

To: Kody Kinsley (NC Department of Health and Human Services)
From: Ashley Bae
Date: 02/03/2022
Subject: Improving Access to Mental Health Services in Rural North Carolina

Executive Summary

Mental health is a prevalent health concern, particularly in rural North Carolina (hereinafter “NC”). Geographic barriers to mental health providers and mental health stigma prevent many people from seeking mental health treatment in rural areas. Best practices to address the disparity in mental health outcomes in rural NC would be expanding telemental healthcare infrastructure and investing in mental health stigma education efforts.

Background

Mental health concerns pose a unique challenge in rural areas due to mental health stigma, financial barriers, and challenges in accessing geographically proximate mental healthcare services.¹ Of the 50 non-metropolitan counties in NC, 49 exhibit a shortage in mental healthcare providers.² In addition, mental health stigma is a prevalent barrier to adults seeking mental health treatment in rural NC.³ According to the Western Commission for Higher Education Center for Rural Mental Health Research, many individuals fear being labeled as mentally ill in small, close-knit towns.⁴ It is important to note that rural/urban classifications are often based on population density criteria. Although rural communities may be categorized similarly, they are not homogenous and may have different mental health concerns and needs.

Mental health struggles in rural NC impact people of diverse identities and have far-reaching impacts. Rural populations in NC tend to be more elderly, are at higher risk for chronic disease, and have higher poverty rates than their urban counterparts, which all increase risk of poor mental health.^{5,6,7} According to a 2015 article by the CDC, the gap in suicide rates between rural and urban areas has been increasing since 2000.⁸ This phenomenon is attributed to shortages in proximate mental healthcare providers and social isolation.⁹ Prevalence of mental health concerns, including depression and suicide attempts have all increased during the COVID-19 pandemic.¹⁰ Mental health in rural areas has declined as a result.¹¹ The COVID-19 pandemic has created greater social isolation in rural areas due to the lack of broadband internet access necessary for maintaining supportive relationships while socially distanced.¹²

Insight into Scholarly Research

Scholarly research confirms that there is a great need for mental health services in rural areas, but geographic barriers, financial barriers, and mental health stigma prevent rural communities from seeking treatment.¹³ Research suggests that increasing the availability and accessibility of mental health services without addressing mental health stigma would not adequately address the mental health crisis experienced by rural Americans.¹⁴

Existing research provides evidence that mental healthcare through telehealth can increase mental healthcare access in rural NC.¹⁵ Telehealth options can also lessen the financial burden

caused by travel costs.¹⁶ However, telemental healthcare delivery comes with its own shortcomings, such as technical delays and unwillingness of staff to provide online services.¹⁷ Equitable access to telemental healthcare is dependent on equitable access to broadband internet, technological devices, and the ability to use these devices.¹⁸ Based on current research, telemental healthcare is promising but cannot fully address the mental health needs of rural NC without supplementary interventions, such as education efforts targeting mental health stigma.¹⁹

Mass media campaigns to reduce mental health stigma can generate progress towards mental health awareness, which can improve mental health stigma.^{20,21} Mass media campaigns do not rely on interpersonal connection but are designed to reach many people through outlets such as social media, news outlets, etc.²² Additionally, research on mental health stigma in rural India observed more positive results in comparison to mass media campaigns with the incorporation of community conversations and appeals to culture in the form of plays.²³ Although specific practices that are effective in rural India may not be applicable in rural NC, studies have shown that addressing mental health stigma through community connections is a universally more effective at improving attitudes towards mental health.^{24,25} Prioritizing personal connections and incorporating mass media campaigns in reducing mental health stigma may be the best-supported approach in overcoming the barrier of acceptance of mental health treatment in rural NC.²⁶

Policy Options and Analysis

Based on the current research landscape, mental health in rural NC requires an approach that addresses both mental healthcare accessibility and acceptability. I recommend that the NC Department of Health and Human Services invests in telemental health infrastructure, such as broadband internet expansion and technological device distribution, alongside community-centered mental health stigma education efforts built with local partnerships.

1) Mental Health Stigma Education

Mental health stigma is a barrier to mental health treatment that impacts both rural and urban areas.²⁷ Without prioritizing mental health stigma education, other interventions such as telemental healthcare may not be fully utilized.²⁸ Investing in mental health stigma education can clarify mental health as a true medical concern rather than a personal weakness. It can also work in conjunction with investment in telemental health measures to maximize its utility.

Studies indicate that mass media campaigns may be effective at raising awareness for mental health concerns.²⁹ However, contact-based interventions through local community partnerships are the most effective practices in addressing mental health stigma and should be prioritized.³⁰

Collaborating with NC-based mental health organizations such as NC Families United and/or local and state affiliates of the National Alliance on Mental Illness (NAMI) can be effective partnerships that aid in tailoring mental health stigma reduction efforts to specific community needs through interpersonal connections.^{31,32} NC Families United provides family support specifically for children with mental health or intellectual disabilities.³³ NAMI is a national organization with state and local chapters that focuses on education, advocacy, and support.³⁴ These organizations provide opportunities to target mental health stigma in all demographics.

2) Investment in Telemental Health Infrastructure

Telemental healthcare offers a flexible solution to geographic barriers that many rural patients face. For patients that require treatment that cannot be met through telemental healthcare, telemental healthcare can be used as a supplementary tool rather than a replacement treatment option. Telemental healthcare can save patients of all needs valuable travel time to access care.³⁵

Investing in telemental healthcare infrastructure is a multi-layered intervention. Approximately 28% of rural Americans don't have access to broadband internet and 20% don't have access to necessary technology to access broadband internet.³⁶ Vaya Health and Partners in Behavioral Health Management have distributed free smartphones to overcome technology access barriers to telehealth in NC.³⁷ However, many who received a device could not fully utilize them because they did not have access to broadband internet.³⁸ Given broadband internet expansion's rising potential on a state-wide policy level, expanding broadband internet may be a greater priority.³⁹

In June 2021, twelve NC healthcare organizations submitted a letter to the NC state government, requesting state action on the mental health crisis.⁴⁰ However, government action in response to this letter has been slow.⁴¹ Traditional efforts to improve mental healthcare such as Medicaid expansion tend to fall along rigid party lines.⁴² Based on political precedent, investing in broadband internet for the sole purpose of mental healthcare improvement may face political barriers; however investing in broadband infrastructure has significant benefits even beyond mental health services.⁴³ Politically, broadband internet is drawing bipartisan support and is gaining momentum due to the increased need for dependable broadband internet access during the COVID-19 pandemic.⁴⁴ Broadband internet expansion in rural NC can provide access to mental health services, physical health services, and online education.⁴⁵ At first glance, broadband internet may seem to have significant costs. However, a cost-benefit analysis of broadband internet investment in rural Indiana showed three to four-fold returns on investment.⁴⁶

Access to technological devices is an equally as important hurdle to overcome when improving telemental healthcare delivery but providing financial support to organizations offering technological device distribution programs, such as Vaya Health and Partners in Behavioral Health Management may be more productive in both policy implementation and policy execution. State investment in telemental healthcare infrastructure is essential in providing protective measures against further inequities arising from telemental health provision.

Additional Contact Information

The Western Interstate Commission for Higher Education (WICHE) Center for Rural Mental Health Research is one of the leading groups in rural mental health research.⁴⁷ Dennis Mohatt (dmohatt@wiche.edu) is the Director of the Center for Rural Mental Health Research and has over 30 years of experience in mental health services policy.⁴⁸

Dr. Kristin Reiter (reiter@email.unc.edu) at the UNC Gillings School of Public Health can shed valuable insights on specific contexts of rural healthcare in North-Carolina.⁴⁹ Dr. Reiter focuses on healthcare financial management and is a valuable source to understand the financial aspects required to meet the specific mental health needs of rural North Carolinians.⁵⁰

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