

## **Event Summary**

Illinois Rural Health Association

Public Policy Forum

### **ACCESS TO MENTAL HEALTH SERVICES IN RURAL ILLINOIS: CHALLENGES AND FUTURE PROSPECTS**

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Prairie Heart Institute  
Springfield, Illinois

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For a number of years, the issue of access to mental health services in rural communities in Illinois has been acknowledged by rural families, mental health professionals, and rural health professionals to be a pressing concern. To help address this access concern, the Illinois Rural Health Association convened its fifth in its series of Public Policy Forums October 14, 2003 at the Prairie Heart Institute in Springfield, Illinois, focusing its attention on mental health services in rural Illinois. The Forum, titled “Access to Mental Health Services in Rural Illinois: Challenges and Future Prospects,” brought together over 100 participants to learn about the issues rural Illinoisans with mental illness face in obtaining needed services and to define an agenda for changing public policies and programs so that access could be improved. Participants ranged from family members of a person with mental illness, mental health service providers, legislators and state agency personnel, public health and medical personnel, and medical school and university faculty.

Six panelists presented their analyses of what the primary issues are in terms of the challenges rural Illinoisans face in obtaining appropriate mental health services and what can be done about these barriers through changes in public policies and programs. Roger Hannan, Director of the Farm Resource Center, stated that issues such as stigma act as a barrier, and that care must be provided in a culturally relevant manner, with “farm background serving farm families; rural background serving rural families” for services to be acceptable for some people. David Melby, Administrator of Franklin-Williamson Human Services, reported that, in addition to the “transportation problems, stigma, fragmented or unavailable services, long waiting lists, and increasingly severe workforce shortages,” money, from both the provider and consumer perspective is the most critical rural access problem. Bill Young, Director of Behavioral Health Services, Harrisburg Medical Center stated that in rural Illinois, “with regard to inpatient psychiatric services, the challenges range from sparsity of services and lack of public transportation in rural areas to financial disincentives for service delivery and a critical shortage of psychiatrists in the rural workforce.”

Forum panelists also called for improved Medicaid reimbursement for mental health services, where the reimbursement rates in place are based upon costs from the late

1980s. Also discussed was the desire for parity between health insurance reimbursement between mental health services and primary care services. In addition to financing and the lack of inpatient mental health services in rural Illinois, other issues raised at the Forum included the need for child and adolescent psychiatric services in underserved areas of rural Illinois, the need for substance abuse services in many communities, the potential role for tele-psychiatry in reducing access problems, and, a call for greater integration and communication between mental health and primary care in training of professionals and in practice.

### ***Prioritization of Access to Mental Health Service Challenges and Policy Responses***

To help identify the key access to mental health services barriers that people face in rural Illinois and to clarify the policy agenda to improve access to services in rural Illinois, the Forum attendees participated in a group exercise. The exercise, facilitated by Jeri Marxman of the University of Illinois Extension, involved attendees working together in small groups and answering the following two questions:

- 1) What are the barriers to access to mental health service in rural Illinois? And,
- 2) What specific changes to policies and programs would you recommend?

The list of barriers identified by the small groups, along with the number of votes that barrier received in the prioritization process, is reported below:

- 13 Lack of transportation
- 2 Lacking the next step services for community support services when their training or expertise was not enough to deal with the situation. There was often not an easy or obvious next step of provider or facility to refer to.
- 28 Rural culture, stigma and worrying about neighbors being aware of what service you're getting
- 22 Lack of insurance service for mental health service for those people who fall through the cracks that aren't being treated because of the knowledge gap
- 44 Lack of providers
- 4 Flexibility regionally to interpret statutes guidelines allowing downstate providers with limited professionals available
- 26 Integration of services
- 29 Reimbursement to providers
- 5 Changing attitudes of patients/patient education. They must accept medications as well as counseling.

8 The aging population

5 Attitudes of providers

In response to the question “what specific changes to policies and programs would you recommend?” the groups reported the following responses (votes received are underlined):

27 Update the Medicaid guide lines for financial eligibility those of us who are serving the poorest of the poor.

15 Change the mental health substance abuse coverage or reimbursement with the insurance companies.

6 More efficient use of psychiatrists

4 Working with the Illinois Executive Branch departments to know more about each other and work together to settle mental issues.

17 Capture federal dollars to our advantage.

6 Expand on J-1 visa program.

18 Provide incentives for beginning practitioners such as forgiveness of student loans.

11 Medicaid reimbursement for mid-level providers.

6 Educate primary care and mid-level professionals on mental health issues. Disallow the separation of physical, mental and substance abuse as separate health care

15 Building upon and creating new networks of the natural support systems and the outreach that’s available in these communities. Linking them to more advanced facilities available.

7 Revise patient rights and confidentiality, definitely more communication with family members regarding administering medicine for a patient.

13 Tele-technology for mental health patients for example using video conferences in schools to address the needs of a child with a psychiatric disorder in a more cost effective patient-sensitive way.

8 Develop of vision for mental health and the elderly.

4 Establish trauma centers for acute psychiatric patients.

- 5 Community agencies need to coordinate the care of the elderly on mental health issues.

***Summarized Votes – Prioritized Barriers and Policy Responses***

After reporting the barriers and policy responses out of the small groups, each Forum attendee was provided with three colored stickers to vote for his or her most important barrier to access. Each attendee was provided with three additional votes to identify his or her highest ranking priorities for public policy solutions, which would improve access to mental health services in rural Illinois. The summary for the voting was as follows:

*Barriers for access to mental health services in rural Illinois*

- #1 Barrier - Lack of providers (44 votes) Clearly the largest issue for people.
- #2 Barrier - Reimbursement to providers
- #3 Barrier - Stigma and the issue of the rural culture.
- #4 Barrier - Integration of Services
- #5 Barrier - Lack of Insurance Coverage

*Solutions to the issue (policy needing changes):*

- #1 Solution - Mental Health Parity with all health care (#1 Policy Needing Change)
- #2 Solution - Incentives for new providers to locate in rural areas
- #3 Solution - Capture more federal dollars.

This ranking will be provided on the Illinois Rural Health Association website (in the form of a summary document) as well as to the Governor's Rural Affairs Council, state agencies, and other interested groups in Illinois.