Why Behavioral Health is Important to Rural Communities

Behavioral health conditions are a pressing health need across our nation. Wherever people choose to live and raise their families, they deserve access to specialized care and treatment.

People in rural areas face these conditions just as their urban counterparts do. Yet for many, there is not a psychiatrist, psychologist or counselor available within an hour's drive – or several hours drive – let alone inpatient psychiatric units or chemical dependency centers.

A 2018 study published in the American Journal of Preventive Medicine finds that a majority of non-metropolitan counties (65%) do not have a psychiatrist and almost half of non-metropolitan counties (47%) do not have a psychologist.

The U.S. Department of Health and Human Services reports that 111 million people live in areas with mental health professional shortages, and a study by the National Rural Health Association showed that among 1,253 smaller rural counties with populations of 2,500 to 20,000, nearly three-fourths lack a psychiatrist.

The numbers clearly illustrate the need. According to the National Institutes of Health (NIH):

Approximately one in 25 adults in the U.S.— 9.8 million, or 4%—experiences a serious mental illness in a given year that **substantially interferes with or limits one or more major life activities.**

Approximately **one in five adults** in the U.S. **experiences mental illness** in a given year.

Approximately **one in five youth aged 13–18** (21.4 percent) experiences a severe mental disorder at some point during their life.

For children aged 8–15, the estimate is 13 percent.

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Rural areas have the highest suicide rates in the nation, according to the Centers for Disease Control and Prevention, as well as a high concentration of veterans, who experience higher rates of suicide than nonveterans. In addition, the CDC reports that rates of drug overdoses in rural areas have surpassed those in metropolitan areas.

This gap could widen even further. The Association of American Medical College reports that 60% of current psychiatrists are 55 years of age or older. More than 90% of all psychologists and psychiatrists practice exclusively in metropolitan areas, according to the Health Resources and Services Administration.

"This is a problem that's hitting right in the heart of America," said Matthew Stanley, DO, Vice President of the Behavioral Health Service Line for Avera Health, based in Sioux Falls, S.D. "The Upper Midwest is home to several Indian reservations where people are at risk with limited access to behavioral health services. Farmers face year after year of low prices, erratic weather and trade turmoil. There are more elderly people in rural areas, who are often socially isolated and at risk for depression."

When people in rural areas experience mental health conditions, they often try to go it alone. "There's a 'pull-yourself-up-by-the-bootstraps' mentality that is so unfair to individuals who struggle," Stanley said. Or, their care is left to a general practitioner who doesn't have the specialty expertise to treat complex conditions such as bipolar disorder or severe depression.

"In small towns or out in the country, when an individual experiences a mental health crisis, the only option for the people around them is to call emergency services in the form of law enforcement, fire and rescue or emergency medical services," Stanley said.

Sheriff deputies or local police have been known to transport patients up to six hours to receive a psych evaluation. Then after the patient is released he or she must arrange transportation home. "Law officers are kept from doing their job of law enforcement – this is not part of their job description but they get it by default," Stanley said.

After the initial crisis is over, individuals often have to wait weeks until getting in to see a counselor or psychiatrist, and usually have to travel in order to access this care.

During this time of waiting, the person's condition may deteriorate. "Sadly, people may become so desperate that they consider suicide or self-medication through alcohol or other substances," Stanley added. Through its Zero Suicide initiative, Avera has instituted programs to identify and treat depression and suicidality earlier, for example, through depression screening tools used in primary care clinics and emergency rooms. "But if the professionals aren't there to treat the need when it's identified, we can't complete the circle."

A Solution

Avera eCARE® is developing a groundbreaking program to help address these challenges by building a 24-hour telemedicine behavioral health team.

This team will give patients access to timely, patient-centered, cost-effective, high quality behavioral health services via telemedicine. While Avera in the past has offered behavioral health assessments via telemedicine, this service can offer immediate treatment.

Avera received $7.8 million in grant funding through The Leona M. and Harry B. Helmsley Charitable Trust to launch this program. After the three-year grant ends in 2021, the program will move into a sustainable subscription program for hospitals, health systems and other organizations, similar to other eCARE services such as eCARE Emergency.

With an initial focus on services for people in crisis, Avera eCARE will provide virtual behavioral health assessments as well as treatment for patients in local emergency departments and inpatient psychiatric hospitals.

"Many of our inpatient psychiatric units are challenged with staffing, particularly overnight and on weekends. Avera eCARE will provide a psychiatric team to respond

to off-hours needs from the hospital. This supports recruitment and retention of community psychiatrists and helps to preserve access to essential inpatient care for those in crisis," said Deanna Larson, CEO of Avera eCARE.

In time, Avera eCARE will also provide mobile support to first responders encountering individuals in crisis.

Avera is a 60-year regional leader in behavioral health services, and has a full continuum of care that includes inpatient care, outpatient psychiatric care and counseling for all ages, addiction services, a 24-hour assessment center and more.

Through Avera eCARE, Avera has already been providing behavioral health assessments to local ERs. And, through a partnership with Indian Health Service, Avera has been reaching out to reservation communities with outpatient behavioral health services via telemedicine.

"This vision is broad and exceptional. It's exciting in terms of what it will do for behavioral health care. This grant will allow us to build upon all of this, establishing a future opportunity to begin treatment at the time of crisis – perhaps when a patient is still at home," Stanley said.

"We believe this will help reduce unnecessary emergency room visits and inpatient stays, and ensure patients are getting the right level of mental health services earlier in their journey."

"People in urban and rural areas alike need health services that address needs of the whole person. In the past, the Helmsley Charitable Trust has partnered with Avera eCARE to extend specialty care across vast rural areas, and now we are looking to extend behavioral health services via telemedicine as well," said Walter Panzirer, a Trustee of The Leona M. and Harry B. Helmsley Charitable Trust.

Panzirer himself is a former rural paramedic and police officer, and knows first hand that people in mental health crisis can end up being held in a jail cell because there's no other option. "No other medical diagnosis leaves you ending up in jail. We want to see medical problems – including behavioral health conditions – treated within the medical health care system. That's what this grant program is designed to accomplish."

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