

Community Needs Assessment for Southwest Indiana and Mental Health Services  
Addressing Barriers in Access and Capacity

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Jessica Pinyerd, BSN, RN

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## **Executive Summary**

Rural communities in Indiana face barriers in access to mental health services. Access to mental health providers and the capacity of current mental health practitioners is a challenge for these communities. According to the Rural Health Association, accessibility, availability, affordability, and acceptability are factors that keep individuals in rural areas from receiving mental health services (Wilson et al, 2015). Research supports that areas with mental health provider shortages have higher suicide rates (Ku et al, 2021). While many organizations work in the mental health space in Southwest Indiana, overall, access and capacity are limited. Like many other rural communities around the country, they lack adequate access to psychiatrist, psychologist, and other advanced practice mental health providers.

Preventing loss of life to suicide is a public health initiative that needs innovative solutions. Addressing provider shortages does not have an easy solution. Fortunately, due to advances in technology there are alternative options for mental health care. A model for the use of telehealth technology is Crossroads Partnership for Telehealth, an already existing partnership between the Indiana Rural Health Association and rural hospitals throughout Indiana. The Crossroads Partnership for Telehealth uses tele-behavioral health providers to assist local providers in the diagnosis, referral, and treatment of patients who present with acute or chronic mental health needs (Indiana Rural Health Association, 2019). Benefits of telehealth include convenience, efficiency, decrease in costs, lesser resource consumption, easier provider recruitment and retention, improved access to care, and an increase in education and training of patients and providers (Butzner & Cuffee, 2021). One solution to addressing barriers to mental health service is implementing a model of this in primary care settings. The incorporation of strong telehealth

services at the local level can help individuals receive convenient and efficient mental health services which can lead to a decrease in their county suicide rates.

## **Introduction**

About one-fifth of people in the United States live in a rural community and one-fifth of those individuals living in a rural area have a mental illness (Morales et al, 2020). Rural areas face challenges in both access to mental health services and the capacity of the providers that practice in the community. Approximately 65% of rural counties do not have a single psychiatrist and an estimated 60% of rural Americans are living in provider shortage areas (Morales et al, 2020). Lack of access to prompt and efficient mental health services negatively impacts individuals' mental health and increases the chance of life loss to suicide.

This needs assessment will focus on rural counties in Southwest Indiana. In Indiana, suicide is the second leading cause of death in individuals between the ages of 10 and 34 (Indiana Suicide Prevention, in.gov, 2024). Overall, Indiana's rural counties have higher suicide rates than their urban neighbors. For example, Dubois County has a 5-year suicide rate of 16.3 per 100,000 compared to Marion County's same rate of 14.9 (Health First Indiana Scorecard, 2024). The vision statement of the Indiana Department of Health (IDOH) is that "Every Hoosier reaches optimal health no matter where they live, learn, work or play" and health equity is a core value of IDOH (Indiana Department of Health, 2024). To achieve this vision and to improve on this core value, it is imperative the rural mental health is addressed. To move the needle in a positive direction, innovative solutions will need to be implemented to increase mental health access and capacity.

This needs assessment will address a solution of utilizing telehealth to solve the issues faced by rural areas and conveniently bring mental health providers to patients. Additionally, the use of telehealth can help already existing providers to have access to mental health providers in

urgent situations where these services are needed but not otherwise available. Additionally, barriers to care such as time, travel, cost, and stigma are avoided by bringing these services where they are needed.

### **Profile of Target Population**

Southwest Indiana is made up of multiple rural counties. The U.S. office of Management and Budget (OMB) defines rural counties as a county in which the urban center is less than 50,000 people (HHS.gov, 2020). Some rural Counties in Southwest Indiana include Daviess, Dubois, Gibson, Knox, Perry, Pike, Posey, Martin, and Spencer (Indiana State University Rural-Urban Entrepreneurship Development Institute (RUEDI), 2014). The seats of these counties include Washington, Jasper, Princeton, Vincennes, Tell City, Petersburg, Mount Vernon, Shoals, and Rockport. According to the US Census Bureau (2023), the predominant race of Southwest Indiana residents is white. On average, greater than 90% of adults over age 25 have graduated high school but slightly less than 20% have obtained a bachelor's degree or higher. Additionally, apart from Dubois and Posey Counties, the rural communities of this area have a household income less than the state average which is \$67,173. The top two employers in this area are manufacturing and government (StatsIndiana, 2022).

It is estimated that one in five people living in rural communities have mental illness (Morales et al, 2020). The suicide rates in most counties in Southwest Indiana are higher, on average, than the rates of their urban counterparts throughout Indiana (Health First Indiana Scorecard, 2024). Dubois county, in Southwestern Indiana ranks 46th in Indiana's statewide suicide rate with a 5-year suicide rate of 16.3 per 100,000 and neighboring Gibson County is #72 with a rate of 20.3 per 100,000 (Health First Indiana Scorecard, 2024). All but two counties; Davies and Perry, exceed the national average suicide rate of 14.1 per 100,000 individuals (CDC,

NCHS, 2023). The communities in this southwest portion of the state are losing lives to suicide at higher rates than not only much of the state but also the nation.

### **Health Issue Related Factors**

When considering health equity, access to care is an important factor. Without equal access to mental health providers and services, populations cannot achieve the same level of wellness as those where mental health services are readily available. Rural communities face access barriers. For example, Dubois County mental health provider ratio is 750:1 while for the state of Indiana the average is 530:1 (County Health Rankings, 2023). When there are limited providers, those that do serve these communities become overburdened and have limited capacity for new patients. This leads to long wait times to for specialty providers.

Physical distance from specialty care providers and limited transportation systems are another challenge for rural individuals. The further individuals live from metropolitan centers, the worse measures of health and social determinants of health become (Weeks et al, 2023). Travel time to care is a strong measure of a health systems accessibility. Research conducted by Brenes et al (2015), utilized data from 478 people over the age of 60 in a rural county in North Carolina and found that 37% of people listed distance from provider as a significant barrier in accessing mental health services. Additionally, according to research from Barry et al (2023), there is a correlation found between rurality and death by suicide. The researchers concluded that for every hour a man lives from a general hospital, the risk of them dying by suicide doubles.

Stigma is a significant barrier to mental health services, particularly in rural communities. Peoples who reside in rural areas hesitate in disclosing mental health problems or being seen by their neighbors when accessing services. Rural communities often have a culture of self-reliance, and this makes them less likely to seek mental health services (Graham et al, 2021). In addition to

rurality, stigma and acceptability are bigger barriers for men. Compared to women, men are less likely to seek out mental health services and men are 1.8 times more likely to take their own lives (Sagar- Ouriaghli et al, 2019). The researched continue to elaborate on why suicide is more common in men and one explanation is the idea that men feel the need to be stoic, invulnerable, and self-reliant. The stigma men associate with mental health cause them to be less likely to access services.

Morales et al (2020), elaborates on additional factors that impact mental health in rural communities. This includes remoteness/isolation, poverty, lack of or being under-insured, religion, and social support. Additionally, lack of health literacy impacts patient engagement in mental health services. These barriers in addition to access and stigma are what have led to a significant difference between suicide rates in urban and rural communities. Nationally, rural suicide rates are currently almost double those of metropolitan areas for both males and females (Morales et al, 2020).

## **Epidemiologic Profile**

**See Appendix 1**

## **Existing Resources**

A few major health systems provide services to counties in Southwest Indiana. Some of these health systems offer mental health services. Hospitals that have at least one mental health practitioner include Davies Community Hospital, Memorial Hospital and Health Care Center, Deaconess Gibson Hospital, Perry County Memorial Hospital, and Good Samaritan Hospital. Good Samaritan Hospital in Vincennes, Indiana has multiple psychiatrist and psychiatry residents. While not a hospital, Jasper Indiana is home to LifeSprings Health Services which offers a range of mental health services. Additionally, Evansville Indiana is an urban center in southwest Indiana

and is home to Evansville State Hospital. This is one of Indiana's State funded Psychiatric Hospitals. Having this hospital as resource in Southwestern Indiana does increase the mental health services provided closer to home for some counties in this geographic area however, Evansville is not easily accessible for all these communities. While these hospitals do provide services, they service a large geographical area and the need often outpaces capacity.

Additionally, multiple nonprofit organizations in this part of the state help address barriers to mental health services. The United Way of Southwest Indiana provides grant opportunities to improve access to behavioral health services specifically to assist low-income persons in Spencer, Vanderburgh, and Warrick Counties (United Way, 2022). Additionally, Evansville has multiple mental health agencies. Three of these agencies include Southwestern Behavioral Healthcare, Peace Zone Peer-Run Mental Health Recovery Center, and The National Alliance of Mental Illness (NAMI) of Evansville (FFSA, DMHA, 2024). These agencies do offer resources, support, and education.

Another community resource that serves this area is the Southwestern Indiana Suicide Prevention Coalition (SWISPC) which meets to discuss ways to help prevent suicide. Also, The Hope Team whose aims is to reduce suicides and suicide attempts through education and support. Finally, the Speakers Bureau which is organized by Deaconess Cross Point and offers community speakers to speak on a wide range of mental health topics (Deaconess, 2024). Additionally, Deaconess Hospital provides several trainings at no cost to the community, these include QPR, Yellow Ribbon, Applied Suicide Intervention Skills Training (ASIST), Accessing and Managing Suicide Risk (AMSR) and Mental Health First Aid.

## **Evidenced Based Practice and Intervention**

Evidenced based interventions have been implemented to address this public health issue. One such intervention is offering financial incentives and training for mental health professionals in rural settings. The National Health Service Corps (NHSC) has provided an estimated 1,100 mental and behavioral health providers to rural setting. One in three NHSC professionals provides care in a high need area (Morales et al, 2022). While this does increase the workforce, follow up analysis shows that only half of these NHSC alumni stayed near their original location. The strength of this intervention is it helps get mental health providers to rural communities, it's weakness; it is expensive, and it does not always succeed in keeping providers established in the community long term.

Another evidenced based intervention to address provider shortage is the use of telehealth technology. Digital Mental Health Interventions (DMHI) offer a solution to individuals living in rural communities and facing access issues. DMHI's can expand access to mental health providers (Graham et al, 2021). The author goes on to explain that in addition to addressing access issues, DMHI's can address concerns over Stigma of receiving mental health service as this service can be provided outside of the brick-and-mortar healthcare setting. These services can be received via smartphone, tablet and/or computer. One weakness is that technology can be somewhat limited in rural areas due to cost and issue regarding broadband. However, use of this technology is increasing.

The landscape of telehealth changed drastically during the COVID-19 Pandemic. The use of telehealth services has increased significantly over the past 5 years. In their narrative review of 15 studies, Butzner and Cuffee (2021), concluded there are many benefits to the use of telehealth technology in rural communities. The benefits they share include, decrease in patient travel time

and cost, decrease need of health care staffing, lower health care resources utilization, better staff recruitment and retainment, improved access, and better training for providers and patients. Some drawbacks of telehealth noted by the authors include having tele-visits with unfamiliar providers, loss of connectivity, and concerns with WIFI access in rural areas (Butzner & Cuffee, 2021). The authors go on to note that while outcomes are positive, there is more need to study these interventions, especially in rural communities.

The Indiana Rural Health Association and rural hospitals in Indiana have established a partnership for the use of telehealth technology in the health care known as Crossroads Partnership for Telehealth. This initiative was designed to build a successful platform that will enhance mental health access and awareness. It will do this by having behavioral health specialist who can consult with rural physicians via telehealth technology, bringing valuable specialty care to rural hospitals (Indiana Rural Health Association, 2019). The goal of this partnership is to reduce ED visit length, provide time sensitive and evidenced based treatments, reduce drive miles, provide a safe space for visits, provide a means for patients to stay at their local hospitals, reduce cost, and increase the advancement of tele-behavioral health services (Indiana Rural Health Association, 2019).

### **Priorities and Recommendations**

Research supports that there is a direct correlation between limited access to mental health services and increased community suicide rates. Addressing this public health issue is a matter of life or death. Without an innovative solution, these rural communities will continue to succumb to higher suicide rates than their urban neighbors. This assessment highlighted a few main factors that lead to barriers in access to care. These factors include limited capacity of specialty care providers, access or travel distance/time to specialty care, and the stigma associated with seeking

mental health services in a rural community. These are three factors to target to improve access to mental health services.

To not create new efforts, one innovative solution would be to model the Crossroads Partnerships for Telehealth but utilize it within primary care settings. When individuals present to primary care for annual well visits with suspected or diagnosed mental health disorders, they should be connected in the same visit with a mental health profession via telehealth technology. This referral and additional appointment should be seamless. Partnership with primary care offices should be established to have a designated room set aside that is set up for this tele-visit. By providing the visit simultaneously with the already existing primary care visit, we are taking away the patients need to schedule, take off work for, and travel to another appointment. Additionally, by having these appointments take place in what is perceived as a primary care office, stigma can be removed. The added benefit of this model is that in addition to access to a specialty telehealth provider, the patient is still in the physical presence of medically trained staff who know them and who they have a previously established trusted relationship.

Assessing the effectiveness of this proposed intervention could occur in two ways. Firstly, by developing a survey for patients to establish their feedback on whether this intervention was helpful. Determining if they felt that this removed the barrier of access, capacity, travel, and stigma. Additionally, assessing after a specified period if people are utilizing the program. An additional way to determine if this intervention is successful is to watch rate of attempted suicides and suicides within the community over a 5-year time frame. As the overall goal is the decrease the amount of life loss to suicide and increase quality of life determining if this is achieved is the best way to assess if the intervention is successful.

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## Appendices

### Appendix #1- Epidemiologic profile/ Infographic

