



# MARYLAND

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## FAMILY POLICY IMPACT SEMINAR

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### Barriers to Mental Health Access for Rural Residents

The Maryland Department of Health and Mental Hygiene acknowledges that rural residents face conditions requiring special consideration in relation to health services. They also acknowledge variation in factors by region of the state affect health care needs including age, race, per capita income and unemployment; type of insurance payer and delivery system. Among the Maryland counties with slightly higher or high uninsured rates, 9 of 11 counties are rural. Barriers to mental health services by rural residents include:

- **Cost of Services and Medications**
- **Availability of Latest Science-based Mental Health Services**
- **Lack of Knowledge**
- **Isolation**
- **Stigma**

These barriers are reported in numerous federal and state reports. They are also identified in research summarized in the following paragraphs:

Physical and mental health are critical to the ability to work; to be productive, contributing citizens; and to effectively raise children. Research demonstrates that the likelihood of keeping or getting a full-time job increases with positive health and that poor health prohibits or inhibits employment. Major depression is strongly associated with under or unemployment. Children of mothers with major depressive disorder demonstrate poor overall functioning and are at risk for the disorder that often continues into adulthood and is associated with risk of suicide.

For people in poverty, there is a higher prevalence of mental and behavioral disorders that have negative impacts on the ability to work. *Rural families are more likely to experience poorer health than their urban counterparts; poor rural women are at a higher risk for mental health problems than their urban counterparts. Rural poverty rates are consistently higher and more persistent than urban poverty.*

Recent studies at the University of Maryland--College Park of rural mothers and fathers discovered higher levels of depressive symptoms than in the general population congruent with findings from a national study that 41% of rural women were depressed or anxious compared to less than 20% of urban women and that 40% of all visits to rural practitioners are due to stress.

Depressive symptoms may be related to lack of sufficient food for nutritional needs. A multi-state study of rural mothers, found that half lacked enough food and of those, nearly one-fifth had hunger present. That study also demonstrated that serious illness, injury and chronic health problems are present in rural families who are food insecure yet few people are screened for food security or nutritional adequacy.

Often rural residents are unaware of their mental health status, availability of services or their eligibility for services. A multi-state study of rural mothers found that far fewer acknowledged depression or anxiety as problem than tested for depressive symptoms. Both rural adults and adolescents may self-medicate through use of drugs and alcohol resulting in higher rates of alcohol abuse and dependence than among urban residents.

Health insurance facilitates access to, and payment for, health care to prevent problems or reduce their severity. Rural women lack health insurance more than rural men. In multiple studies, the cost of services is consistently reported as the primary reason that women do not seek mental health care. Many low-income workers do not have health insurance because they work less than full-time and therefore are ineligible for benefits. Lack of money to purchase medications was cited by a sample of rural Maryland mothers as a problem in treatment of their diagnosed mental health problems.

Due to low population density, geographical distance from large metropolitan areas, inclement weather, geographic barriers, lack of transportation and other reasons, many rural residents are isolated from services. Also, many rural counties have few or no inpatient mental health facilities or other mental health services easily accessible. Advances in prevention and treatment of mental health disorders are not well diffused among rural health care providers. Limited rural health services, and/or services that are not in keeping with current science, increase the odds that people will not get care to prevent problems or reduce their severity in a timely manner.

The culture of rural areas, including a history of self-sufficiency and lack of anonymity, inhibits rural residents from accessing available assistance. As one rural, Maryland mother said:

*"My counselor said, 'mental disorder is just like diabetes. With diabetes you have to take medicine. With mental disorders, you also have to take medicine.' Well, that's all great and wonderful, now tell the public that."*

Additional copies of this and other briefs available at:

<http://www.hhp.umd.edu/FMST/fis/MDresources.htm>

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