

MENTAL HEALTH TREATMENT
for
RURAL POOR AND MINORITIES

National Institute of Mental Health

MH65709

Principal Investigator:

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Introduction



The *Mental Health Treatment for Rural Poor and Minorities* research grant, funded by the National Institute of Mental Health (MH65709) examines disparities in mental health treatment experienced by rural residents, with specific emphasis on the rural poor and members of racial and ethnic minorities.

The sources of data for this research are the *Medical Expenditure Panel Survey* 1996-1999, the *National Health Interview Survey* 1995-1998, and the *Area Resource File*.

Headed by the Principal Investigator, Emily J. Hauenstein, PHD, LCP, RN, Professor of Nursing and Director of the Southeastern Rural Mental Health Research Center, University of Virginia, the research team (see Faculty) have completed analyses of urban-rural disparities in any type of mental health treatment, and mental health specialty care by residence, gender and race, and by access to treatment.

Major Findings



The findings of our research clearly point to different rates and patterns of mental health treatment for residents of remote rural areas when compared with urban areas.

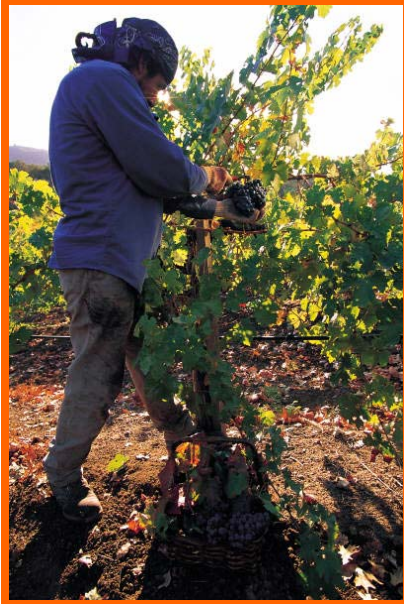
Overall Urban-Rural Observations

- Rural residents are more likely to be poor, unemployed and uninsured when compared to residents of metropolitan areas.
- Persons in the most rural areas were about half as likely as persons in metropolitan areas to be enrolled in a managed care plan (21.6% compared to 42.3%).
- Fewer rural residents report “very good” or “excellent” mental health when compared to urban dwellers.
- Residents of metropolitan areas are 1.5 times more likely to receive mental health treatment than are those living in rural areas with a population of 2,500 residents or less.
- Residents of metropolitan areas are more likely to characterize their mental health treatment as “psychotherapy/mental health counseling” than are residents of rural areas.

Gender-Specific Findings

- While women obtain more mental health treatment than men, urban women maintain the same 1.5 advantage for mental health treatment when compared to women living in the most remote rural areas.
- Urban men are almost twice more likely to obtain specialty mental health treatment than are men from the most remote rural areas.
- Both rural men and women receive more mental health treatment than urban residents when they also report that they are experiencing a marital separation.

Major Findings - continued



Ethnic Findings

- There are no urban-rural differences in rates of treatment for African Americans or Mexican Americans.
- Overall, members of these ethnic groups receive less mental health treatment than do non-Hispanic whites, but in rural areas that disparity does not exist.

Other

- Unlike urban dwellers, rural residents who report poor *physical* health are nearly 3.6 times more likely to obtain mental health treatment than are those who report excellent *physical* health.

Rurality



Rurality is defined using the Rural-Urban Continuum Codes (RUCC) developed by the Department of Agriculture (Butler & Beale, 1994).

This roughly ordinal scale groups all counties in the United States into 9 categories according to three criteria: absolute population size, population dispersion, and physical proximity to Metropolitan Statistical Areas (MSAs) (1 being most urban and 9 least).

For these analyses the 9 RUCC categories were further divided into three distinct groups of counties: metropolitan or MSA, least rural Non-MSA, and most rural Non-MSA. The research sample included 26,567 respondents reside in MSA counties, 4,691 in least rural Non-MSA counties, and 2,447 in most rural Non-MSA counties.

Rurality- continued



Table 1: Rural-Urban Continuum Codes

Codes	Description
Metropolitan Counties (MSA)	
1	Counties in metropolitan areas with a population of 1 million or more
2	Counties in metropolitan areas with a population of 250,000 to 1 million
3	Counties in metropolitan areas with a population of less than 250,000
Nonmetropolitan Counties (Non-MSA)	
<i>Least rural</i>	
4	Urban population of 20,000 or more, adjacent to a metro area
5	Urban population of 20,000 or more, not adjacent to a metro area
6	Urban population of 2,500 to 19,999, adjacent to a metro area
<i>Most Rural</i>	
7	Urban population of 2,500 to 19,999, not adjacent to a metro area
8	Completely rural or with an urban population of less than 2,500 adjacent to a metro area
9	Completely rural or with an urban population of less than 2,500 not adjacent to a metro area

Butler MA, Beale CL. *Rural-urban continuum codes for metro and nonmetro counties, 1993*.
Washington, D.C.: U.S. Department of Agriculture, Economic Research Service.

Manuscripts



Manuscripts Accepted for Publication

- Hauenstein, E.J., Petterson, S., Merwin, E., Rovnyak, V., Heise, B., & Wagner, D. 2006. Rurality, Gender and Mental Health Treatment. *Family and Community Health*.

Manuscripts Under Review

- Hauenstein, E.J., Petterson, S., Rovnyak, V., Merwin, E., Heise, B. & Wagner, D. Rurality and Mental Health Treatment.
- Petterson, S., Hauenstein, E.J., Rovnyak, V., Merwin, E., Wagner, D. Racial and Ethnic Disparities in Rural Mental Health Treatment.

Manuscripts in Progress

- Characteristics of Mental Health Visits in Rural Areas
- Rurality and Access to Care for Mental Health Treatment
- Area Poverty, Access to Care and Mental Health Treatment in Rural Areas
- Mental Health Treatment and Co-morbidity across Levels of Rurality: Different Pathways to Care

Faculty



This study is being conducted by a multi-disciplinary team in various regions of the country.

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