Research & Policy Brief

Maine Rural Health Research Center • Institute for Health Policy *August, 1998*

Does Access to Mental Health Services Available for Rural and Urban Nursing Home Residents with Depression Differ?

The results of this study suggest that rural location affects the availability and type of mental health services available to nursing home residents with depression. Left untreated, depression is associated with higher levels of impairment in physical function and cognition, increased use of health care resources, and higher mortality rates. Depression among older adults is treatable, yet studies show that nursing home residents with depression have had less than a 10 percent chance of receiving mental health services. For rural residents there may be greater disadvantages in accessing mental health services due to the smaller size of rural nursing facilities and the limited availability of mental health specialists in rural areas. To better understand potential urban-rural differences in the types of services offered to nursing facility residents with depression, telephone interviews were conducted with Directors of Nursing in 121 Maine nursing facilities (91 percent response rate) to probe the level of screening for depression; facility staff training on depression; availability of mental health specialists; and perceived barriers to mental health service access.

Mental health services in Maine nursing homes are limited, and rural facilities face greater challenges in accessing mental health services than their urban counterparts. Fewer than half (44 percent) of all facilities routinely screen residents for symptoms of depression using a standardized instrument. Rural facilities were less likely to employ or contract with mental health providers (40 percent) than their urban counterparts (62 percent). Among facilities which employ or contract for mental health providers, rural facilities were less likely to have agreements with psychiatrists and psychiatric nurses. Rural facilities were also less likely to offer in-service training on mental health topics than were their urban counterparts. Rural providers were more likely than urban facilities to report frequent problems with lack of available services, distance to services, and long waits for appointments. The barriers reported by rural facilities may reflect underlying problems in the supply of mental health specialists in rural areas.

Current federal mandates to provide mental health services to nursing home residents may not be sufficient to overcome rural barriers to obtaining mental health specialists' services. Policy options discussed in this paper include: state-sponsored programs supporting interdisciplinary teams, with "circuit-riding" specialists, state-sponsored mental health training for primary care providers and nursing facility staff, using telemedicine and distance learning techniques, and outreach programs to extend community mental health services to nursing home residents.

Untreated symptoms of depression may serve as the proverbial "canary" for identifying facilities that fail to adequately provide for the mental health needs of residents. State policy makers should recognize the importance of state-sponsored initiatives in expanding effective mental health services to rural nursing facility residents. Such improvements will both improve the quality of life for residents, and reduce excess use of health care resources through amelioration of the secondary effects of depression.

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Established in 1992, the Maine Rural Health Research Center (MRHRC) is one of five national rural health services research and policy analysis centers funded by the federal Office of Rural Health Policy. The Center is also one of five rural managed care centers funded by the federal Agency for Health Care Policy and Research (AHCPR). The Center has three areas of special interest in its research agenda: (1) the availability, organization, and financing of rural mental health services, (2) institutional and community-based services for rural elders, and (3) changes in the organization and financing of rural health services.

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