the Clearinghouse

The Key ASSISTANCE REPORT

FOCUS ON Rural Consumers and Community Inclusion

National Mental Health Consumers' Self-Help Clearinghouse

IN THIS ISSUE

- Fishbowl Effect
- Ramshackle System
- Some Solutions
- Role Models

Listen when you are talking with individuals in rural areas who have mental health conditions or with experts on rural mental health and you will find that you hear the same problems over and over, like a broken record. Listen more closely and you may hear how to solve at least some of these problems.

FISHBOWL EFFECT

One problem is that individuals seeking mental health treatment cannot expect the kind of anonymity that those in more heavily populated areas take for granted. "Living in a small community is like living in a fishbowl," said Diann Brosch, executive director of the Dodge City Peaceful Tribe, a consumer-run organization in Dodge City, Kansas.

"Everyone knows whose pick-up truck is parked in front of the mental health office," said James Boulger, Ph.D., director of the Center for Rural Mental Health Studies at the Medical School of the University of Minnesota at Duluth. "There goes anonymity. There goes HIPAA [Health Insurance Portability and Accountability Act]."

Dennis Mohatt, vice president for behavioral health at Western Interstate Commission for Higher Education (WICHE) and a longtime rural mental health professional, added, "You are never out of the fishbowl. I'd go to church and someone I had worked with was in the next pew, or giving me communion." Mohatt also emphasized that the fishbowl effect has the potential to be liberating for both providers and consumers.

Yet the lack of anonymity is one reason why some believe that there is greater prejudice toward individuals with mental illnesses in sparsely populated areas of the country than in urban areas. People in rural areas often prize reticence and resilience, and rural residents face more pressure to keep their mental health symptoms to themselves, to "keep it in the family." Thus, many do not seek treatment until they reach a crisis, when they might be, according to Mohatt, "pushed into notoriety" by taking desperate action in public. For many, this crisis state then defines mental illness.

RAMSHACKLE SYSTEM

Mental health services in rural communities can be ramshackle or non-existent. More than 1,500 counties in the United States do not have even one mental health provider, said Mohatt. Many more rural areas do not have a full range of specialists such as psychiatrists and psychologists, social workers, and case managers. If one specialist moves out of the area, another may not be found to take her place.

For professionals, the jury-rigged quality of the system can mean working

Tips for Promoting Recovery in Rural Areas

- Start a warm line.
- Start a rural peer support group or organization.
- Create an online forum, such as a Yahoo group.
- "Out" yourself as an individual with a mental health condition.
- Develop a telephone check-up system.
- Cultivate relationships with community leaders.
- Brainstorm a system for ride-sharing and other kinds of transportation.
- Develop a mentor/mentee relationship with a rural consumer-run program elsewhere.
- Co-sponsor public events with other community organizations.
- Join neighborhood associations.
- Sponsor a community town hall meeting focused on mental health issues.
- Open your consumer-run program to serve members of the larger community.

in isolation, with no one to bounce ideas off, Mohatt said. For consumers, the lack of services may mean long waiting times for appointments and a treatment plan that may take a long time to set up, only to disintegrate.

To make matters worse, mental health parity has largely bypassed rural America, according to Mohatt. The Mental Health Parity and Addiction Equity Act of 2008 mandates coverage of mental health services by employer-based insurance policies to the extent that physical health is covered. Yet parity only applies to employers with over 50 employees; most rural employers have fewer. So those rural consumers who are employed may not have mental health coverage.

Sometimes county officials simply arrange for a consumer to leave, Mohatt said. "They call it 'Greyhound therapy,' because they don't want to deal with it, or they don't want to pay for it," he said. "You put them on a bus and get them out of your county."

"They call it 'Greyhound therapy,' " he said. "You put them on a bus and get them out of your county."

Given the lack of treatment options and the prejudice in the community, rural consumers may develop a sense of personal isolation that is intensified by the physical isolation of living in the large open spaces of America. Many, not prosperous enough to own cars, feel stranded.

It is no surprise that peer support is hard to come by, and this also has a negative impact. "The passivity of rural consumers is because they are spread out and have no contact with other consumers, only contact with doctors," said Carl Mosier, a certified peer specialist (CPS) with the Advocacy Alliance, based in Lackawanna County, Pennsylvania. "This is the reason why the medical model of mental illnesses is more prevalent in rural areas, why there is more passivity."

Another problem is that, at least partly as a result of geographic isolation, rural mental health service providers may lag behind their urban counterparts in adopting recovery principles. "In my work promoting recovery-oriented environments in our rural counties, what I have heard expressed is that recovery is not different for individuals in rural areas," said Genevieve Dailey, special projects coordinator of the Behavioral Health Administrative Unit (BHAU) that provides administrative and management support to the Behavioral Health Alliance of Rural Pennsylvania (BHARP). "It is the services and the supports that are available that are different."

SOME SOLUTIONS

Policymakers have begun to address the inadequacy of services with a number of innovative ideas. For example, many states have begun to mandate that Medicaid providers deliver services in "medical homes," which coordinate physical and behavioral health care under one roof.

Medical centers, such as the Center for Rural Mental Health Studies at the Medical School of the University of Minnesota at Duluth, have begun to offer "telemental health services" in areas without mental health specialists, so that individuals can consult with a psychologist or psychiatrist over the Internet in their family doctor's office, according to James Boulger, the Center's director. Nurses at the county level visit homebound consumers with laptop computers for videoconferencing with specialists in Duluth. And in Nebraska, psychologists and trainees are practicing in rural county health clinics, reported Dr. Craig Ravesloot of the University of Montana.

According to experts, the "fishbowl effect," which may be a source of prejudice, can also be turned into an asset. This is because in rural communities, where small numbers of people are well known over extended periods, stigma and discrimination can be more easily overcome if a person who is familiar to the larger community becomes known to have a mental illness, countering common negative stereotypes. The rural community may then be more embracing than an urban community would be. "I can think of all kinds of rural consumers who were more highly integrated [than in urban areas]. There can be more tolerance," said Mohatt. He adds wryly that a popular attitude might be something like, "Uncle Joe may have had a few screws loose, but he's still the best guy to repair your car."

For someone who has been isolated, community inclusion brings many

practical advantages. Even a small community is "an oasis of resources" – a term coined by Charles A. Rapp, Ph.D., a professor in the School of Social Welfare at the University of Kansas – that offers new options for housing, transportation, companionship, recreation and spiritual growth.

The increased possibility of community inclusion can be a source of strength in places where medical and social services may be hard to come by. Peer activists, the staff of consumer-run organizations, and CPSs, who are both open about their own struggles and integrated into their communities, can be central to helping their peers connect to these resources.

There are abundant examples:

- Diann Brosch of the Dodge City Peaceful Tribe notes that her organization has been able to locate numerous small landlords who are willing to rent to individuals with mental health conditions by using the town's word-of-mouth social networks. As a result, she has been able to place consumers in decent and affordable private housing. However, she added, Dodge City now has a casino, which may mean that, for consumers seeking housing, all bets are off. "We continue to work with landlords in the area," she said, but "affordably priced housing is now hard to find."

- Christine Young, peer educator at the Center for Community Support and Research at Wichita State University in Kansas, recalls that several individuals at a rural drop-in center began a therapy group in which participants also crocheted during the meeting. Participants then decided to meet at a local quilt shop instead, in part because the shop owner was a willing instructor. The group eventually ceased being a therapy group, and became a crocheting group that was open to all.

- Wendy Keefer, a CPS in rural western Pennsylvania, was able to find one consumer a volunteer opportunity as a basketball coach at a local elementary school because she herself is the guardian of children at the same school, and was able to help her client because the school staff knew her.

Where transportation – a common problem in rural areas – is difficult, some groups have devised creative alternatives. Joseph Rogers, executive director of the National Mental Health Consumers' Self-Help Clearinghouse, who grew up in rural Florida, recalled that he and others scheduled a support group for Sunday mornings, when many would go to church. They would get transportation to church, and then hold their support group during coffee hour.

PEOPLe Inc., a peer-run organization in Poughkeepsie, New York, started a volunteer driver program to help their members get around. In areas of the rural South, many who do not have cars pay others in their communities to take them to work or run errands, while helping the driver earn extra money at his side job.

ROLE MODELS

Consumer activists can connect other consumers to rural resources, but first they may have to be role models in their communities as "out" consumers. And they should understand that in small communities, social problems are frequently viewed as community-wide issues that are resolved when addressed by a variety of institutions at once, from schools, to churches, to the local businesses, to social clubs. To be effective advocates, consumer activists should become familiar with these local institutions and cultivate friendships with key opinion leaders, such as ministers, teachers, bartenders and beauticians.

If these criteria are met, rural communities can be a real asset to mental health treatment. "Consumers do not have to tell their stories over and over again," Boulger noted, "and there is a greater opportunity to coordinate care" among the intimate institutions of rural America.

A single mental health consumer who takes on this role of advocate can have a great impact. "I used to talk about the role of charismatic leadership in rural areas," said Mohatt. "One person can really make a difference." ■

RESOURCE LINKS

Research and Training Center on Disability in Rural Communities http://rtc.ruralinstitute.umt.edu/ at the Rural Institute, University of Montana http://ruralinstitute.umt.edu

Frontier Mental Health Services Resource Network of the Western Interstate Commission for Higher Education (WICHE) http://www.wiche.edu//MentalHealth/Frontier/frontier.asp

The Rural Assistance Center, School of Medicine, University of North Dakota www.raconline.org

The Office of Rural Mental Health Research at the National Institute of Mental Health http://www.nimh.nih.gov/about/organization/od/office-of-rural-mental-health-research-ormhr.shtml

National Association for Rural Mental Health http://www.narmh.org/

Wichita State University's Center for Community Support and Research http://webs.wichita.edu/?u=ccsr

Mental Health Program at Western Interstate Commission for Higher Education (WICHE) http://www.wiche.edu/wiche/tags/191.

Center for Rural Mental Health Studies at the Medical School of the University of Minnesota, Duluth Campus http://www.med.umn.edu/duluth-internal-resources/center-for-rural-mental-health-studies/index.htm

The Suicide Prevention Resource Center (http://www.sprc.org) American Indian/Alaska Native Suicide Prevention http://www2.sprc.org/aian/index

Human Services Research Institute http://tecathsri.org/multicultural.asp

Books, Articles and Research http://www.stopstigma.samhsa.gov/topic/rural/books.aspx?printid=1&

The Clearinghouse welcomes all programs in which consumers play a significant role in leadership and operation to apply for inclusion in its Directory of Consumer-Driven Services. The directory, accessible at www.cdsdirectory.org, is searchable by location, type of organization, and targeted clientele, and serves as a free resource for consumers, program administrators and researchers.

Apply online at www.cdsdirectory.org/contact, via fax at 215-636-6312, or by phone at 800-553-4KEY (4539). To receive an application by mail, write to info@cdsdirectory.org or NMHCSH Clearinghouse, 1211 Chestnut Street, Suite 1100, Philadelphia, PA 19107.

The Clearinghouse is solely responsible for the content of this Key Assistance Report. Reproduction and distribution are encouraged, with no prior permission required. The Clearinghouse is supported by a grant from the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

The Key ASSISTANCE REPORT

Clearinghouse Executive Director
Joseph Rogers

Writer
Jonathan David

Editor
Susan Rogers

Design
Pamela Downes Lee
Downes Designs

funded by U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services www.samhsa.gov

(800) 553-4KEY (4539) www.mhselfhelp.org info@mhselfhelp.org

FOCUS ON **Rural Consumers and Community Inclusion**

the Clearinghouse
1211 Chestnut Street, Suite 1100
Philadelphia, PA 19107

Nonprofit Organization
U.S. Postage
PAID
Philadelphia, PA
Permit No. 320