COVID-19 AND RURAL MENTAL HEALTH

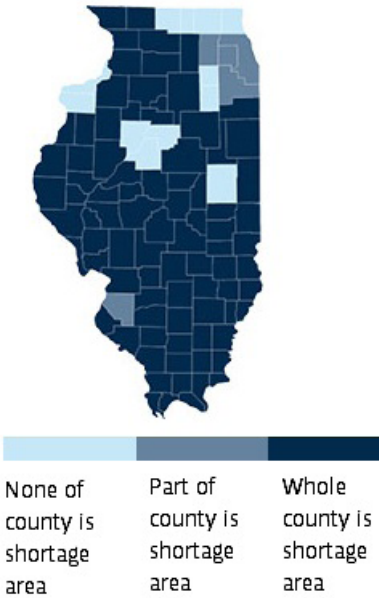
RECOMMENDATIONS TO IMPROVE HEALTH IN ILLINOIS

*Rural Illinois is in need of sustained, sweeping change to improve the social, economic and environmental factors which determine health outcomes. Illinois' rural communities suffer from "The Five D's:" Rural communities start at a **DISADVANTAGE** due to experiencing food, healthcare, social service and data **DESERTS**, as well as organizational and technological **DISCONNECTION**. Rural regions experience similar **DISPARITIES** to low-income urban areas but experience even fewer **DEVELOPMENT** opportunities than their urban counterparts. These recommendations aim to improve health equity in rural Illinois.*

PREEXISTING CONDITIONS

Mental health care is in crisis in rural Illinois. Rural regions face a staggering lack of mental and behavioral health care providers. This lack of workforce is magnified by a mental and behavioral health system that is disconnected, inefficient, poorly funded and outdated. Figure 1 shows that 83% of Illinois counties are mental health shortage areas. This accounts for nearly 5 million people, 85% of whom live in rural Illinois.[1] More than 90% of all psychologists and psychiatrists and 80% of Master of Social Work graduates practice exclusively in metropolitan areas.[2,3] The shortage is even worse for children struggling with mental illness as there are no child or adolescent psychiatrists in 81 out of 102 counties in Illinois.[4]

FIGURE 1: Illinois Health Professional Shortage Areas: Mental Health, by County, 2021



RECOMMENDATIONS

- Adopt a statewide telepsychiatry program to connect rural Illinoisans to timely and effective mental and behavioral healthcare services.
- Expand funding to Rural Health Clinics to allow for better integration of mental, behavioral health and substance abuse treatment into primary care.
- Invest in piloting and scaling new models of mental health services, especially for children and the aging, that customize care based on individual needs and integrate with social services.

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Lack of mental health care also contributes to and often exacerbates a broad range of other health conditions, requiring a patient's mental health and primary care providers to be closely aligned. However, coordinated care is not the norm in Illinois. The National Institute of Mental Health (NIMH) reports that adults with serious mental illness have higher rates of cardiovascular disease, diabetes, obesity and experience a shorter life expectancy by 13-30 years.[5] People who experience depression are twice as likely to develop type 2 diabetes, three times as likely to have a stroke and five times more likely to have a heart attack than people without depression.[6,7] Without accessible services, rural patients are left to manage mental health issues on their own and rarely initiate preventative care or ongoing therapy, often only seeking care during times of crisis.

The dearth of mental health providers in rural regions provides few opportunities to innovate around mental and behavioral health services or integrate those services with other social service sectors. The lack of widespread mental health services and minimal marketing and public health messaging efforts that accompany these services results in lower mental health literacy and limited understanding of the symptoms/issues of behavioral health disorders and where to access help. The misconceptions, myths and cultural stigma associated with mental illness are significant barriers that keep rural individuals from seeking and receiving treatment.[8] Secrecy about mental illness in rural communities, perception of a lack of confidentiality and a lack of privacy in small towns with closely-tied social networks are also factors that stop rural residents from seeking care.[9]

Finally, mental illness has an economic impact on rural communities. The USC Schaeffer Center calculated the cost burden of serious mental illness in Illinois to be nearly $1.5 billion, with over half the cost from lost productivity including unemployment, lost compensation or early mortality.[10]

ABOUT THE RURAL HEALTH SUMMIT

Southern Illinois University (SIU) Medicine Department of Population Science and Policy, SIU Paul Simon Public Policy Institute, SIU Medicine Center for Rural Health and Social Service Development and University of Illinois Chicago School of Public Health continued the work of the 2018 Illinois Rural Health Summit and convened rural stakeholders for 11 discussion forums in late 2020 to better understand and address the COVID-19 pandemic in rural Illinois. Using the 2019 report on the most pressing issues facing rural Illinois as a foundation, 80 leaders from 55 organizations in diverse fields such as public health, health care, academia, industry and government met virtually to discuss how the pandemic is creating new challenges and fostering new innovation. Forums focused on rural economic development, health workforce, children's growth and development, nutrition and fitness, mental health, opioids, public health systems, caring for an aging population and healthy housing. Discussion forums participants were also invited to an additional, overarching session to identify common challenges and synthesize impactful solutions. The information, anecdotes and issues raised in this report come from those conversations.

DEFINING "RURAL" IN ILLINOIS

Of Illinois' 102 counties, 62 are considered non-metropolitan. 1.5 million Illinois residents reside in nonmetropolitan and/or rural regions. In an effort to be inclusive, this report uses "rural" to describe non-metropolitan counties.

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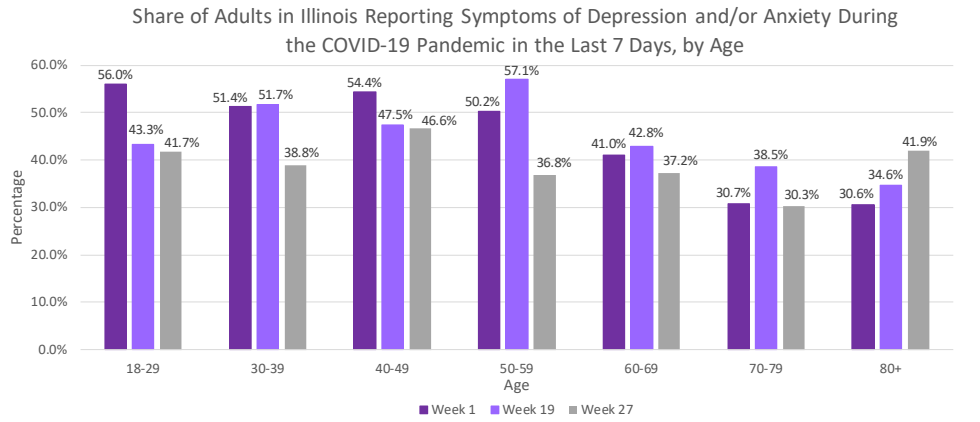
THE PANDEMIC'S IMPACT

The direct effects of the novel coronavirus and the indirect economic consequences that followed are having a substantially adverse impact on the mental well-being of individuals and families across the country.[11] The pandemic has also complicated the challenges of individuals with pre-existing mental illness. In August 2020, only months into the pandemic, the CDC found that self-reported rates for negative mental health conditions, substance use and suicidal ideation increased considerably.[12] Forty percent of individuals reported at least one mental or behavioral health condition (e.g. anxiety, depression, trauma and stress) and 11% reported seriously considering suicide within the last 30 days.[13] Figure 2 compares the percentage of Illinois citizens reporting symptoms of depression and/or anxiety during three different time intervals of the COVID-19 pandemic. Although the percentage of individuals reporting symptoms of anxiety or depression generally improved since the peak in mid-November, more than 30% of adults in every age group still struggle with mental health challenges.

FIGURE 2: Share of adults in IL reporting symptoms of depression and/or anxiety



NOTE: Data shown is for Week 1 (April 23, 2020-May 5, 2020), Week 19 (Nov. 11, 2020-Nov.23, 2020), and Week 27 (March 17, 2021-March 29, 2021).
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020-2021.

Research shows that job loss is also associated with increased depression, anxiety, distress and low self-esteem.[14] According to the U.S. Department of Labor, a historic 22 million people filed for unemployment in April 2020 (four week total), though that number fell to 837,000 by September 2020.[15] The Illinois statewide unemployment rate was 7.1% in March 2021, up from 4.0% in March 2020 and 4.5% in March 2019.[16] A 2013 Gallup poll showed that one in five Americans who have been unemployed for a year or more said they currently had or were being treated for depression – almost double the rate among those who had been unemployed for five weeks or less.[17] Rural regions have reason to worry that economic recovery may be slow since these communities had more trouble recovering from job losses caused by the Great Recession of 2007-2009 than urban areas.[18]

The pandemic has also negatively impacted mental health and substance abuse issues. A broad body of research links social isolation and loneliness to poor mental health. Data from March 2020 shows 47% of people sheltering in place reported negative mental health effects resulting from worry or stress related to coronavirus compared to 37% of individuals not sheltering in place.[19] Pandemics are also shown to induce general stress across a population and may lead to new mental health and substance use issues.[20]

Children have also faced unique mental health challenges that have been exacerbated by the pandemic. Of the 20% of Illinois children with a mental health problem, only half of those receive treatment.[21] Stay-at-home orders, e-learning and social distancing have especially impacted children and families. A survey of 1,500 Illinois parents found that nearly half had talked to their children's primary care doctors about mental or behavioral health concerns within the last six to twelve months. Of children ages two to 11, 23% were acting out more during the pandemic with behaviors such as tantrums, 19% were showing more clinginess, 11% had more nightmares, 8% had more headaches and 8% had more stomach pains.[22]

Illinois is beginning to make significant changes to address the state's mental health challenges. Governor

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Pritzker signed H.B. 158, "The Illinois Health Care and Human Service Reform Act," into law in April 2021. This bill, serving as the health care pillar of the Illinois Legislative Black Caucus agenda, is comprehensive but has a special emphasis on mental health and substance abuse treatment including increasing payment for psychiatric treatment at hospitals serving low-income patients and creating a consortium of universities to develop a plan to recruit, educate and train a diverse behavioral health workforce. The General Assembly continues to debate nearly 60 bills focused on mental health provisions. Additionally, the Illinois Children's Mental Health Partnership, a public-private partnership consisting of members of all the State's child-serving agencies, is convening a series of workgroups to create a new Children's Mental Health Plan for Illinois.

2021 RURAL HEALTH SUMMIT RECOMMENDATIONS:

Adopt a statewide telepsychiatry program to connect rural Illinoisans to timely and effective mental and behavioral healthcare services

A statewide telepsychiatry program would be transformational in Illinois. While health systems across Illinois have expanded telehealth and telepsychiatry systems during the pandemic, a statewide program does not exist. Other states have implemented statewide telepsychiatry programs as a successful way to increase access to mental health services. North Carolina created the N.C. Statewide Telepsychiatry Program (NC-STeP) to provide timely, virtual psychiatric assessments for individuals experiencing acute behavioral health crises at a hospital emergency department.[23] In addition to helping solve the state's provider access issue, the program has created a considerable return on investment.[24]

Southern Illinois University (SIU) Medicine's Telehealth Services can serve as a blueprint for how rural telepsychiatry can make an impact. As Figure 3 shows, SIU telehealth services have served 98 of 102 Illinois counties. SIU Medicine expanded its telehealth reach during the pandemic to include addiction treatment and mental health care throughout its rural service region in central and southern Illinois. These services helped to prevent hospitals from being overwhelmed and provided continuous care to individuals unable or unwilling to leave their homes. Telepsych services jumped to a high of 96.4% of psych services delivered in April 2020. SIU SOM Psychiatry was able to maintain 96% of normal volumes through telepsych with patient satisfaction scores at or better than pre-COVID-19 visits.[25]

FIGURE 3: Home counties of patients served via SIU Medicine Telehealth from March 2020 through February 2021

Expand funding to Rural Health Clinics to allow for better integration of mental, behavioral health and substance abuse treatment into primary care.

Integrating mental and behavioral health into a primary care practice would improve services by allowing the medical care provider to introduce a behavioral health consultant in real time.[26] Behavioral health integration can increase access to behavioral services, reduce stigma associated with seeking these services and maximize resources. Multiple studies have shown that this process improves patients' mental health, increases patient adherence to treatment and can reduce costs and medical utilization in rural areas.[27,28,29]

The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources Services Administration (HRSA) have developed a standard framework which emphasizes coordinated care, co-located care and integrated care. Cherokee Health Systems, which serves several rural

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communities in Tennessee, is a national leader in primary care behavioral health integration. Cherokee embeds behavioral health consultants in primary care teams. Primary care providers screen all patients for mood disorders and substance abuse and co-manage individuals with behavioral health consultants.[30] The primary care and behavioral health staff also have access to a psychiatrist, often via the telephone or telehealth.

Illinois is beginning to adopt similar models but requires greater investment to make this form of health care delivery the norm across rural regions. One model is Southern Illinois Healthcare Foundation's (SIHF) partnership with Touchette Regional Hospital and HSHS St. Elizabeth's Hospital to spearhead a new Behavioral Health and Wellness Center providing expanded inpatient and outpatient services.[31] This partnership intends to create a regional hub for the design of integrated protocols for primary care and behavioral health.

Invest in piloting and scaling new models of mental health services, especially for children and the aging, that customize care based on individual needs and integrate with social services.

Rural Illinois needs to invest in new models of medical and social care to improve the mental health of communities. These new models need to be concentrated along a system of care philosophy, which creates a spectrum of effective, community-based services and supports for those at risk for mental health challenges and their families. Services in a system of care are organized into a coordinated network, build meaningful partnerships and address cultural needs to help families function better.

Illinois has been an innovator in piloting systems of care to prevent, diagnose and treat children's mental, behavioral and developmental disorders. The Illinois Children's Healthcare Foundation, a private foundation that funds children's healthcare statewide, is a leader in promoting this work. The Foundation has invested in three cycles of children's mental health initiatives (CMHI 1.0, 2.0 and now 3.0) to build mental health systems of care. This work has paid special attention to rural and smaller communities funding efforts in Adams, Carroll, Lee, Ogle, Whiteside, Livingston, Knox, Warren, Henderson, Tazewell, Woodford, and Boone counties. Based on findings in their CMHI 1.0 report, these systems of mental health care improved levels of system integration, increased rates of screening for behavioral and developmental concerns and built sustained capacity in these communities. However, these models need to expand to involve people of all ages.

Illinois also needs age-friendly health systems focused on understanding and aligning the mental health care needs of the aging population. An initiative of the John A. Hartford Foundation and the Institute of Healthcare Improvement, in partnership with the American Hospital Association and the Catholic Health Association, has created a model of age-friendly health systems focused on aligning care with an older adult's specific outcome goal and preferences.

While more work is needed, sparks of innovation can be found throughout the state. The Illinois Department of Healthcare and Family Services (HFS) recently launched a $150 million per year initiative to reorient the healthcare delivery system in Illinois around people and communities. This initiative, tied to HFS's new quality strategy focusing on the pillars of maternal and child health, adult behavioral health, child behavioral health, equity and community placement, will pilot new models to transform the healthcare system. With a strong focus on adult and children's behavioral health and funding preserved for rural communities, this new program has the opportunity to bring new models of community-centered mental health care to rural Illinois.

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