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BACKGROUND

- One in five adults and one in six youths experience mental illness each year.
- Approximately 7.7 million US rural residents (20.5% of rural adults) have any mental illness in 2020.
- Despite the similar prevalence of mental illness between rural and urban residents, rural-urban disparities in access to care have been well documented.
- Yet, literature on rural-urban differences in access to mental healthcare in the US has used various definitions to construct rurality, access and mental healthcare.

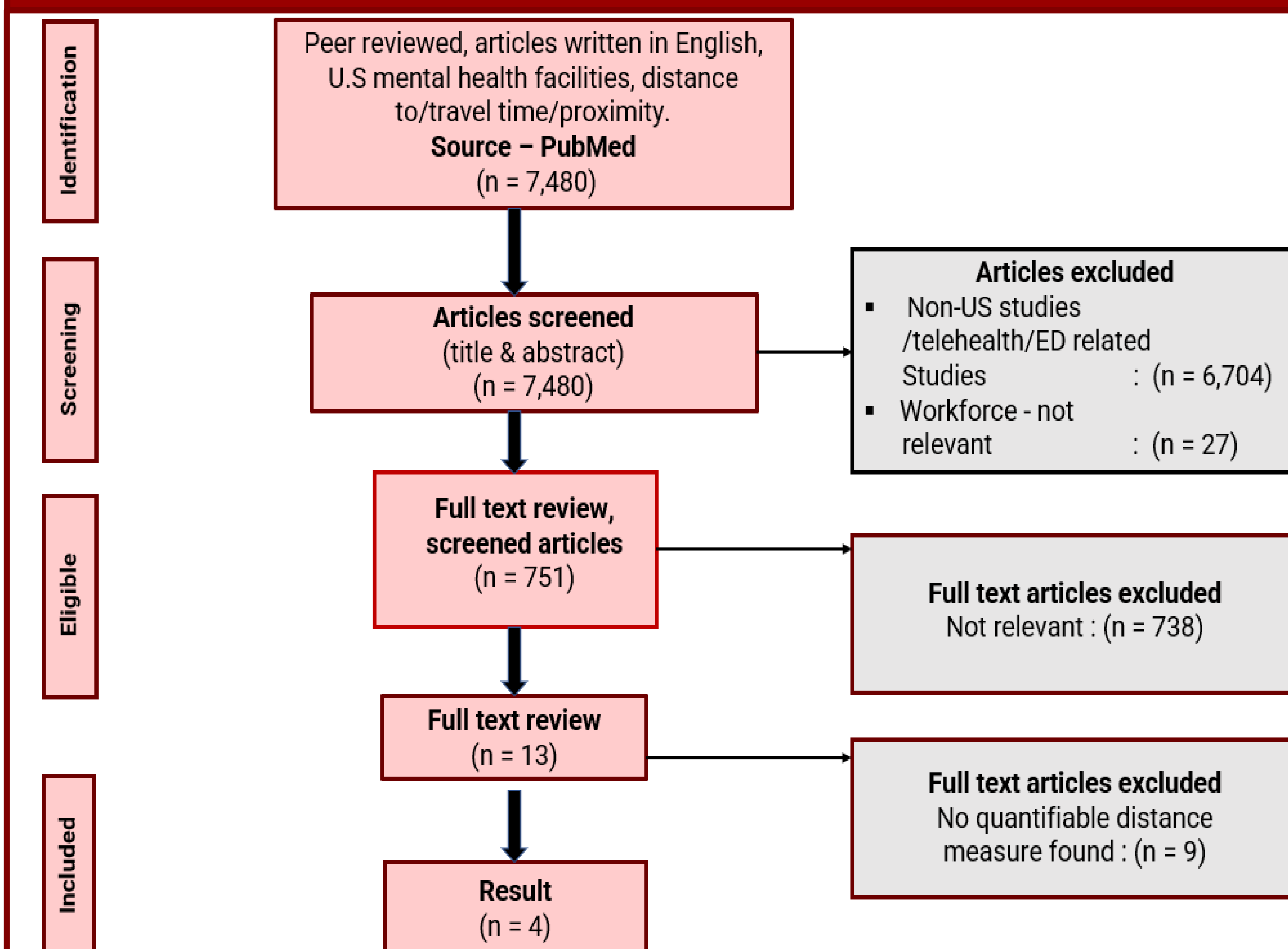
OBJECTIVE

- To synthesize historical evidence on the extent of rural-urban variations in accessibility to mental health facilities in the U.S.

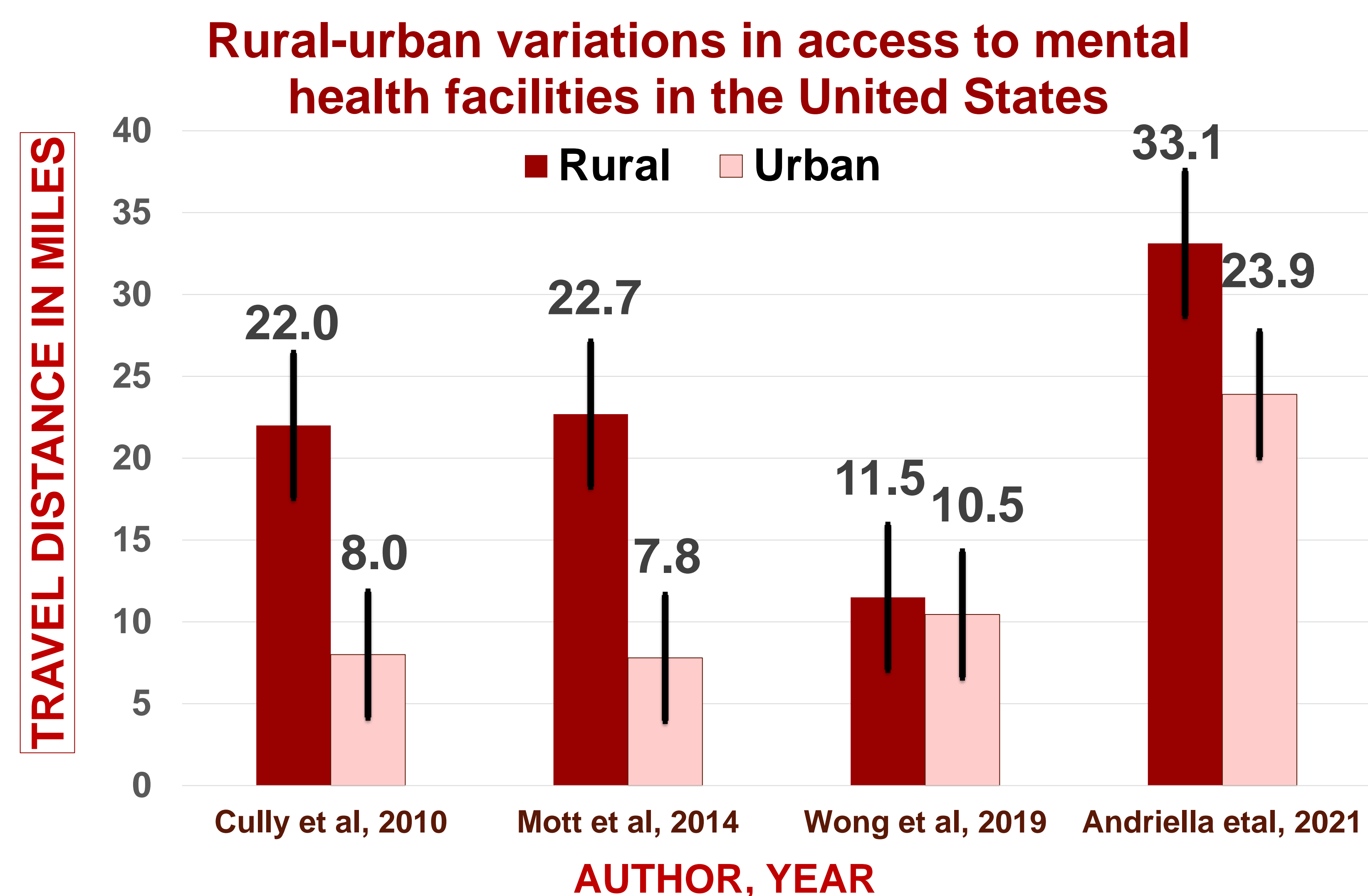
METHODS

- A systematic review was conducted following the PRISMA guidelines.
- Librarian-content expert identified key search term criterion applied.
- Search criterion was limited to articles that are written in English, peer-reviewed, those published in the U.S., those pertaining to rural-urban differences, access to mental health facilities, distance to facilities, travel time to facilities and geographic proximity.
- Non-U.S. studies, non-relevant workforce studies, studies pertaining to telehealth, and emergency medicine were excluded.

ANALYTIC FRAMEWORK



FINDINGS



RESULTS

- The definitions of “mental health care” encompassed multiple settings, including primary care clinics and community health centers, as well as specialized mental health settings serving youth and adults, veteran population, Medicare & Medicaid beneficiaries, and psychiatric inpatient units.
- Rural patients face increased distance to accessing mental health care compared to urban patients, resulting in increased severity of mental illness.

CONCLUSION

- Persistent rural urban disparities in travel distance to accessing mental health care exist.
- Rural residents face substantial heterogeneity in accessing mental health care.
- It is essential to incorporate geographic proximity to explore rural mental health initiatives.

ACKNOWLEDGEMENT

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