

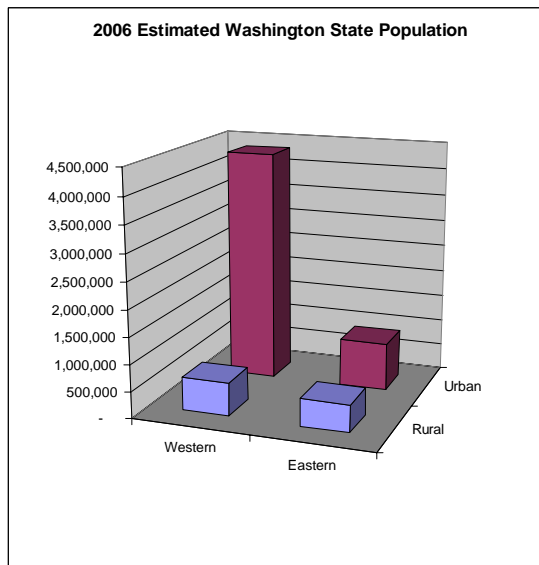
Disparities of Mental Health Services Between Urban and Rural Communities In Washington State

Introduction

The findings in this report were obtained from a statewide telephone survey, a literature review and an analysis of published and unpublished data in the summer of 2007.

Findings

Approximately 82 percent of the State's population live in urban areas and 18 percent live in rural or frontier areas.



2006 Services Disparities

Critical gaps in accessibility and receipt of mental health services exist between rural and urban areas.

- The proportionate number of licensed mental health professionals in urban areas outpaces rural areas.

- Lack of insurance, proportionally more elderly and more complex medical conditions complicate the provision of mental health services in rural areas.
- Ten percent of the average daily census of State Hospitals was from rural Regional Support Networks (RSNs).
- Four percent of the average daily census for all community inpatient hospital stays for psychiatric care was from rural RSNs.
- Three of four Children's Long-Term Inpatient Programs are in Urban Western WA.
- Hospitalization rates for all mentally ill in isolated rural areas was 7 per 1000 individuals, compared with 13 per 1000 individuals in urban cores.
- Hospitalizations for all mental illness in isolated rural areas were about 55 percent of the urban core areas.
- Average length of stay in isolated rural areas was about 51 percent of the number of treatment days in the urban core areas.
- Hospitalization rates for severely mentally ill in rural areas were 34 percent of those of urban core areas (two versus six discharges per 1000 individuals).
- Hospitalization rates for individuals with chemical dependency in isolated rural areas were about 76 percent of those in urban core areas while the length of treatment (68 days) was the same across groups.

- Hospitalizations for those with co-occurring disorders (chemical dependency and mental illness) in isolated rural areas were about 67 percent of those from urban core areas (12 isolated rural verses 18 urban core discharges per 1000 individuals).
- The average number of individual outpatient treatment hours was almost 6.6 hours less in rural areas and 8.4 less in rural Eastern Washington.

- Limited public and personal transportation and long distances to services;
- Limited funding for public mental health services;
- Strict Access to Care Standards consumers in need;
- Insufficient inpatient bed capacity;
- Lack of evidence based practices designed for rural areas; and
- Over reliance on law enforcement.

Outpatient Services 2006

	No. Served	Average Hours Provided
Statewide Urban	83,958	21.2
Statewide Rural	34,200	14.6
Total	118,158	
East Side of State		
	35,813	17.0
West Side of State		
	82,345	20.3
Eastern Washington		
Urban	20,212	20.2
Rural	15,601	12.8
Western Washington		
Urban	63,746	21.5
Rural	18,599	16.2

Source: Office of Management and Budget data files (2006).

General Barriers to Service

- Lack of health care providers, specialty providers and bi-lingual providers;
-

Other States' Comparison

Washington is compared with neighboring States of Oregon, Idaho, and Montana in this report.

- A greater percentage of the population over 65 lived in rural areas in all four States ranging from 12-16% in rural areas and 8-14% in urban areas.
- The greatest change in health care providers between 1990 and 2000 was the increase in Physician Assistants especially in Montana

Key Indicator Comparison

	WA	ID	MT	OR
Per Capita Income	31,241	23,720	22,526	27,657
Percent. in Poverty	10.4	9.3	10.9	9.5
Hosp. Beds per 100,000 pop.	315	301	656	324
Number Physicians per 100,000	146	130	168	157

Conclusions and Recommendations

1. Ensure there are adequate inpatient beds for adults and children in rural Washington.
2. Increase the number of community outpatient mental health providers in rural areas.
3. Allow providers flexibility in implementing evidence-based practices with focus on outcomes
4. Allow rural providers transportation subsidies to reach isolated consumers.
5. Expand education programs for rural mental health professionals, including:
 - Develop and provide incentives for educating more rural based health care professionals
 - Support the development of a mental health career path in rural community colleges serving minority students.
 - Create incentives for cultural minorities to pursue public mental health careers and to stay in rural areas once they have completed their education.
 - Provide continuing education to the primary care and mental health workforce to improve mental health diagnoses and treatment skills.
6. Support the efforts of statewide professional organizations to provide interdisciplinary distant learning, telehealth and telemedicine
7. Support research and collaboration to develop new evidence-based practices designed specifically for rural areas and including non-traditional practitioners in this research.
8. Continue support of early detection and prevention programs for infants, youth and adults.
9. Provide more training within correctional systems to lessen criminalization of people with mental illness.
10. Develop a mechanism to allow rural counties access to State-Only dollars to serve the working class poor when they are in need of mental health services, but unable to meet Access to Care eligibility criteria.
11. Support housing and employment programs for mentally ill consumers in rural areas.
12. Where practical, co-locate primary care and mental health treatment practitioners to provide a holistic approach to treatment, to save on overhead costs
13. Study the implications of expanding prescriptive authority of providers of mental health services by assessing the experiences of other states' and the U.S. military.

Authors:
Anne Strode, MSW, John Roll, PhD.
Washington Institute for Mental Health
Research and Training
Washington State University Spokane

