

Event Summary

Illinois Rural Health Association

Public Policy Forum

Access to Mental Health Care in Rural Illinois:

Moving from Crisis to Action

October 11, 2006

Summary prepared on February 19, 2007 by:

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Introduction

Mental illness affects scores of people throughout the country. Although rural areas are just as affected as urban areas, access to mental health care in rural areas is an ongoing problem. To both inform about these issues and suggest ways forward, the Illinois Rural Health Association (IRHA) convened its seventh Public Policy Forum on October 11, 2006 entitled “Access to Mental Health Care in Rural Illinois: Moving From Crisis to Action.” The Forum served as a follow-up to the report “Mental Health in Rural Illinois: Recovery is the Goal,” by the Mental Health Work Group of the IRHA. Over 120 people from varied backgrounds registered for the forum, including mental health professionals, health care providers, state agency personnel, rural community leaders, and medical school and university faculty.

Five sessions took place throughout the day. The first session introduced “Access to Mental Health Care in Rural Illinois: What Are the Issues.” The second session followed up with “Addressing the Issues: Examples for Rural Illinois.” Over lunch, Dennis Mohatt gave the keynote address, “Rural Mental Health: Challenges and Opportunities Caring for the Country.” After lunch, the fourth session addressed “An Agenda for Action.” Finally, Michael Rossman summed up and offered his own thoughts in “Moving the Rural Mental Health Policy Agenda Forward in Illinois: Wrap-Up Thoughts from a Neighbor.”

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In the first session, five panelists introduced the issues, with Susan Kerr moderating. The panelists addressed issues of transportation, the stigma of mental health

care, and the lack of insurance coverage for mental health care in rural Illinois. Tess Ford spoke from her unique experience as a registered nurse, her work in community mental health, community health center administration and work with SIU Carbondale's Center for Rural Health and Social Service Development about the issues from the perspective of a health care provider/administrator. Deborah Carman of the Farm Resource Center also addressed the issues of rural access to mental health care. Kathleen Ludwikowsky looked at some of the issues from her experience working with Child Assessment/Family Care. Larry Mizell drew on his experience with Family Counseling Center, Inc. to bring up further issues. Jorge Ramirez Garcia spoke on the low usage of mental health services by the Latino population due to, among other issues, the lack of Latino (or Spanish-speaking) staff, the general lack of insurance among the Latino population, and their mistrust of institutions. He proposed working with health care clinics on behalf of the uninsured, building community centers, and utilizing paraprofessional workers.

The second session incorporated four panelists who highlighted these issues for rural Illinois. Frank Anselmo introduced Illinois budget opportunities for behavioral health care funding, including changes in the Community Mental Health share, the conversion to fee for service and the proceeds from the hospital tax. He stressed that we need to act now in order to leverage these opportunities for mental health care. Next, Diana Henry introduced the audience to the Farm Resource Center. It is a resource for rural residents that attempts to reduce the stigma associated with mental health care, and refers people to mental health facilities who would not normally seek out help. Daniel Yohanna addressed the lack of mental health care providers. He noted potentially useful models for addressing this issue, including models that: recruit providers to rural areas;

provide for educating primary care physicians, pediatricians and nurses; provide primary care physicians the opportunity to consult with psychiatrists over the telephone; and provide telepsychiatry. Gail Ripka then introduced attendees to the Stark County Rural Mental Health Initiative. The Initiative addresses access to clinical services in Stark County through such resources as a full time therapist, screenings, and a crisis hotline. The Initiative also educates the residents of Stark County on mental health and substance abuse topics, and advocates for improving Stark County's mental health system.

Dennis Mohatt gave the keynote address over lunch. He admonished the attendees to be wary of the language we use, because often it displays the hopelessness of mental illness instead of the possibility of recovery. He then addressed attitudes towards rural mental health that often betray a double stigma: negative perceptions of mental illness and the lack of mental health care effectiveness, and incorrect perceptions of rural life as healthy and stress-free. There are many reasons to care about mental health, but key amongst them is that mental illness is the second leading cause of disease burden. Furthermore, suicide is a leading cause of death amongst youth. Unfortunately, many do not believe that mental health care can help. Despite this common perception, studies have shown that mental health treatment is effective.

Mohatt proceeded to outline the facts of rural mental health care. Rural areas face a shortage of mental health care workers, with over 60% of rural residents living in a mental health care professional shortage area. He then addressed the differences between rural and urban in terms of mental health care. The differences do not consist of different prevalence rates; rates of mental disorders are very similar for rural and urban areas. The differences arise in accessibility, availability, and acceptability of mental health care.

After summarizing the rural/urban differences, Mohatt highlighted some available opportunities. These include public education aimed at reducing the stigma around mental health in rural areas and giving rural residents information regarding mental health care. He also stressed increasing the mental health care capacity of workers already in rural areas, and developing a mid-level mental health care workforce. This would entail working with primary care physicians to offer mental health solutions. “We need to think of ways we can bring our systems together” in order to ensure quality care, Mohatt encouraged. Mohatt ended his address with the exhortation to speak with “one voice, no matter what you do.”

In the fourth session, four panelists remarked on options for further action. Alice Foss noted that we need to find ways to make the general members of IRHA feel a part of the public policy process. She highlighted the need to develop long-term relationship with legislators and keep them informed of our concerns. Mark Heyermann spoke about the work that The Mental Health Summit is involved in regarding letting legislators know that there are people in their constituencies who care about mental health. Whether we are a patient or a mental health care provider, we must be advocates for mental health care in Illinois. Specifically, Heyermann noted that our message should be that a corrected system will not cost us any more money than we are spending now. Mike Lawrence spoke of the need to form coalitions because the “challenges that we face are not going to be solved by segmentation and balkanization.” Legislators should be approached both as individuals and in coalition with others. Roger Hannan then summarized the results of the Mental Health Work Group, which are also presented in the report “Mental Health Care in Rural Illinois: Recovery is the Goal.”

Robert Intrieri moderated the final session. Michael Rosmann drew together the major themes from throughout the day, as well as offered his own perspective. Rosmann commended the IRHA for its diversity, but encouraged it to build an even broader base. He proceeded to cite three studies that support the theme of disparity between rural and urban mental health care access. Throughout the day, participants brought up several themes for action, including providing culturally sensitive services for the many rural populations, pursuing funding for non-mainstream practices (eg. telepsychiatry), finding reimbursement sources for paraprofessional and midlevel mental health care providers, and searching for funding for education and preventative services. Rosmann suggested that money allocated for disaster mental health services could be one source of funding for education and prevention. Rosmann emphasized the need to find state solutions, since federal solutions are not forthcoming. He ended with the encouragement for all mental health care providers to work together. Working collaboratively will give us solutions not only to an individual's mental health problems, but also to the issues addressed in this Forum.

Attendee Policy Preferences

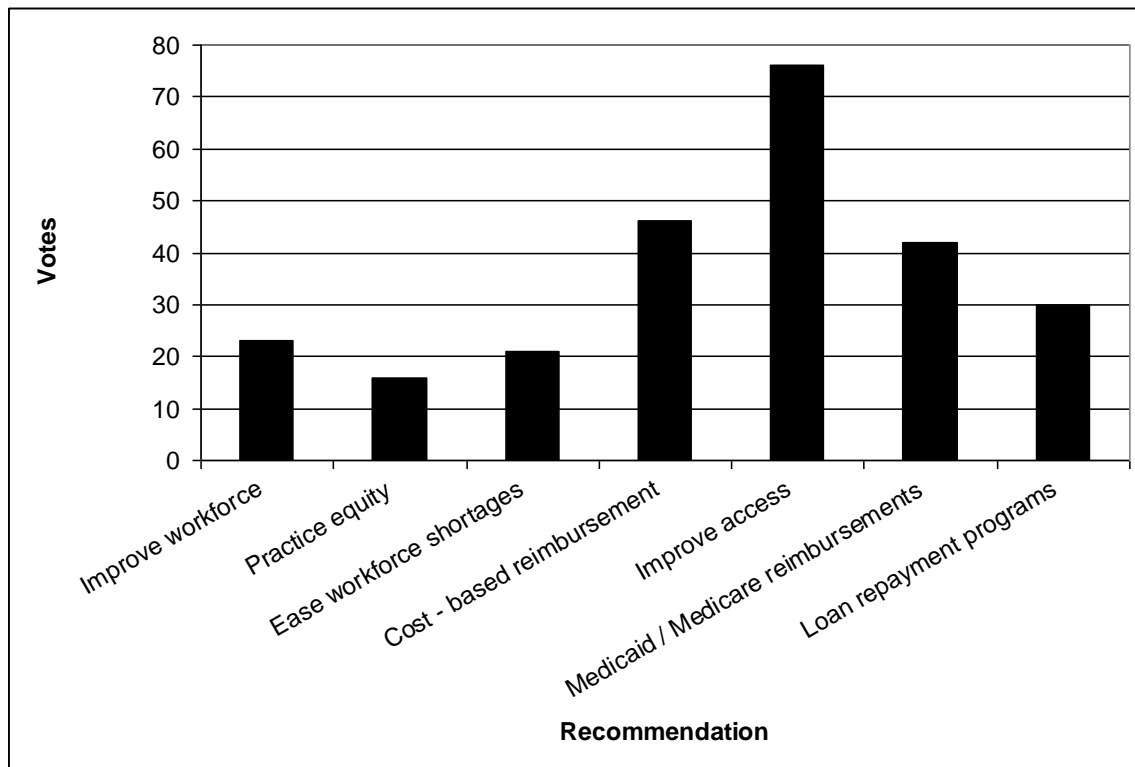
In the Forum, participants voted for which of the actions reported on by Roger Hannon and recommended by the Mental Health Work Group they feel most strongly about. Each participant was given four votes and could allocate the votes however they chose amongst the seven possible actions. The actions are detailed in Table 1.

Figure 1 displays the results of voting on these recommendations. The strategy of improving access through developing funding for innovative, evidence-based and/or promising best practice projects was the most popular. Other popular recommendations included developing more cost-based reimbursement for mental health care and expanding and making consistent eligibility for Medicaid and Medicare reimbursements to mental health care professionals.

Table 1: Voting Options

Improve workforce	Improve mental health and substance abuse workforce in Illinois through: -Analysis of health and substance abuse workforce categories, primary shortage areas, and unmet demands -Development of plans to address and fund the response to workforce needs
Practice equity	Provisions for equity in scope of practice between Advanced Practice Nursing including Family Nurse Practitioners and Physicians Assistants
Ease workforce shortages	Increased use of and funding for telepsychiatry and other innovative practice ideas which could ease workforce shortage issues
Cost-based reimbursement	Develop a plan in new Medicaid driven fee for service funding for a more cost-based reimbursement for mental health & substance abuse service to assure: -New Medicaid \$\$ is kept in the community mental health system, adequate rates of funding for mental health -Rural specific services such as outreach and travel time are properly defined and included in compensation plans -Broad coverage of psychotropic medications
Improve Access	Develop funding for innovative, evidence-based and/or promising best practice projects which address improvement in access to mental health services
Medicaid/Medicare reimbursements	Expand and make consistent eligibility for Medicaid and Medicare reimbursement for Licensed Clinical Social Workers, Licensed Professional Counselors, Family Nurse Practitioners, and Physician Assistants
Loan repayment programs	Explore expansion of loan repayment programs for mental health workers

Figure 1: Voting Exercise Results



Conclusion

The speakers and panel participants brought to light many of the problems facing rural Illinois in terms of mental health care. The lack of access to mental health care was highlighted, but was not presented as the only problem. Other issues included the stigma attached to mental health in rural communities, as well as the stigma attached to rural by those not living in a rural community. The speakers emphasized the heterogeneity of rural populations, as there are many different populations inhabiting rural areas, each with its own unique problems. One example is the rural Latino community.

While bringing to light the problems of rural mental health care, the speakers also presented different ways forward. These included educating the populace about mental health issues and training workers that traditionally are not as closely involved in providing mental health care. Other ways forward included innovative technologies, such as telepsychiatry. Still others involved improving incentives for mental health care providers working in rural areas. A common theme, however, was the need to establish relationships with legislators and ensure that the government knows that Illinois residents care about rural mental health.

There are many ways forward, and each is an exciting possibility for rural mental health care. However, it is important to be focused as well. Forum participants indicated that, out of a list of policy recommendations, they most strongly support developing funding for innovative best practice projects which address improvement in access. Armed with this knowledge, and the other possible ways forward introduced in this Forum, participants can raise the issue of rural mental health care with their legislators and in their communities. Together we can work towards improving the rural mental health care system, for the benefit of rural Illinoisans in all situations.

Appendix A: The Program

8:00 am – 9:00 am

Registration & Continental Breakfast
Ambassador Ballroom

9:00 am – 10:30 am

Welcome

Ambassador Ballroom
Pat Bickoff, IRHA President
Paul McNamara, PhD, Chair Forum Planning Committee

Access to Mental Health Care in Rural Illinois:

What Are the Issues

Tess D. Ford, RN, PhD, SIU Carbondale Center for Rural Health & Social Services
Deborah Carman, LPN, disabled, Farm Resource Center
Kathleen Ludwikowsky, Child Assessment/Family Care
Larry Mizell, Family Counseling Center, Inc.
Jorge Ramirez Garcia, PhD, Department of Psychology, University of Illinois
Moderator: Susan Kerr, Illinois Children's Healthcare Foundation

Access to mental health care in rural Illinois depends not only upon the local availability of providers, but also on how the unique geography of rural Illinois interacts with our system of financing and delivering mental health care. In this session panelists will speak from the perspective of consumers, families, and providers about the issues involved in improving access in rural Illinois. Along with local availability of providers, how do factors such as transportation, stigma, lack of parity in insurance coverage of mental health care, among others, play a role in determining the access to mental health care for rural Illinoisans.

10:30 am – 10:45 am

Break

Embassy Foyer

10:45 am – 12:30 pm

Addressing the Issues: Examples for Rural Illinois

Gail Ripka, MHA, Henry County Health Department
Daniel Yohanna, MD, Illinois Psychiatric Society
Frank Anselmo, Community Behavioral Health Care Association
Diana Henry, Farm Resource Center

Moderator: Jordan Litvak, IL Department of Human Services,
Mental Health Division

What does rural Illinois need in terms of financing, program models, and policies in order to have a more equitable and effective system of mental health care? What are example or model programs or policies, whether from Illinois or other states? This session will address these questions with an eye to identifying the specific changes needed to improve access to mental health care in rural Illinois.

12:30 pm – 2:00 pm
Lunch and Keynote Speaker

**Rural Mental Health: Challenges and
Opportunities Caring for the Country**

Dennis Mohatt, MA Senior Program Director - Western
Interstate Commission for Higher Education Mental
Health Program

Moderator: Paul McNamara, PhD, University of Illinois
Extension

In our fragmented system of mental health care access to quality care is especially difficult in rural areas. Dennis Mohatt will survey the issues that make availability, accessibility, and acceptability problematic for rural people needing mental health care. His presentation will suggest some ways forward towards a transformed mental health care delivery system, which serves the unique needs of rural people.

2:00 pm – 3:30 pm

An Agenda for Action

Alice Foss, Don Moss & Associates

Mike Lawrence, Paul Simon Public Policy Institute, SIU
Carbondale

Mark Heyrman, JD, The Mental Health Summit

Roger Hannan, MS, Farm Resource Center

Moderator: George O'Neill, Jr., Shawnee Health
Service

How can a grass-roots membership organization such as the Illinois Rural Health Association work as advocates to improve access to mental health care in our rural communities? What specific policies should we advocate for at the state level in the next year? How can we best partner with like-minded sister organizations in the state? Four panelists will address these questions, allowing time for comments and audience questions. In addition, Forum participants will actively participate in a prioritization exercise that will elicit the most preferred legislative agenda items and methods to engage IRHA members in the advocacy effort.

3:30 pm – 4:00 pm

**Moving the Rural Mental Health Policy Agenda
Forward in Illinois: Wrap-Up Thoughts From a
Neighbor**

Michael Rosmann, PhD, AgriWellness, Inc.

Moderator: Robert Intrieri, PhD, Department of
Psychology, Western Illinois University

Speaking as a clinical psychologist and a manager of a family farm, as well as an advocate for behavioral healthcare for agricultural producers and other rural people, Mike Rosmann's closing remarks will summarize the Public Policy Forum's themes. His presentation will draw together the main points of the day and offer encouragement for the Illinois Rural Health Association and its partners as they seek to advocate on behalf of rural Illinoisans for an improved system of mental health care.

Appendix B: Planning Committee and Affiliations

Paul McNamara	University of Illinois Extension, Committee Chair
Mike Bach	Community Behavioral Healthcare Association
Tom Berkshire	Illinois Department of Children & Family Services Center for Rural Health, Illinois Department of Public
Julie Casper	Health Illinois Institute for Rural Affairs, Western Illinois
Mary Jane Clark	University
Tess Ford	Center for Rural Health & Social Service
Development	SIU Carbondale
Mary Jane Forney	Illinois Department of Human Services
Elaine Jurkowski	School of Social Work, SIU Carbondale
Susan Kerr	Illinois Children's Healthcare Foundation
Roger Hannan	Farm Resource Center
Judith Hartley	Child Care Resource Service, University of Illinois
Sharon Hull	SIU School of Medicine
Robert Intrieri	Department of Psychology, Western Illinois University
Sheldon Keyser	Financial and Management Dynamics
Anna Laubach	Illinois Children's Healthcare Foundation
Claudia Kachigian	MD, JD, Director, Alton Mental Health Center
David Melby	Franklin Williamson Human Services
Cris Milliken	SIU School of Medicine, External & Health Affairs
George O'Neil, Jr.	Shawnee Health Service
Gail Ripka	Henry County Health Department
Barbara Shaw	Illinois Children's Mental Health Partnership
Norma Spurlock	Fellowship House, Inc
Meryl Sosa	Illinois Psychiatric Association
Linda Wikoff	Illinois Farm Bureau
Art Zaitz	Choate Mental Health & Development Center

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Illinois Critical Access Hospital Network

Illinois Farm Bureau

Illinois Institute for Rural Affairs, Western Illinois University

Illinois Psychological Association

National Center for Rural Health Professions

Office of Lt. Governor Pat Quinn, Governor's Rural Affairs Council

SIU Carbondale Center for Rural Health & Social Service Development & SIU Physician Assistant Program

SIU School of Medicine, Rural Health Initiative

Southern Illinois Healthcare
