



Rural Mental Health Needs among Older Adults: Policy Academy Reflections

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SAMHSA's mission is to reduce the impact of substance misuse and mental illness on America's communities.
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Invite you to participate in the
E4 Center Pennsylvania Policy Academy

In the context of COVID-19, the needs and health disparities of older adults have been laid bare. Older adults with mental health and substance use issues have faced even greater disparities, as social isolation, loneliness, limited access to health care and support structures, and the stigma of behavioral health treatment have led to exacerbation of health issues and increases in “deaths of despair.”

As vaccinations rise, and our world begins to return to some new normal, many older adults – especially those with mental health and substance use issues – will not just bounce back. How do we plan for long term and secondary effects of the pandemic for older adults?

Meeting these needs will require collaboration across state and county entities to build bridges and identify policy actions needed to support recovery. The E4 Center and P4A invite participants from the Department of Aging, the Office of Mental Health and Substance Abuse Services, the Office of Mental Health and Substance Abuse Services, the Office of Long Term Living, the Department of Drug and Alcohol Programs, the Office of Advocacy and Reform, the County Mental Health Administrators, the County Drug and Alcohol Administrators, managed care organizations, providers associations, and National Alliance of the Mentally Ill, and other significant leaders to discuss local issues and resources to create solutions.

You are invited to participate in three Zoom meetings, with technical assistance follow-up.

Policy Academy meetings will be facilitated by E4 Center Leadership Team members Steve Bartels, MD, Fred Blow, PhD, Erin Emery-Tiburcio, PhD, and Robyn Golden, LCSW.

Meeting¹

The first meeting will include a brief presentation about unique issues in older adult mental health and substance use. This will be followed by a discussion of addressing these issues with examples of programs that have worked to bring state organizations together in other areas by the E4 Center team. Participants will identify key local issues and begin to generate possible local solutions. (2 hours)

Meeting²

E4 Center staff will re-cap the first meeting and frame an agenda for breakout groups to then generate cross-sector collaborative ideas. (2 hours)

Meeting³

Participants will discuss ideas generated and produce joint action plans with goals, objectives, activities, timelines, designated lead and support responsibilities, communication, and meeting plans with technical assistance from the E4 Center team. (2 hours)

Pennsylvania schedule 2022:

Meeting 1: April 29
10am – 12pm ET

Meeting 2: May 13
10am – 12pm ET

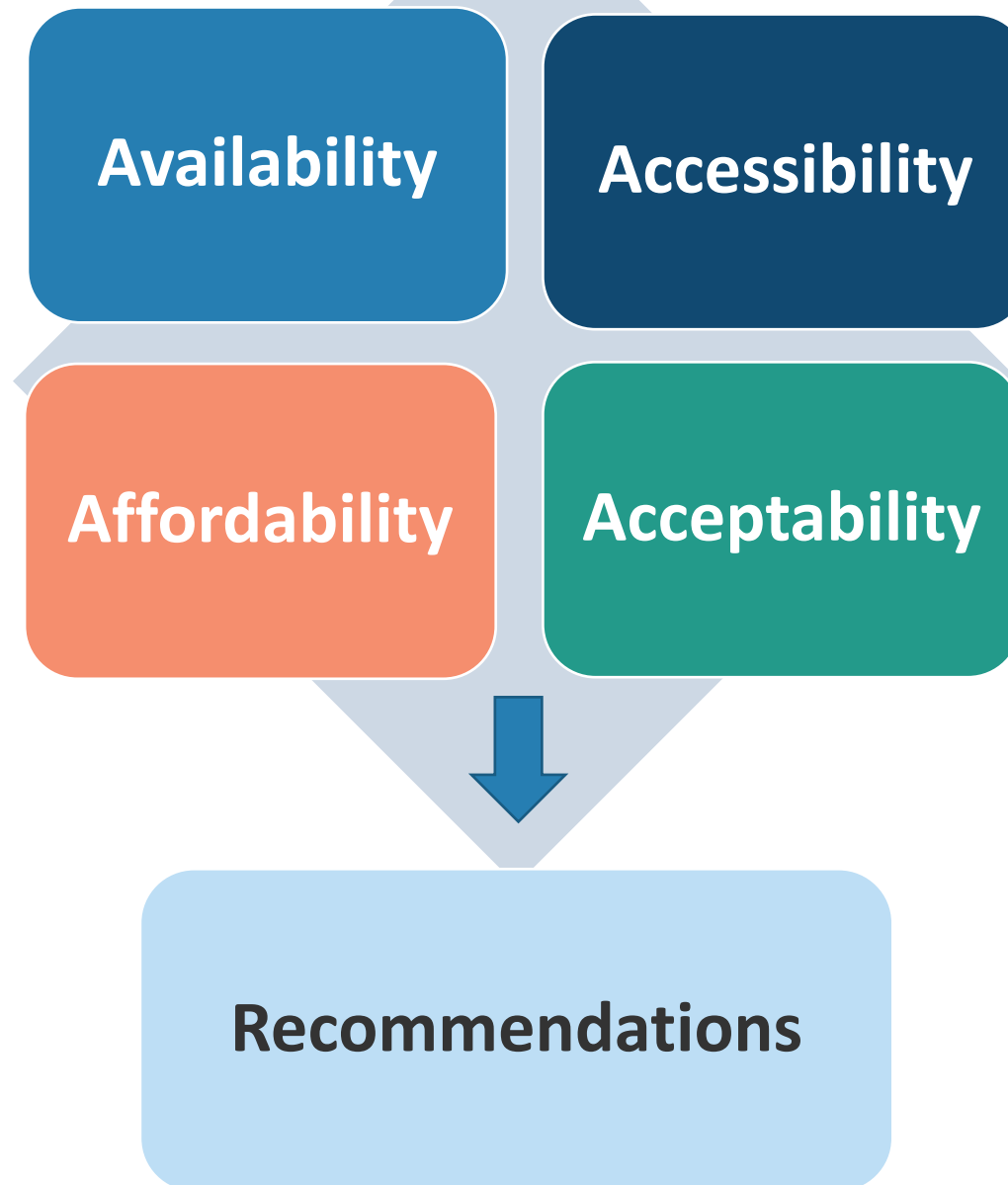
Meeting 3: July 8
10am – 12pm ET

Rural Older Adults

- Larger percent of older adults in rural areas¹
 - 18% rural; 15% suburban; 13% urban
- Rising rural poverty rates
- Higher risk of suicide²
 - Farmer suicide rate 3.5 times higher than general population^{3,4}

¹Pew Research Center, 2018; ²Morales et al, 2020;

³Steelesmith, et al 2019; ⁴Ringgenberg et al., 2018





- Fewer mental health providers^{1,2}
- 50% rural counties have no psychiatrists, psychologists, or social workers³
- Very few geriatric specialists
- Younger workers leaving rural areas > fewer caregivers⁴
- Very little supportive housing⁵ leading to inappropriate nursing home placement⁶

¹Mauri et al, 2019; ²Gale et al, 2019; ³HRSA, 2023;

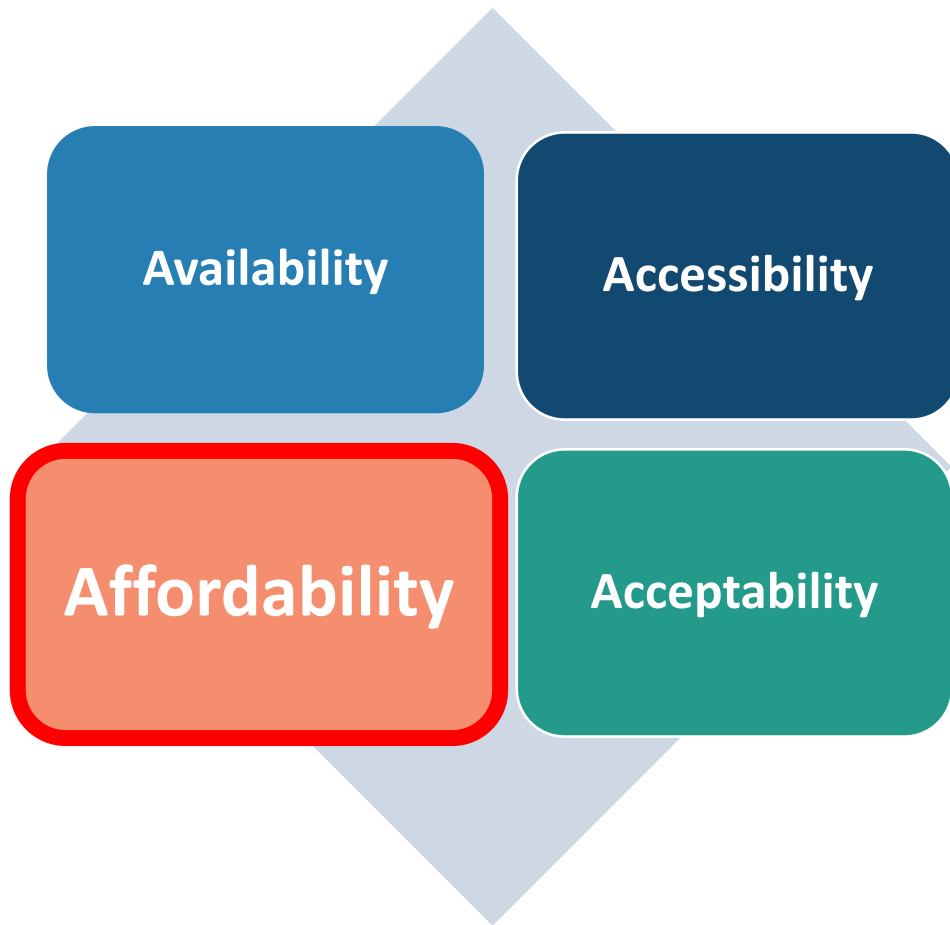
⁴Pew Research Center, 2018; ⁵Dohler et al., 2016;

⁶Barooah & Nadash, 2022

- Lack of transportation¹
- Few accessible facilities
- 22% Americans in rural areas have no internet²
- Rural older adults less likely to access telehealth^{3,4}

¹Syed et al, 2013; ²FCC, 2020; ³Ng et al., 2022;
⁴Chu et al, 2021





- Lower income in rural areas¹
 - Transportation
 - Co-pays
 - Medications
 - Devices, internet for telehealth
- Medicaid expansion²

¹Symens Smith & Trevelyan, 2019; ²Guth & Ammula, 2021

- Higher rates of mental health stigma in rural areas¹, especially among older adults²
- Privacy in small towns³
- Lack of trust in unknown medical professionals⁴



¹Cheesemond et al, 2019; ²Stewart et al, 2015;

³Broffman et al., 2017; ⁴Saunders et al., 2019



Recommendations

- Require and provide geriatric training for mental health workforce
- Co-locate mental health services where older adults already go and trust: senior centers, Area Agencies on Aging, primary care, churches
- Expand reimbursement for peer supporters and community health workers
- Implement Biden's rural broadband plan
- Include age as an element of equity in DEI efforts; provide training in ageism
- Increase federal and state funding for supportive housing for older adults with mental health, substance use, and chronic medical conditions