Family Medicine Clerkship Student Projects   Family Medicine Community

2022

Improving Mental Health Access in a Rural Setting via Telehealth

Timothy W. Greenfield
University of Vermont

IMPROVING MENTAL HEALTH ACCESS IN A RURAL SETTING VIA TELEHEALTH

- TIM GREENFIELD MS3
- FAMILY MEDICINE CLERKSHIP MARCH-APRIL 2022
- DR. CHRIS CARACCIOLO(MENTOR)

RURAL ACCESS TO MENTAL HEALTH

- There are several barriers patients face when accessing mental healthcare in rural areas including: lack of internet, lack of resources, and stigma.[1]

- Telehealth access was greatly expanded during the COVID pandemic due to emergency licensures granted via executive order.[2]

- Emergency authorizations have now expired, again limiting access.[2]

- Local options are limited, and patients face barriers such as access to transportation. In addition, many patients have limited internet access and/or data caps that preclude regular telehealth visits.

- Waiting lists can exceed 8 months for select local mental health agencies. This results in patients who are lost to follow-up.

- These factors position telehealth as a unique, tangible solution for patients in the community.

PUBLIC HEALTH COST & UNIQUE CONSIDERATIONS

- Telehealth remains an option, but broadband internet is still only available to 80.4% of patients in Oxford County, Maine.[3]

- It is difficult to determine the proportion of broadband users who have limited data plans based on currently available data. However, Oxford County ranks 12/16 counties in terms of per capita income[3] in the state and has 12% of its residents living below the federal poverty line.[3] This suggests affordable connectivity is likely an issue.

- Mental illness and addiction account for 7.6% of all disease-adjusted life years (DALYs) experienced worldwide.[4]

- Unipolar depression and generalized anxiety disorder contribute to 45.1% of this burden.[4]

- The COVID-19 pandemic has resulted in prevalence increases of over 25% for both major depressive disorder and generalized anxiety disorder.[5]

- Investing in mental health services provides an excellent return on investment as a policy measure by increasing economic output, while simultaneously reducing disease burden in the population.[6]

COMMUNITY PERSPECTIVE AND PROJECT SUPPORT

- Jennifer Pelletier, Program Manager, Tri-County Mental Health Services, was interviewed.
  - Jennifer stated that the COVID pandemic had been particularly hard on the local community. Many clinicians left community mental health to work in private practice and recruitment of new clinicians was also difficult. Tri-County MHS does use hybrid telehealth models when it can to better provide access to patients. The waitlist was over 600 patients at the time of the interview, leading to waits of anywhere from 2-8 months for outpatient counseling.

- Katrina Perkins, CADC, Crooked River Counseling, was also interviewed.
  - Crooked River focuses more on substance misuse than other mental illness. They currently use a telehealth option to facilitate their monthly IOP meetings. Katrina also indicated there was an increased need for services during COVID. The one mental health counselor in their office has an extremely long wait list.

- Both interviewees expressed interest in increasing telehealth access. Family physicians were excited at the prospect of using telehealth to provide more mental health services to their patients who are currently seeking counseling.

INTERVENTION AND METHODOLOGY

- After interacting with the patient population served in Oxford County, it became clear that access to the internet was a barrier that needed to be addressed before implementing more extensive tele-counseling options.

- Federally subsidized resources that facilitate access to the internet, such as the Affordable Connectivity Program (ACP), and Lifeline, were identified.

- Income and eligibility requirements for both programs were established.

- Internet providers who participate in these programs locally were identified. Wireless coverage maps were accessed in order to recommend the most appropriate providers for the area.

- An informational booklet was created for the use of patients as well as support staff and community members who may be assisting patients in registering for these programs.

RESULTS AND RESPONSES

- Many healthcare providers were unaware that their referrals to local mental health agencies would result in extensive wait times.

- Referral behavior is likely to shift to include more telehealth options as a direct result of conversations surrounding this project.

- Reduced cost connectivity information will now be available in Central Main Healthcare practices across Oxford County and beyond.

- Ideally, a tracking system could be implemented to see if this project results in increased telehealth engagement with mental health services (see slide 9)

EVALUATION OF EFFECTIVENESS AND LIMITATIONS

- The pamphlet that was produced will allow patients to easily find information on how to enroll in subsidized connectivity programs.

- Eligible patients will also be able to receive a free tablet through one of the programs which would be an ideal tool for engaging in telehealth.

- As addressed earlier, it is difficult to know the proportion of patients served by Central Maine Healthcare in Oxford County that do not have internet access or have limited access only.

- This could be assessed by universally querying patients on their internet availability, resembling currently utilized demographic questions regarding food insecurity.

- Creating a "seeking counseling" box in the HER that is checked off during each visit would facilitate retrospective analysis on counseling wait times.

RECOMMENDATIONS FOR FUTURE INTERVENTIONS

- Outreach to various graduate programs in social work was conducted. After graduating, many students need hours to obtain their LICSW.

- This represents a group of professionals who are eager for hours who could serve the population in Oxford County.

- Two clinician supervisors (as required for hours to count towards licensure) have agreed to be part of the project, pending buy-in from graduate programs.

- Creating a space where patients could engage with tele-counseling within primary care offices could remove access barriers for patients.

- Implementation of universal screening for home internet and/or unlimited internet access could help clinicians guide their patients towards the resources that are most appropriate.

- Patients seeking tele-counseling options on their own are less likely to be successful than if the referral was completed together with a healthcare provider. MAs could be trained to help patients do this while they are in the office.

REFERENCES

1. Ferris-Day P, Hoare K, Wilson RL, Minton C, Donaldson A. An integrated review of the barriers and facilitators for accessing and engaging with mental health in a rural setting. Int J Ment Health Nurs. 2021 Dec;30(6):1525-1538. doi: 10.1111/inm.12929. Epub 2021 Sep 5. PMID: 34482621.

2. Alliance for Connected Care. State Emergency Declarations Telehealth and Licensure Flexibilities During and Post COVID-19 [internet]. 2022, Mar 8 [cited 2022 Apr 8]. Available from: https://connectwithcare.org/wp-content/uploads/2022/03/State-Emergency-Declarations-Telehealth-and-Licensure-Flexibilities-During-and-Post-COVID-19-UPDATED-3.8.2022.pdf

3. United States Census Bureau. US Census Bureau Quickfacts: Oxford County, Maine; Maine [internet]. 2022, Apr 28 [cited 2022 Apr 28]. Available from: U.S. Census Bureau QuickFacts: Oxford County, Maine; Maine

4. Whiteford HA, Degenhardt L, Rehm J, Baxter AJ, Ferrari AJ, Erskine HE, Charlson FJ, Norman RE, Flaxman AD, Johns N, Burstein R, Murray CJ, Vos T. Global burden of disease attributable to mental and substance use disorders: findings from the Global Burden of Disease Study 2010. Lancet. 2013 Nov 9;382(9904):1575-86. doi: 10.1016/S0140-6736(13)61611-6. Epub 2013 Aug 29. PMID: 23993280.

5. COVID-19 Mental Disorders Collaborators. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. Lancet. 2021 Nov 6;398(10312):1700-1712. doi: 10.1016/S0140-6736(21)02143-7. Epub 2021 Oct 8. PMID: 34634250; PMCID: PMC8500697.

6. World Health Organisation, 2013. Investing in mental health: evidence for action [internet]. Updated 2021 Sept 7 [cited 2022 Apr 28]. Available from: 9789241564618_eng.pdf (who.int)