis Mon 2012;58:629-638 0011-5029/2012. ♦*

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Did You Know?

- More than 85% of Mental Health Professional Shortage areas are in rural areas.
- Greater than 40% of Iraq and Afghanistan U.S. war Veterans are from rural areas.
- More than one-half of all the counties in the United States do not have a psychologist, psychiatrist, or mental health social worker.
- Rural VA patients report poorer mental health status and worse access to care than nonrural Veterans. ♦



Mixed Methods Evaluation Research for a Mental Health Screening and Referral Clinical Pathway

This mixed method study aimed to design and evaluate a mental health assessment and referral pathway for Australian war Veterans and widows treated by community nurses. The authors designed a pathway focused on screening, support, education and referral using evidence-based guidelines. Fifty-six nurses tested the clinical pathway while providing care to 97 war Veterans and war widows. About 45% of war Veterans were identified as needing mental health treatment through the screening process. They were referred to their general practitioner, and then to free counseling services funded by the Australian Department of Veterans Affairs. Over 80% of the survey participants reported they were mostly or very satisfied with the clinical pathway. Just over 54% of the general practitioner providers responded to the survey about their experience with the clinical pathway, but only ten said they received referrals. The ten that received referrals felt the additional information from the nurses helped with assessment and treatment planning. Ninety percent of the nurses responded to the survey, and reported the pathway contributed to more holistic treatment. They commented that the screening process provided greater opportunities to discuss mental health issues with the patient. This study also demonstrated how research can be used to create and assess evidence-based clinical pathways. *Citation: Allen, J., Annells, M., Clark, E., Lang, L., Nunn, R., Petrie, E., & Robins, A. (2011). A mixed method study to design and review a mental health care pathway for Australian war Veterans and war widows. Doi:10.1111/j.1741-6787.2011.00226.x. ♦*

