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Supporting Behavioral Health in Rural Idaho

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ultiple factors affect the health of individuals and communities. Current determinants of health addressed by the World Health Organization's 2020 goals include social factors, physical environments, policymaking, and individual behaviors. Behavioral health, defined here as including both substance use disorders (including alcohol) and mental health disorders, is an additional determinant of physical health that is often disregarded or minimized by current health determinant models. According to L.G. Gamm, S. Stone, and S. Pittman, behavioral health disorders affect approximately half of the population in the United States over a lifetime and are among the most impairing of chronic diseases.

Substance Use Disorders

The National Center on Addiction and Substance Abuse at Columbia University reports that adolescent substance abuse is the number one public health issue in America and that it has reached epidemic proportions. According to the Idaho Health and Welfare, Idaho Youth Risk Behavior Survey, (2010–11), 46 percent of high-school students in Idaho report current use of addictive substances. This number exceeds the prevalence rates of many other health risk behaviors that are considered epidemic among teens in the United States. Substance use disorders, particularly alcohol abuse, are major contributors to the three leading causes of death among adolescents—accidents, homicides, and suicides. Substance use disorders also increase the

risk of potentially fatal health conditions in adults including cancer, heart disease, and respiratory illness.

Mental Health Disorders

Mental health disorders influence the onset, progression, and outcome of other co-morbid diseases. In addition, mental health conditions have been correlated with health risk behaviors such as substance abuse, tobacco use, and physical inactivity. Idaho data from the 2010-11 National Survey on Drug Use and Health indicates that rates of past year serious psychological distress were higher in Idaho than the country as a whole, particularly among the age groups of 12-17 and 18-25. Idaho prevalence rates of depression for these two age groups have been among the highest in the country since 2004. Physical health problems that can arise from poor mental health include heart disease, chronic lung disease, injuries, HIV, and other sexually transmitted diseases.

Rural Challenges

Idaho is a predominantly rural state with a population of approximately 1,600,000. About 40 percent of the population lives within the metropolitan area of Boise. The rest of the population lives is in smaller cities and towns, or in frontier areas. While the prevalence of behavioral health disorders appears to be similar in rural and urban areas, those living in rural areas are more likely than urban residents to see primary care practitioners for behavioral health conditions. This is particularly



relevant among those who are poor, elderly, in a minority group, using alcohol, or mentally ill.

According to R.C. Kessler and others, approximately half of all treatment for common behavioral health disorders—such as substance abuse, depression, anxiety, and attention deficit hyperactivity disorder—occurs in primary care settings. Some research findings from C. Collins and others suggest that as many as 70 percent of primary care visits stem from psychosocial issues. Research by J.M. Geller indicates that patients in rural areas access a health care provider for behavioral health conditions less frequently than they might need to due to being uninsured or underinsured. Use of behavioral health services may also be stigmatized by cultural attitudes and beliefs. This stigma may be more strongly felt in small, isolated communities.

According to information provided by the Idaho Office of Rural Health and Primary Care, all 44 counties in Idaho have been designated as federal Mental Health Professional Shortage Areas and 41 counties have been designated as either a geographic or population Primary Care Health Professional Shortage Area. Due to a critical shortage of behavioral health providers in many rural Idaho communities, some level of integration or collaboration of behavioral health and primary health services appears to be critical. Although currently there is no single "right way" to integrate services and supports, there are a number of model programs and steps that can be taken in moving towards integrated care. A logical place to begin is within the Federally Qualified Health Centers. New health care reform laws require that, beginning in 2014, all insurance plans must include treatment for substance use disorders and mental health disorders, including preventative care.

Primary care integration is recommended to facilitate the changes that need to occur by 2014. A framework that could facilitate this integration is identified by C. Collins, D. Hewson, R. Munger, and T. Wade. In this framework, eight practice models are defined along a continuum of integration. In a fully integrated care system, both behavioral health and primary care providers share the same facility, have opportunity for face-to-face communication, and share common financing and documentation procedures. Full integration has the added benefit of minimizing paperwork and loss of information as it is passed from provider to provider, but may not be appropriate for all settings. The practice model used should be determined by careful review, available technology, and financial resources.

The medical health home is a common concept in integrated care. The medical health home is one of the centerpieces in the current national health care reform effort as defined in the Patient Protection and Affordable Care Act. By law, participating programs must target patients with two or more chronic health conditions and must address behavioral health disorders.

Finally, the use of information technology has great potential for designing and facilitating integration efforts in rural communities. This includes the use of telepsychiatry, online resource guides for physicians, and online behavioral health education programs for patients.

Improving the screening and treatment of behavioral health problems in primary care settings is a viable and efficient way to ensure access to behavioral health treatment in rural communities. Access to behavioral health care services is an important step toward improving the health of individuals and communities.

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Photo below of the Palouse courtesy of Charles Martyn.

