Mental Health, Developmental Disabilities, and Rural Access to Care

Overview

People with mental health (MH) diagnoses and intellectual and developmental disabilities (IDD) that occur at the same time are not as likely to have access to adequate services as a person who only has a MH concern or has IDD. There are gaps in the diagnosis and treatment of MH in IDD populations and training for providers in the biomedical and MH fields is insufficient. However, in general, health and social services are lacking in rural areas (rural meaning most areas outside large cities of more than 50,000 people and clusters between 50,000 and 2,500 people).[9] People with MH and IDD in rural areas are especially vulnerable to inadequate services because of the overlapping diagnoses.

97%	of the land in the U.S. is rural[9]
19%	of the U.S. population lives in a rural area[9]
4.8%	of people in the U.S. report a cognitive disability[11]
19.1%	of rural people report a mental health condition[8,6]
61.5%	of healthcare provider shortage areas (HPSAs) are rural[10,7]

Moreover, people in rural areas report all categories of disability at slightly higher rates than non-rural areas.[11] Of those who reported an MH condition, less than half accessed services in the past year.[8,6]

Challenges

- In small, local communities, there are issues such as: knowing service providers in other settings (ex: doctor goes to same church), stigma about receiving MH care, and privacy concerns[7]

- Often, people reach points of crisis and end up in emergency rooms, hospitals, or talking to first responders. Rural hospitals are closing— leaving even fewer options

- When people in these rural communities do see a provider, they struggle to find ones who are trained to identify and treat both MH and IDD in their patients

- The most common barrier is an overall lack of providers. Services just do not exist, there are waitlists, or they require extensive travel.

- One promising practice is telehealth or internet-delivered services, but many rural communities lack access to highspeed broad-band service and infrastructure

Other barriers to accessing services related to rural location include limited availability of

at the intersection of mental health and developmental disabilities

transportation options, not knowing what services are available, health literacy (understanding health information and knowing how to navigate the system), insurance coverage, and staffing and retention difficulties in local facilities[7]. The infrastructure and training to support people in crises is also not available in rural areas—both in terms of prevention, response, and treatment[4]. Rural hospital closures (102 in the past 9 years and counting[1]) impact this community, and highlight the need for alternative modes of services delivery. Telehealth is promising, but regardless of income level, more than 20% of rural residents rate access to broadband as a major problem.[5]

Promising Practices & Future Directions

In recent years, telehealth (i.e., services delivered over the internet, computer, telephone, and video chat), which provides health information and options for virtual visits with providers, has become a more readily used resource to help people access services in rural areas. The results of a recent study of a program that combines in-person care and tele-delivered mental health care showed improved access to mental health care, shortening the time people had to wait to receive services.[2,3] In a sweeping review of barriers and enablers of MH access for people with IDD, innovative methods that include tele-delivery of MH services and stepped-care models were enablers, or increased access to quality MH care for individuals with IDD.[12] Stepped-care models use the fewest resources to deliver the most effective treatment or service for the level of need providing access higher levels of care to respectfully meet the

needs of the individual, "stepping-up" as needed.[12]

Some action points to improve access to quality care include:

- Advocating for improved rural broadband service and infrastructure

- Increase access to tele-delivered services

- Increase training on MH and IDD for providers in rural areas, especially primary care providers that are often the only providers in the community, but are not trained to address complex needs

- Increase the number of reliable online resources that are easy to find for people with MH and IDD in the absence of providers and services

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at the intersection of mental health and developmental disabilities

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