



Behavioral Health: Improving Rural and Urban Access



47.6 million individuals experience mental illness each year

In order to effectively treat the 47.6 million individuals experiencing mental illness each year, health systems must first identify one of the key factors contributing to this growing issue – location. Rural and urban communities experience unique challenges that often create substantial obstacles for health systems to provide, and community members to receive, proper behavioral health treatment.

As the nation begins to prioritize mental and behavioral health, hospitals are looking for strategies to best serve these populations. Read this guide to discover the unique challenges and opportunities that come with behavioral health in rural and urban communities and how health systems can improve the overall health of their community by expanding access to these vital services.



Approximately one-fifth of the U.S. population lives in rural communities, and about one-fifth of those living in rural communities, or 6.5 million individuals, have a mental illness.² Although mental and behavioral health issues affect individuals across the nation, the prevalence of certain diagnoses and unmet treatment needs are not equally distributed.

It is estimated that as many as 65% of rural counties do not have psychiatrists, and more than 60% of rural Americans live in designated mental health provider shortage areas.² Between 2010 and 2019, rural hospitals faced amplified risks of closure and will continue to experience this unless appropriate access to care and staffing issues are addressed.³

Additional obstacles restricting rural communities from obtaining proper behavioral health treatment include:

- Socioeconomic Factors: This includes higher unemployment rates and greater levels of individuals living below the poverty line. Even if an individual or family is employed, receiving insurance benefits for mental healthcare is a rarity.
- **Public Acceptance:** The negative stigma surrounding behavioral health treatment in rural communities continues to hinder an individual's willingness to receive care. A higher sense of isolation and lower education rates can also limit a family or an individual's understanding of the benefits of behavioral health and the crucial purpose it serves for overall population health.^{2,4}

• **Delayed Public Understanding:** Lower education rates, coupled with restricted access to behavioral health resources, can often limit a person's ability to recognize signs of mental illness and understand their care options. This leads to delayed diagnosis and care, increased illness severity, and ultimately higher care costs.⁵

Although rural communities are faced with deeply rooted challenges, opportunities to combat these obstacles are available to health systems who want to improve behavioral health access in their communities.

Steps to Improve Rural Access

Discussions around the integration of mental health into primary care settings within rural communities date back to the early 1970s. However, years of re-education, along with drastic spikes brought on by the pandemic, have led to a renewed interest in and policy support for efforts to strengthen behavioral health integration among rural providers.⁵

Tools that have yielded positive results in addressing issues around staffing shortages and education, as well as the quality of behavioral healthcare offered, include:⁵

- 1. Development and implementation of electronic medical records (EMRs) to support clinical integration and communication;
- 2. Continued integration of educational resources and programs emphasizing the importance of behavioral health treatment in an effort to further combat the negative stigma around receiving care;
- Expanded use of technology, such as telehealth, to provide psychiatric support among other treatment options; and
- **4. Aid from an experienced partner** who is dedicated to providing high-quality, tailored behavioral healthcare to benefit a community's specific needs.

Through these tools, health systems can help combat negative stigma surrounding treatment, provide valuable

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resources for mental and behavioral health education and ultimately help ensure this vital form of care is easily accessible no matter one's location.

Similar to rural community challenges, the urban demographic has its own hurdles to overcome in order to properly address the issue of behavioral health access.



Urban Community Obstacles

Today, more than 50% of the global population is living in cities, and

by 2050 this rate is expected to increase to nearly 70%. However, as more individuals migrate to urban communities, the risk of developing a mental or behavioral health illness rises. This has been found in studies that highlight city living increases anxiety disorders by approximately 21%, mood disorders by 39%, and roughly doubles schizophrenia rates. 7



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Additionally, whereas rural communities experience physical distance as an obstacle when seeking behavioral health treatment, urban communities run the risk of over-population. This leads to crowded emergency rooms (ERs) and mental health treatment centers – impeding an individual's ability to receive high-quality services. These densely populated areas are known for elevating risk factors associated with mental illness due to poverty, homelessness, physical and mental disabilities, drug and alcohol abuse, and social alienation – factors that have only increased since the onset of COVID-19.7

Although urban areas maintain a reputation of greater access to services and resources, disadvantaged individuals still struggle to obtain care due to financial and transportation limitations and the disproportionate availability of behavioral health resources in various neighborhoods. This can lead to a self-reinforcing cycle, called social drift, where certain areas with higher rates of poverty and mental-illness produce greater social disorder and crime which further increases mental illness risk. However, there is a solution.

Urban Area Opportunities

Although the factors limiting behavioral health treatment in urban communities differ from rural areas, one thing that remains true is the need for these vital services. By utilizing existing services and elevating them to help ensure they are easily accessible to every individual in every neighborhood, health systems can address the many challenges within urban landscapes.

Steps to improve access and education for behavioral healthcare include:

- Understanding neighborhood demographics.
 - A collection of factors can greatly impact a neighborhood's ability to access critical behavioral healthcare. Identifying areas within urban neighborhoods that are underserved and prioritizing the integration of care options, in addition to increasing education and awareness, can offer substantial benefits within these communities.
- Providing quality resources. Prioritizing staff
 training and education around behavioral health,
 in addition to hiring qualified psychologists and
 therapists, will not only aid in combating ER
 overcrowding, but will also help reduce the possibility
 of readmission following treatment.
- Behavioral Health education. Similar to rural communities, the lack of behavioral health education, coupled with negative stigma around receiving treatment, has led individuals to delay care, and not fully understand the signs and symptoms of mental illness. Integrating behavioral health programming into a primary care setting can help introduce the benefits of this treatment to a larger community base, therefore reducing stigma and opening the door to potential co-location of healthcare services.

By understanding the unique obstacles presented in both community settings, health systems can identify proven strategies to meet the opportunity. However, many health systems today struggle to successfully integrate a behavioral health service line independently due to the specialization required, lack of proper education and resources – leading many to outsource to a trusted partner.

Advantages of Behavioral Health Partnership for Rural and Urban Community Success

The challenges presented in both communities are clear; however, the resources available to aid in behavioral health prevention, treatment and recovery are often difficult for health systems to achieve without the specialized support of an industry expert.

Experts in the behavioral health space understand the specific challenges hindering accessibility and are wellequipped to handle the obstacles through the integration of a flexible strategy designed to address the unique needs of the community at hand. Further, being able to rely on a behavioral health expert for high-quality programs and services, fully trained and educated clinical staff and access to a national database of resource material, helps to alleviate the burden of independently running a successful behavioral health hospital.

Kindred Behavioral Health, a service line of Kindred Healthcare, is a leader in treating patients with mental health and substance use disorders through partnerships that integrate the latest innovative solutions – producing quality care and superior outcomes.

Discover how Kindred Behavioral Health can help your health system expand needed patient access and how Kindred's tailored approach can address the unique needs of your patient demographic. Visit **KindredBehavioralHealth.com** for more information.

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References

- 1. Mental health by the numbers. (2021). Retrieved March 22, 2021, from https://www.nami.org/mhstats#:~:text=20.6%25%20of%20U.S.%20adults%20experienced,2019%20(13.1%20million%20people).
- Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020, May 4). A call to action to address rural mental health disparities. Journal of clinical and translational science. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7681156/.
- 3. Summers-Gabr, N. (2020, May). Rural—Urban Mental Health Disparities in the United States During COVID-19. American Psychological Association. https://psycnet.apa.org/fulltext/2020-38395-001.pdf
- Gale, J., Janis, J., Coburn, A., & December). Behavioral Health in Rural America: Challenges and Opportunities. Rural Policy Research Institute. https://

- rupri.org/wp-content/uploads/Behavioral-Health-in-Rural-America-Challenges-and-Opportunities-Executive-Summary-.pdf
- Gale, J. A., & D. (2006, January 1). Mental Healthcare in Rural Communities: The Once and Future Role of Primary Care. North Carolina Medical Journal. https:// www.ncmedicaljournal.com/content/67/1/66.
- 6. Gruebner, O., Rapp, M. A., Adli, M., Kluge, U., Galea, S., & Samp; Heinz, A. (2017, February 24). Cities and Mental Health. Deutsches Arzteblatt international. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5374256/.
- 7. Litman, T. (2021, March). Urban Sanity Understanding Urban Mental Health Impacts and How to Create Saner, Happier Cities. Victoria Transport Policy Institute. https://www.vtpi.org/urban-sanity.pdf