



***Mental Health in Rural Illinois:
Recovery is the Goal***

***An Analysis of Mental Health Care
in Rural Illinois
by
The Mental Health Work Group
Of the
Illinois Rural Health Association***

Sponsors:

***Illinois Children's Healthcare Foundation
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Executive Summary

In June 2004, the New Freedom Commission on Mental Health's Subcommittee on Rural Issues which found that what differs in rural America is the experience of individuals with mental illnesses and their families.¹ The primary differences in these geographic areas rests in the following areas: availability of services, access to services and acceptability of services.

In Illinois, 84 counties are considered rural and medically underserved. Of the 84 counties, 59 do not have a psychiatrist according to a report from Project Export and the National Center for Rural Health Professions at the University of Illinois at Rockford.²

During the fall of 2005, the Illinois Rural Health Association held a series of regional forums to hear from local leaders regarding access to rural mental health services. Several groups were represented in the meetings including: local mental health providers, emergency room personnel, school representatives, Illinois Farm Bureau members, hospital administrators, parents, legislators and local residents. Community forums were held in Effingham, Onarga, Toulon, Rockford, Ullin, Mt. Vernon, and Carlinville. Over 150 participants came together to discuss the mental health needs of their rural communities.

The Mental Health Work Group of the Illinois Rural Health Association created a qualitative and quantitative method for data collection at each of the forums. The group developed a set of four questions to spur conversation among the participants and collect anecdotal information from participants. The Group also developed a survey to collect numerical analysis regarding access to mental health care in rural Illinois.

Key findings from IRHA Mental Health Access Forums:

- Lack of psychiatrists (particularly child/adolescent)
- Lack of mental health and substance abuse counselors and workers
- Long waiting list to receive care
- Ratio of staff to patient in inpatient treatment units is dangerously low
- Need for more workers to provide aftercare support
- Lack of local treatment facilities

¹ Wagenfeld, M.O., Murray, J.D., Mohatt, D.F., & DeBruyn, J.C. (Eds.), 1994, Mental health and rural America, 1980-1993, NIH Publication No. 94-3500, Washington, D.C.

² Dankwa, Christine & Minor, Kyle; National Center for Rural Health Professions; University of Illinois at Rockford.

- Fragmentation of the system regarding management of care for dually diagnosed individuals - Mental Illness and Substance Abuse (MISA)
- Need for reimbursement for transportation costs
- Lack of mental health access for working poor
- Lack of willingness to accept care (stigma, denial, barriers)
- Lack of community awareness of treatment resources available
- Lack of cross-training for mental health and substance professionals
- Lack of beds/facilities available to provide appropriate care
- Legal and financial barriers to physician extenders for care
- Unfunded mandates may add unnecessarily to cost of care

IRHA Mental Health Access Forums:

Summary of recommendations

- Expand programs and implement strategies to recruit, retain & train psychiatrists, counselors and other mental health professionals in rural and other underserved areas of Illinois.
- Fund transportation services to improve access to service providers.
- Create a statewide Mental Health plan to address identified gaps in mental health and substance abuse treatment and better coordinate and streamline public health, mental health and substance abuse programs and services in rural and other underserved areas of Illinois.
- Increase use of telemedicine and technology to improve access to care, increase training opportunities and evaluate quality of care.
- Increase outreach programs to educate and counsel rural residents about the availability and acceptability of care.
- Coordinate outreach counseling programs with school-based clinics and other neutral community sites to improve access to care for rural children and adults.
- Expand Medicaid program to include working poor and funding to expand psychotropic medications covered.

The purpose of this report is to frame mental health issues in terms of the full breadth of all dimensions of “access to care,” and that it is a complex and thorny issue with all of them interrelated. The multitude of policy recommendations we make will, if taken individually and incrementally, lead to incremental changes. For change to be fully effective and not just “tinkered around the edges” it must take into account all of these dimensions. It is important to note that any kind of progress within rural Illinois must build upon the strategies in place at the national and state level.



Mental Health Work Group Members

IRHA would like to thank all of those who attended the Rural Mental Health Forums around the state to share their expertise, experience and knowledge with IRHA and our partners.

IRHA would also like to extend a special thank you to the following work group members for their commitment and dedication to these forums. Their tireless efforts have allowed rural residents to have a stronger voice in the development of a rural mental health system for their families and neighbors.

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