

Frontier Education Center – Issue Paper

Access to Mental Health and Substance Abuse Services in Frontier Areas Time for a New Generation of Providers

ISSUES

- Barriers to the delivery of mental health and substance abuse services have been identified and studied for a number of years and the problems still persist and in many cases are getting worse.
- The number and locations of existing training programs are insufficient to meet the needs.
- Recruitment and retention of professionals by sparsely populated, geographically isolated communities is next to impossible.
- State and federal support for training programs is shrinking.
- The benefits of telemental health are well documented but in many cases the best outcomes are in conjunction with service providers in the community.
- Numerous studies have identified both solutions and successful model programs, which could be replicated.

WHERE TO GO FROM HERE

Cross-Training

Primary Care Providers

The Frontier Mental Health Services Network (FMHSN) studied the quantity and quality of mental health and substance abuse services provided by primary care providers in small rural and frontier communities. There are several ways to improve the quality of these services.

Circuit-riding professionals: To provide CQI, case reviews, on-site consultation with patients, oversight of pharmacological management.

Mini-residencies: Either on-site, weekend programs or distance learning.

School Counselors and School Nurses

In many frontier communities, these are the default mental health and substance abuse providers to the school age population and often to their families. There needs to be both a recognition of this reality and a plan for providing the skills necessary to manage crisis intervention, triage, and appropriate referral.

Work with the National School Boards Association, the American Association of School Administrators, and the National Association of School Nurses and other relevant groups to address this issue.

Identify resources, which can be easily and economically provided to school personnel. For example: Disseminate information about the American Psychological Association (APA) nationwide campaign called "Resilience for Kids and Teens," a program to help children and teens cope with stress and trauma. APA has produced

both a magazine, *Time for Kids*, a website designed for young people with help from MTV, and also an online brochure for teachers and parents.

[NOTE: Other default providers are law enforcement, EMS, religious leaders.]

New Providers

Alaska Behavioral Health Aide Program

The Community Health Aide (CHA) Program is a well-established system of training residents of remote native villages to be health workers. CHA's now provide up to 80% of the primary care needs of their villages. A career ladder has been established for these unique professionals, with many of them advancing to become Physician Assistants.

Now Alaska is looking to address the many mental health needs of remote villages by training villagers as behavioral health aides. These new providers will treat, triage, and refer mental health and substance abuse problems in their villages. Evaluation of this effort will provide useful information about the applicability of this approach to communities outside of Alaska.

Promotoras

The University of New Mexico was just awarded a grant by the Robert Wood Johnson Foundation to look at the use of *promotoras* (community health workers) as mental health practitioners. The title of the project is "Promotoras as Mental Health Practitioners in Primary Care: Reducing Economic, Cultural and Linguistic Barriers to the Treatment of Depression in Community Health Centers." This grant will provide important information about the use of community health workers in the multi-cultural environment of New Mexico.

Hub and Spoke Model

The Frontier Education Center is working with a small, tri-cultural frontier community in northern New Mexico to develop a system for coordinating a very fragmented non-system for mental Health and substance abuse services. The hub of the system is a social worker/case manager with professional support provided by the Rural Outreach Program of the Psychiatry Program at the University of New Mexico Health Sciences Center. In this community, family members currently receive services from 3 or 4 different part-time or adjacent community providers with nobody looking at the big picture. Some of the spokes are in nearby communities, an hour away, but others are a 5-6 hour roundtrip to specialized services, like child psychiatry, the VA hospital, etc. It will take a very special person to fill this role, because they will essentially be creating a new type of frontier provider.

Culturally Appropriate Care

Many frontier communities need very specialized care. This is especially the case where there are Native American, Hispanic and /or other immigrant or refugee populations. Increased awareness of the effects of Historical Trauma has demonstrated that many current training programs are not educating professionals able to treat the special problems in these communities. With very limited resources available, it is critically important that they are as effective as possible. This is yet another area where mini-residencies and other specialized training need to be made available. Culturally appropriate care, especially for mental health, is much deeper than language ability alone.