



Improving Behavioral Health Services for Individuals with SMI in Rural and Remote Communities

Introduction

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Introduction

Sixty million individuals, or 20 percent of the U.S. population, reside in rural and remote areas (Census, 2010). Research shows that individuals in rural and remote areas have an equal, or perhaps greater need for mental health services but are less likely to receive any mental health service when compared to individuals residing in urban and suburban settings (Kirby, et al., 2019). Nearly 19 percent of adults ages 18 and older who were living in completely rural areas have reported experiencing a mental illness in the past year, compared to 18.6 percent of adults in urban areas. At the same time, 2.5 percent of adults living in completely rural areas have reported experiencing a co-occurring substance use disorder and mental illness during the past year, compared to 3.7 percent of adults in large metro areas (SAMHSA, 2019).

Although rates of mental illness and substance use are comparable between the two settings, the rates of serious mental illness (SMI) reported in the past year are higher in rural areas, with 5.8 percent of adults experiencing an SMI in the past year, compared to 4.1 percent of adults ages 18 and older in urban areas (SAMHSA, 20 August 2019). Additionally, while suicide rates across the U.S. among all adults have risen since 2007, the Centers for Disease Control and Prevention (CDC) indicates that the rates of suicide among individuals in rural counties increased 6.1 times faster than among individuals in urban counties between 2007 and 2015 (CDC, 2018). Studies also show that youth in rural areas have nearly double the risk for suicide as their urban counterparts (Florez, et al., 2019). The divergence between suicide rates in rural and urban areas may be partially attributable to the prevalence of firearms in rural states, which accounted for half of all suicides during the same period (CDC, 2018). Additionally, the availability of behavioral health services in rural and remote areas is significantly limited when compared to urban areas. Multiple studies show a chronic shortage of behavioral health professionals in rural areas, with a tendency for providers to practice in urban and suburban settings. Notably, rural adults typically only have behavioral health care access through their primary care provider. These factors underscore the need for improved policies, increased funding, and service-delivery strategies to improve the **availability, accessibility, and acceptability** of high-quality behavioral health services in geographically dispersed areas of the U.S.

The purpose of this document is to provide a resource for rural and remote health and behavioral health providers and policymakers to better understand the challenges facing the delivery of behavioral health services to individuals with SMI in rural and remote areas, as well as strategies and examples of how these challenges have been mitigated, so that rural behavioral health stakeholders might learn from their peers and identify ways to make improvements in their own communities. Specific topics discussed in this guide include the following:

- » Social determinants of health in rural and remote communities
- » Financing behavioral health services in rural and remote areas
- » Addressing rural and remote behavioral health workforce shortages
- » Increasing the availability of evidence-based practices in rural and remote communities
- » Achieving an appropriate mix of mental health and law enforcement in rural and remote areas
- » Increasing access to crisis services
- » Addressing suicide risk factors and improving suicide response

Each section briefly discusses the specific challenges related to the delivery of behavioral health services in rural and remote areas and, when they are available, spotlights strategies used to overcome these challenges. Each section also contains a set of key lessons that can provide providers and policymakers with a starting point for making improvements in their own communities.

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For any questions, or more information about the development of this guide, please contact Christy Malik (Christy.Malik@nasmhpd.org) or Kristin Neylon (Kristin.Neylon@nri-inc.org).

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