

Strengthening Mental Health Care in Southwest Virginia

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Purpose

The novel coronavirus-19 (COVID-19) pandemic was followed by a sharp increase in psychiatric crises, overdoses, and suicide attempts, which can be especially devastating in rural areas (Porter-Nichols, 2022). Because of a lack of adequate health care services in rural areas, the mental health needs of nonmetropolitan adults are often left unmet. In rural Southwest Virginia, the increased need for mental health services post-COVID-19 puts additional stress on their already under resourced and understaffed mental health care system (Porter-Nichols, 2022). This policy brief will explore mental health access in Southwest Virginia and the benefits of integrated primary care as well as provide insight on how to strengthen the mental health care system.

Rural Care Accessibility

While the prevalence of poor mental health does not differ among rural and urban residents, the services that are available depending on where one lives do (RHlhub, 2021). Nationwide, rural areas do not have adequate health services that are readily available, and this especially applies to mental health care (RHlhub, 2021). The barriers that rural residents face in accessing mental health services are influenced by the “four As”: accessibility, availability, affordability, and acceptability.



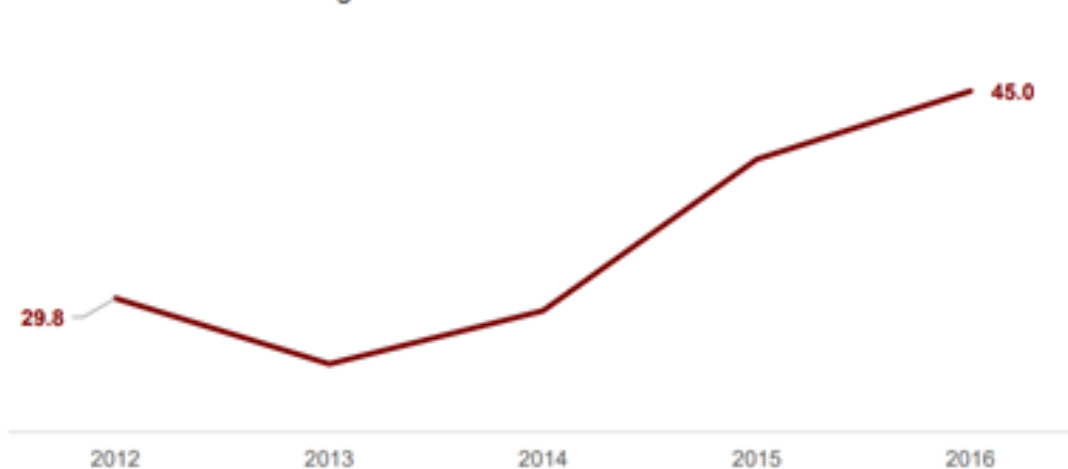
(RHlhub, 2021)

In Southwest Virginia...

Compared to the rest of the state, Southwest Virginia (SWVA) has the state's poorest health outcomes. The 2022 County Health Rankings report created by the University of Wisconsin Population Health Institute shows that nine cities and counties in SWVA rank towards the bottom of all VA localities. Specifically, the cities of Bristol and Norton, as well as Buchanan, Dickenson, Lee, Russell, Smyth, Tazewell, and Wise counties are ranked along the bottom 25% of Virginia's 133 localities. The rankings are based off health outcomes and their underlying risk factors, such as accessibility to services, food insecurity, and substance use (County Health Rankings, 2022).

In the SWVA region, the number of residents per one mental health (MH) provider is 1,083. The SWVA county with the highest rate is Buchanan County with 3,796 residents per one MH provider. These rates are much higher than the VA rate of 730 residents per one MH provider. Additionally, the Narcan administration rate by EMS rose in SWVA from 2012 to 2016, shown by the graph below (People Inc., 2018).

Figure 27. EMS Narcan Administration Rate



The Virginia Code requires that every city or county establish, with other cities or counties, a Community Service Board (CSB)/Behavioral Health Authority (BHA). CSBs and the BHA are responsible for assuring the delivery of publicly funded community-based behavioral health and developmental disability services to individuals with behavioral health and developmental disability service needs. A recent [report](#) in 2022 by the Virginia nonpartisan Joint Legislative Audit and Review Commission’s (JLARC), “CSB Community Services Board Behavioral Health Services,” explained the systemic issues that CSBs face in VA. VA has 40 CSBs across 10 localities, and SWVA’s CSB serves Blue Ridge, Cumberland Mountain, Danville-Pittsylvania, Dickenson, Highlands, Mount Rogers, New River Valley, Piedmont, Planning District One and Southside (Weinstein, 2022). The report revealed mental health issues specific to SWVA:

The proportion of adults with a serious mental illness that are served by CSBs are **much higher** in **SWVA and the northern Shenandoah Valley** than **anywhere else in VA**.



SWVA was one of the two localities in VA that reported the **highest number of fatal drug overdoses**.



In a ten-year period between fiscal year 2012 and 2022, there was about a **10% increase** in the number of CSB consumers in **SWVA**.

(JLARC, 2022)

Integrated Primary Care in SWVA

In an interview with Joshua Bradley, Licensed Clinical Psychologist and Behavioral Health Director for Tri-Area Community Health, the benefits of integrated primary care (IPC) for SWVA as well as the needs of the community were discussed. Tri-Area Community Health is a Federally Qualified Health Center with clinics in Carroll, Franklin, Floyd, and Grayson counties, and they also have a behavioral health provider embedded in a medical practice in Patrick County.

IPC is a practice that makes it possible for a patient to receive both physical and mental health care within the same organization. Research shows that patients are more likely to follow through with a behavioral health referral when the service is provided in their primary care office rather than having to go somewhere new (Slay & McCleod, 1997).

Bradley named some other benefits of IPC in SWVA, such as reducing the stigma around seeking mental health treatment; because patients can receive mental health treatment in a primary care setting rather than going to a behavioral health office, patients benefit from more privacy. Tri-Area Community Health also strives to make mental health services more affordable; Bradley explained that if a patient cannot afford to pay the fees for a counselor, social worker, or psychologist, they are able to seek services from a doctoral student at the clinic free of charge.

Current Policies and Programs

“Right Help, Right Now” is VA Governor Glenn Youngkin’s new three-year long behavioral health redesign plan at Parham Doctor’s Hospital in Henrico County. The plan’s goal is to close treatment gaps to address the insufficient crisis care in the state and to resolve mental health workforce shortages. As part of the plan’s budget, \$58 million is going to SWVA and Hampton Roads to increase the number of Crisis Receiving Centers and Crisis Stabilization Units, which fully funds the number of necessary centers in the two areas.

Virginia Behavioral Health Student Loan Repayment Program (BH-LRP) was established by the Virginia 2021 General Assembly to help recruit and retain behavioral health (BH) professionals in underserved areas in VA and/or provide counseling and treatment to underserved populations. The program incentivizes BH professionals by paying a portion of their student loan debt in return for a two-year commitment of practicing in an underserved area.

Recommendations

- *Strengthen the existing IPC model in SWVA.* IPC models are particularly useful in rural areas as they can meet the wide range of needs within a rural community and minimize barriers to treatment while still providing quality care (Selby-Nelson et al., 2018). Strengthening the existing IPC model by implementing recruitment and retention programs or providing funding may ensure that the mental health barriers that SWVA community faces will continue to minimize, thus improving the population health.
- *Implement prevention strategies like social and emotional learning in schools.* By providing targeted education around mental and behavioral health to rural youth, there may be increased knowledge and more acceptability around mental health that is being instilled at a young age.
- *Spread information through multiple avenues in the community.* Since those living in rural areas are more prone to having limited access to technology, other strategies must be utilized in spreading information about where to find mental health care. This could include putting up flyers in popular spots within the community, handing out brochures that contain mental health information, or partnering with [**Mental Health First Aid**](#) to provide community training.
- *Dedicate a month towards mental health education.* In the interview with Bradley, he explained that their community deemed March as their technology month where short informational videos are released to the community to advance technological literacy. For example, one video was explaining what a peer-reviewed journal is. Spreading mental health information in an easily digestible form may result in more acceptability around seeking treatment and more accessibility to accurate mental health knowledge.

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Virginia State Office of Rural Health

“*The Virginia State Office of Rural Health (VA-SORH) was established in 1991 to create, fund, and support quality and sustainable rural healthcare infrastructure throughout the Commonwealth of Virginia. The VA-SORH is housed within the Virginia Department of Health, Office of Health Equity, and is the sole organization in Virginia that is federally designated to address and rectify health disparities affecting the state’s rural residents. The mission of the office is to partner with rural communities to identify opportunities and long-term solutions that ensure the health and prosperity of all Virginians. The VA-SORH fulfills this mission through providing technical assistance, regulatory updates, resources, and opportunities for collaboration with communities.*”



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