

# ENSURING ACCESS TO MENTAL HEALTH CARE: A RURAL PERSPECTIVE



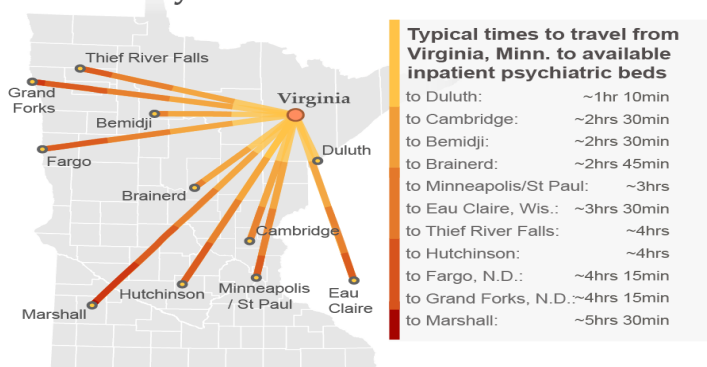
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## Executive Summary

Minnesota has been an innovator in developing and expanding mental health services across the state. Although promising policies have been established, mental health treatment disparities continue to hinder functioning for individuals living with mental illness. Availability and accessibility are identified barriers to accessing services in rural areas.<sup>1</sup> With a successful repeal of the Patient Protection and Affordable Care Act (ACA), what would seem a right of equality, *access to mental health care*, could turn from limited access, to none. Thereby invoking true possibilities of increase in mental illness, decline in whole health, lack of health care reimbursements, and essentially, even death for rural Americans.<sup>2</sup> The United States had only just begun to build bridges to access to rural mental health care. Without the ACA, the already dwindling opportunities to access rural mental health care may be erased altogether.<sup>24</sup> In 2016 Governor Dayton convened a Task Force on Mental Health to improve Minnesota's mental health system. The nine recommendations can serve as a roadmap for improving the mental health system in rural Minnesota.

### How many hours to reach mental health care?



3

**Mental health is defined as:** A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.<sup>4</sup>

## Policy Brief Contents

- ◆ Explains the importance of focusing on mental health treatment and service needs in rural Minnesota.
- ◆ Examines populations affected by limited mental health services.
- ◆ Examines current policy and potential legislative changes that will affect service options and delivery.
- ◆ Provides policy recommendations grounded in evidenced-based practices.

*“In a small, rural area you might not have access to a hospital, especially a hospital that has a behavioral health worker, so law enforcement is the de facto response to mental health issues in rural areas.”*

*Paul Mackie President-elect,  
National Rural Mental Health Association<sup>5</sup>*

## Rural Area Veterans

Veterans living in rural areas represent 1/3 of the total veteran population with a significant portion of veterans from the Korean, Vietnam and WWII era.<sup>6</sup>

Rural area veterans mirror similar struggles as their civilian neighbors with increased suicide risk due to increased access to lethal methods and decreased access to mental health treatment.<sup>6</sup>

## Baby Boomer Generation

A larger number of Minnesota seniors are living alone on their family farms with their kids migrating to the cities.

Isolation has been found to be an indicator in increased mortality rates among seniors. Feelings of loneliness negatively affect a seniors mental and physical health.<sup>7</sup>

Seniors with feelings of loneliness are also showing creased risk for having memory impairment. Social Isolation is one factor that can lead to the premature use of long term care facilities.<sup>7</sup>



## Defining the Problem

Twenty percent (20%) of rural communities are lacking mental health services.<sup>9</sup> This is despite the fact that “mental health is the fourth highest ranking rural health concern.”<sup>10</sup> When services are offered in rural communities, they are limited because of lower quality of services, and lower supply of mental health practitioners.<sup>11</sup>

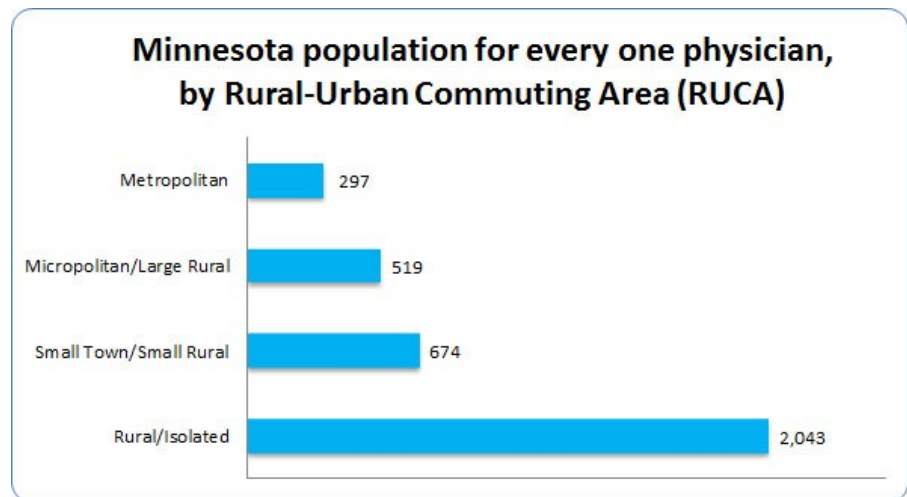
When no or low quality mental health services are provided, it forces those in need to seek help at primary care clinics where they lack specialized knowledge to provide effective help.<sup>12</sup> Poorer access to appropriate healthcare increase risk for delays in diagnosis, poor quality of care, higher mortality rates and greater inequality.<sup>13</sup>

The risk for suicide increases with lack of access to mental health care. There is a disproportionate rate of suicide in adolescent and adult males in rural areas compared to their urban counterparts.<sup>14</sup>

Minnesota saw a **6% increase in suicide** from 2014 to 2015.<sup>15</sup> If access to mental health care is not improved, it could affect this rate going forward.<sup>15</sup>

## Barriers to Mental Health Services in Rural Communities:

- ◆ Shortage of mental health practitioners.<sup>14, 12</sup>
- ◆ Longer distances travel for help.<sup>12,15</sup>
- ◆ Lower income.<sup>14</sup>
- ◆ Less benefits provided through insurance.<sup>14</sup>
- ◆ Lack of anonymity when seeking treatment.<sup>14,16</sup>
- ◆ Geographic and social isolation.<sup>14</sup>



Source: Minnesota Board of Medical Practices, May 2014 data. Population data is from the 2010 U.S. Census<sup>17</sup>

## Policy Change Implications

Impacts of the pending repeal of the Patient Protection and Affordable Care Act (ACA) will negatively impact rural Americans in detrimental ways, instigating a domino effect of decline in access to rural mental health care. Rural Americans are currently faced with the following challenges of transportation and distance, lower levels of care reimbursement, limitations of specialty care, and choices of quality care, all contributing to the access to mental health care.<sup>2</sup> The already existing barriers of access to rural mental health are at risk of increasing and potentially evolving from barriers to blockades. The National Rural Health Association reported more than 70 rural hospitals have closed in recent time and a prediction of approximately 673 additional rural facilities are vulnerable to closure, with the repeal of the ACA.<sup>18</sup> These statistics represent over one third of rural hospitals in the United States.<sup>18</sup>

## How the ACA Helps Rural Minnesotans

- ◆ Pre-existing conditions covered.
- ◆ Young adults covered to 26 under parents health coverage.
- ◆ Closed donut hole with prescription coverage.
- ◆ Removed lifetime caps.
- ◆ Subsidy for people in self-insured market purchased through an exchange.
- ◆ Expanded Medicaid up to 138% of poverty.<sup>20</sup>

Advocacy is crucial to promote the stop of harmful changes to federal health care policy, including cuts to Medicaid and harmful Medicare cuts to rural hospitals, to implement the Mental Health Task Force's Recommendations, and to promote new ideas for delivery of service for the preservation of future rural mental health and whole health care.<sup>18</sup>

### **Federal laws enacted to improve access to affordable health care:**

- ⇒ P. L. 104-204 Mental Health Parity Act of 1996<sup>10</sup>
- ⇒ P. L. 110-343 Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008<sup>10</sup>
- ⇒ P. L. 111-148 Patient Protection and Affordable Care Act of 2010<sup>10</sup>
- ⇒ P. L. 114-255 21st Century Cure Act, Mental Health Reform, Division B, Helping Families in Mental Health Crisis

### **Bills introduced to the 115<sup>th</sup> Congress, for consideration in 2017-2018, that may prove supportive in the face of the ACA repeal include:**

- ⇒ S. 243 Rural Hospital Regulatory Relief Act of 2017<sup>19</sup>
- ⇒ S. 353 Preserve Access to Medicare Rural Home Health Services Act of 2017<sup>19</sup>
- ⇒ H.R. 293 Highly Rural Veteran Transportation Program Extension Act<sup>19</sup>
- ⇒ H.R. 1290 Improving Access to Mental Health Act<sup>19</sup>

### **Minnesota laws and actions supporting rural mental health needs:**

- ⇒ During the 2013-14 legislative session (H.F. 9), Minnesota expanded access to Medicaid Assistance under the ACA by passing this law, which provided healthcare coverage for 167,522 Minnesota residents, by September of 2016.<sup>21</sup> Minnesota operates a combination program under which the state receives federal funding to implement both a Medicaid expansion and a separate Children's Health Insurance Program (CHIP) program.<sup>22</sup>
- ⇒ In 2016, Governor Dayton convened a Task Force on Mental Health. The November 15, 2016, report makes nine recommendations, including creating a comprehensive mental health continuum of care and developing the mental health workforce.<sup>24</sup>

### **Bills introduced during the 2017 –2018 Minnesota Legislative Session with benefits for rural Minnesota:**

- ⇒ H.F. 711 Reimbursement option for federally qualified health centers and rural health clinics for dual eligibles<sup>27</sup>
- ⇒ S.F. 182 Primary Care and Mental Health Professional Clinical Training Expansion Grant Program<sup>27</sup>
- ⇒ S.F. 915 Modifying Provisions Related to Mental Health Services<sup>27</sup>
- ⇒ S.F. 986 Mental Health Screening Data<sup>27</sup>

# Ensuring Access to Mental Health Care for All Rural Minnesotans: Recommendations

## At the Federal Level:

Ensure that the federal government, in partnership with state government, provide funding and enact policies that ensure all Minnesotans have *sustainable* access to mental health care that promotes healthy outcomes and alleviates health disparities.<sup>23</sup> To improve access in rural communities the following actions are recommended:

⇒ Build upon targets of the Patient Protection and Affordable Care Act by: 1) preserving Medicare; 2) expanding Medicaid; 3) ensuring mental health parity, streamlining private health insurance, offering Americans equitable choice,<sup>25</sup> and funding and implementing the Helping Families in Mental Health Crisis provisions of the 21st Century Cure Act.<sup>28</sup>

## At the State Level:

Use the Governor's Mental Health Task Force report as the roadmap for creating a comprehensive continuum of mental health care in rural Minnesota, including:

⇒ Expanding use of telehealth in rural communities.

⇒ Promotion and implementation of the recovery model.

⇒ Cross-training for health and mental providers to ensure best practice.

⇒ Integration of services to meet community needs, including promotion of continuum of care models (BHH and CCBHH).<sup>24</sup>

⇒ Collaboration and advocacy for increased resource allocation for mental health services.<sup>1</sup>

⇒ Create incentives for mental health professionals to practice in rural Minnesota.

Copies of this brief can be accessed by calling the Department of Social Work at (507) 389-1287 or by going to: <http://sbs.mnsu.edu/socialwork/policybriefs.html>



## Evidenced-Based Programs

- ◆ School & Community Based Interventions
- ◆ Behavioral Health Homes (BHH)
- ◆ Certified Community Behavioral Health Homes (CCBHH)
- ◆ Rural Tele-mental Health Hubs
- ◆ Web-Based Therapy
- ◆ Behavioral Health Peer Support Programs
- ◆ Telephone life coaching
- ◆ The rural expansion of social work in patient aligned teams
- ◆ Behavioral Health Mobile Crisis Teams<sup>6</sup>



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