

# Understanding Oregon's Rural Community Mental Health Needs for Children and Families: Preliminary Findings of a Qualitative Assessment From Different Perspectives

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# Learning Objectives

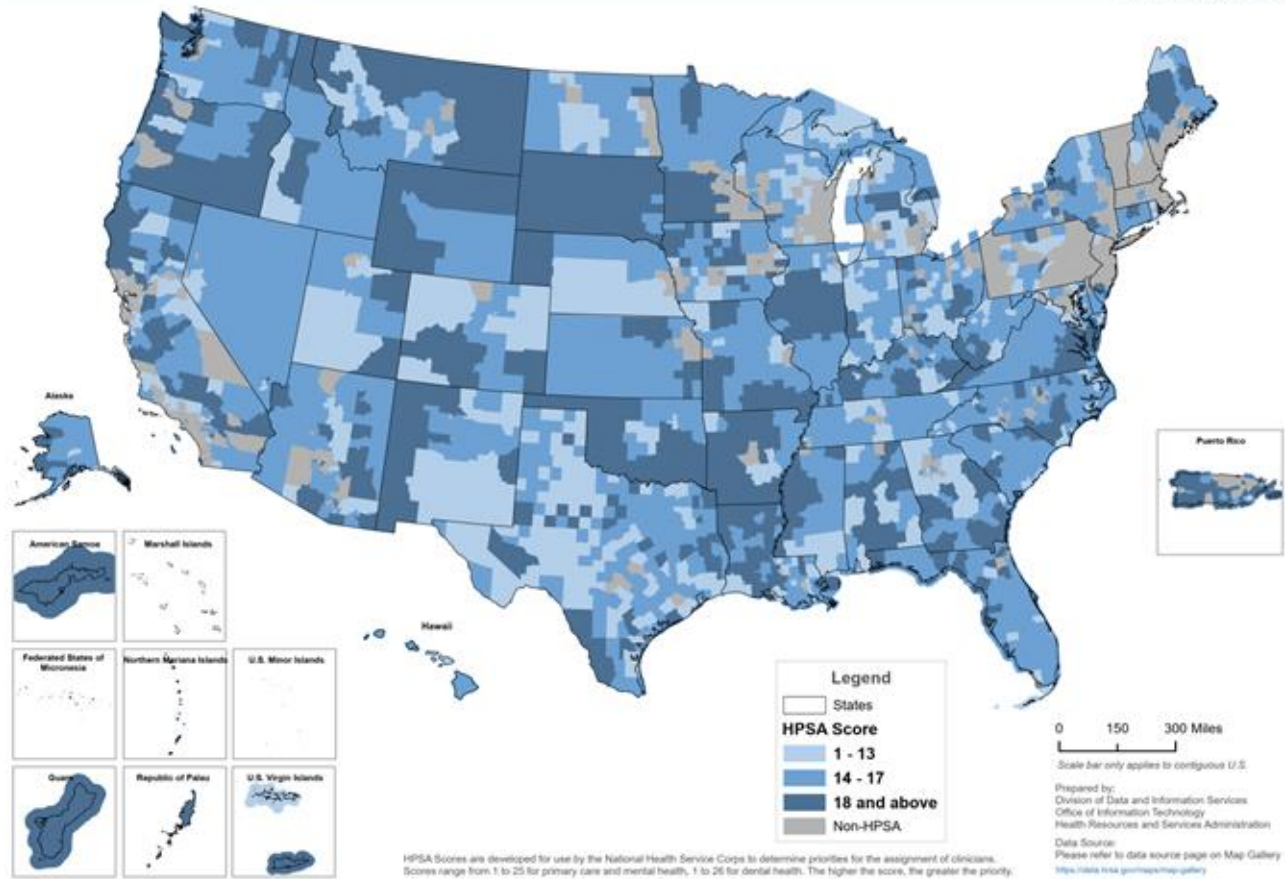
1. **Identify and understand the current barriers** providers, stakeholders, and families face in accessing and providing mental health care in rural Oregon
1. Recognize **successes** communities and providers have in addressing barriers and learning how to implement them within their own communities.
1. **Build connections and foster dialogue** centering around a typically marginalized/overlooked group of people.

# Introduction

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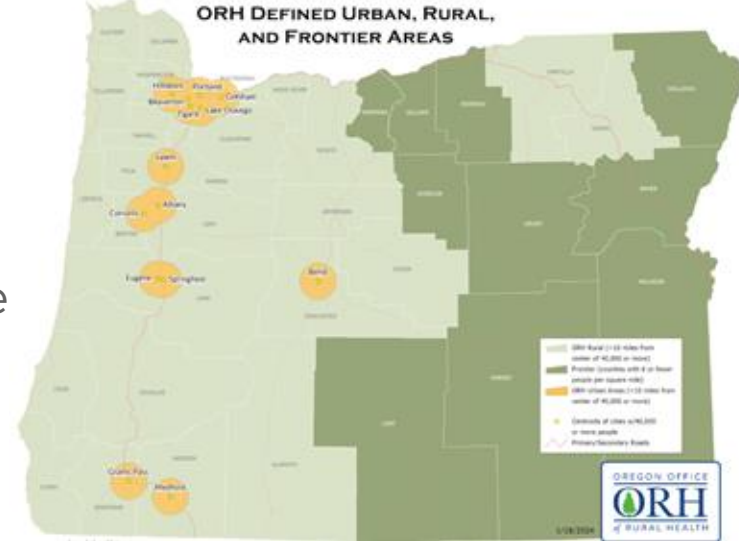
# Broader Significance

- National barriers in access to child mental healthcare
  - **18.6% of U.S. children (ages 2-8) living in rural areas** have mental, developmental, and/or behavioral disorders
- Rural-specific barriers
  - Stigma surrounding accessing care
  - Provider shortage and retention issues
  - Geographic isolation
  - Transportation
  - Higher poverty rates- 13.6% of rural population (21% of children under 5)

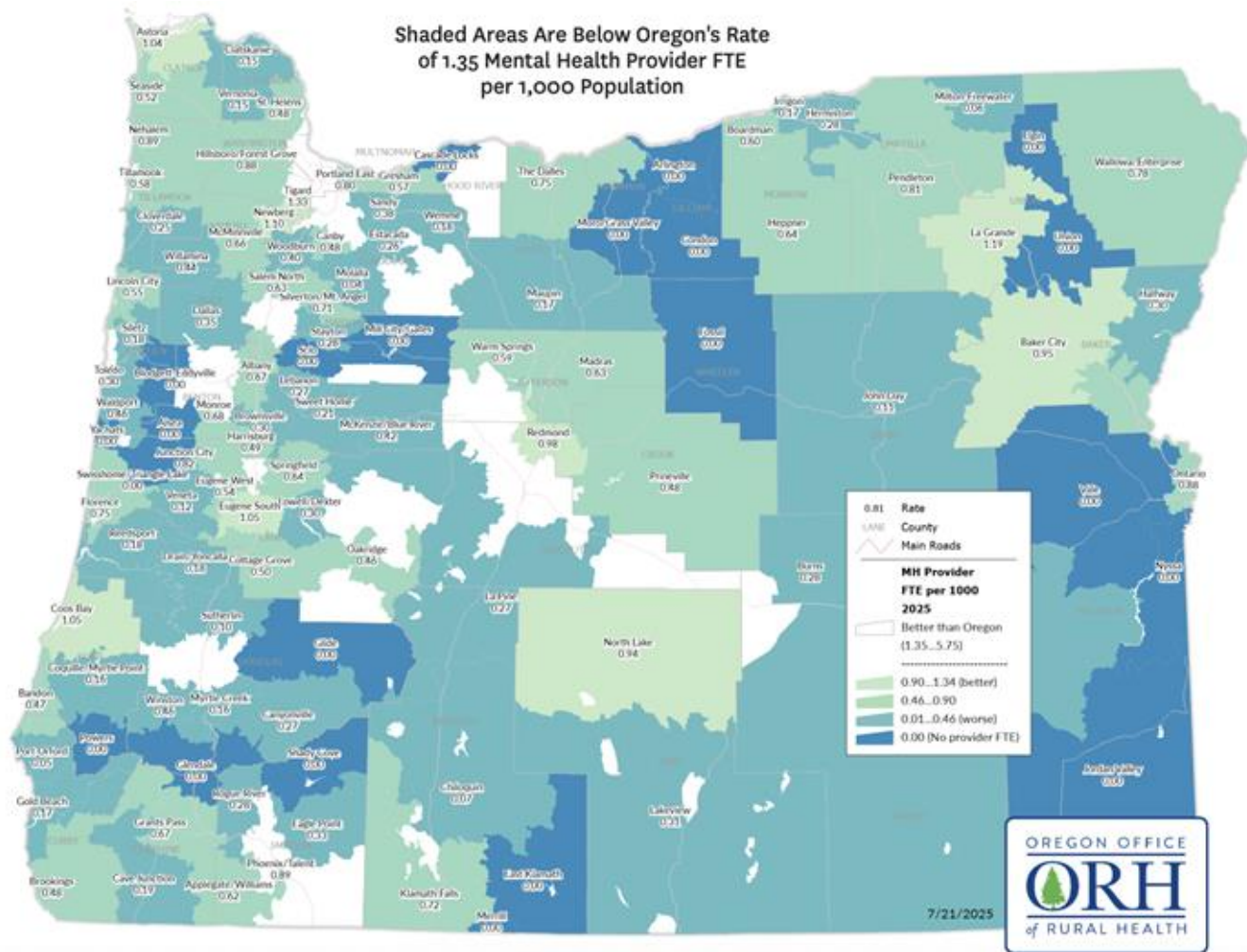


# Rural Oregon

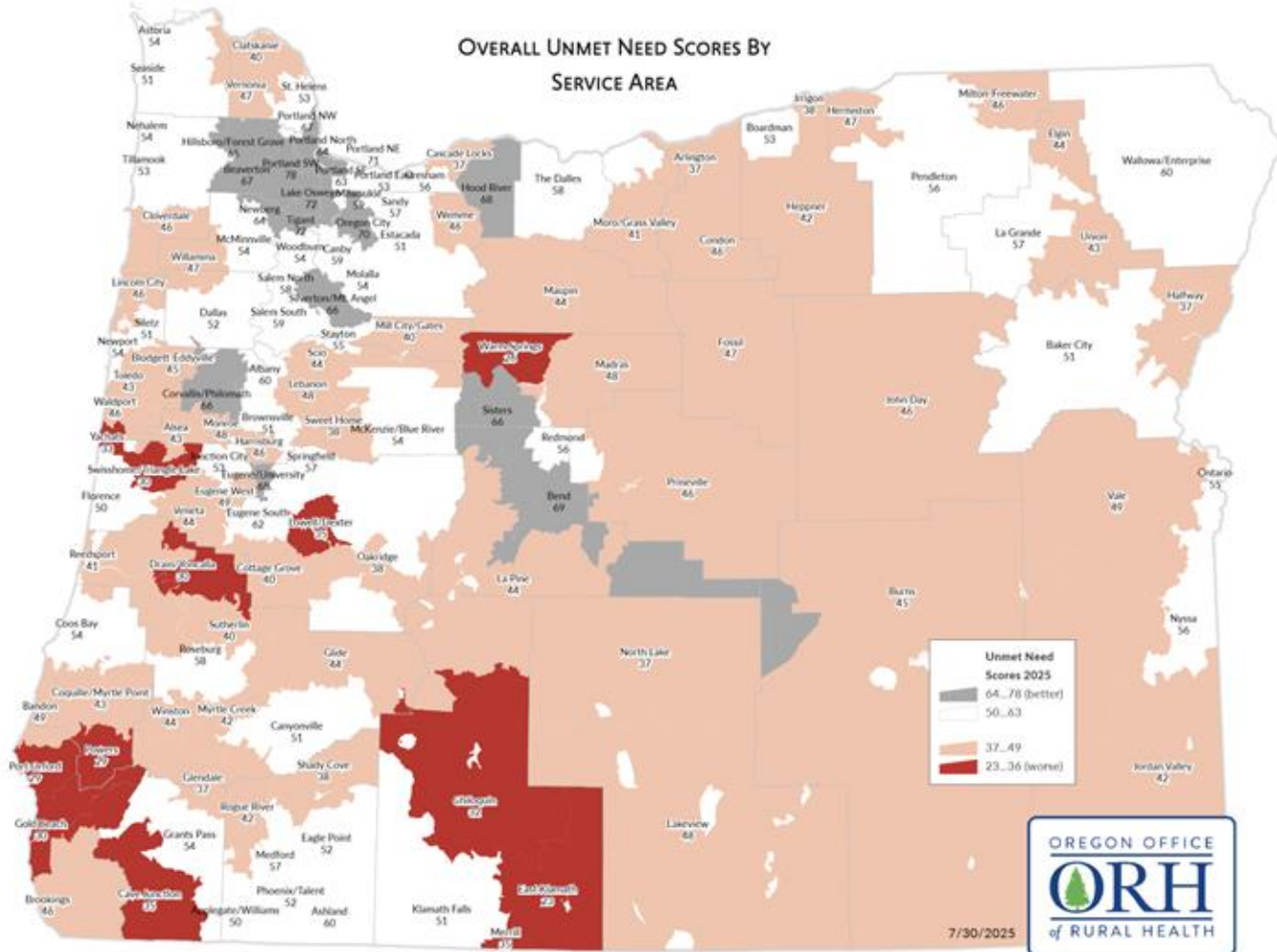
- **28.6% of Oregon children ages 3-17** have at least one mental, emotional, developmental or behavioral problem
- **47th out of 51 states** in high mental health issues and low access to services
  - 1.35 mental health providers per 1000 people
  - 0.61 In rural areas
  - **Majority** of Oregon's rural counties have <10 child and adolescent psychiatrists per 100k children and **all** of Oregon's frontier counties have <1 child and adolescent psychiatrists per 100k children



Shaded Areas Are Below Oregon's Rate  
of 1.35 Mental Health Provider FTE  
per 1,000 Population



## OVERALL UNMET NEED SCORES BY SERVICE AREA



# Why Invest on Youth?

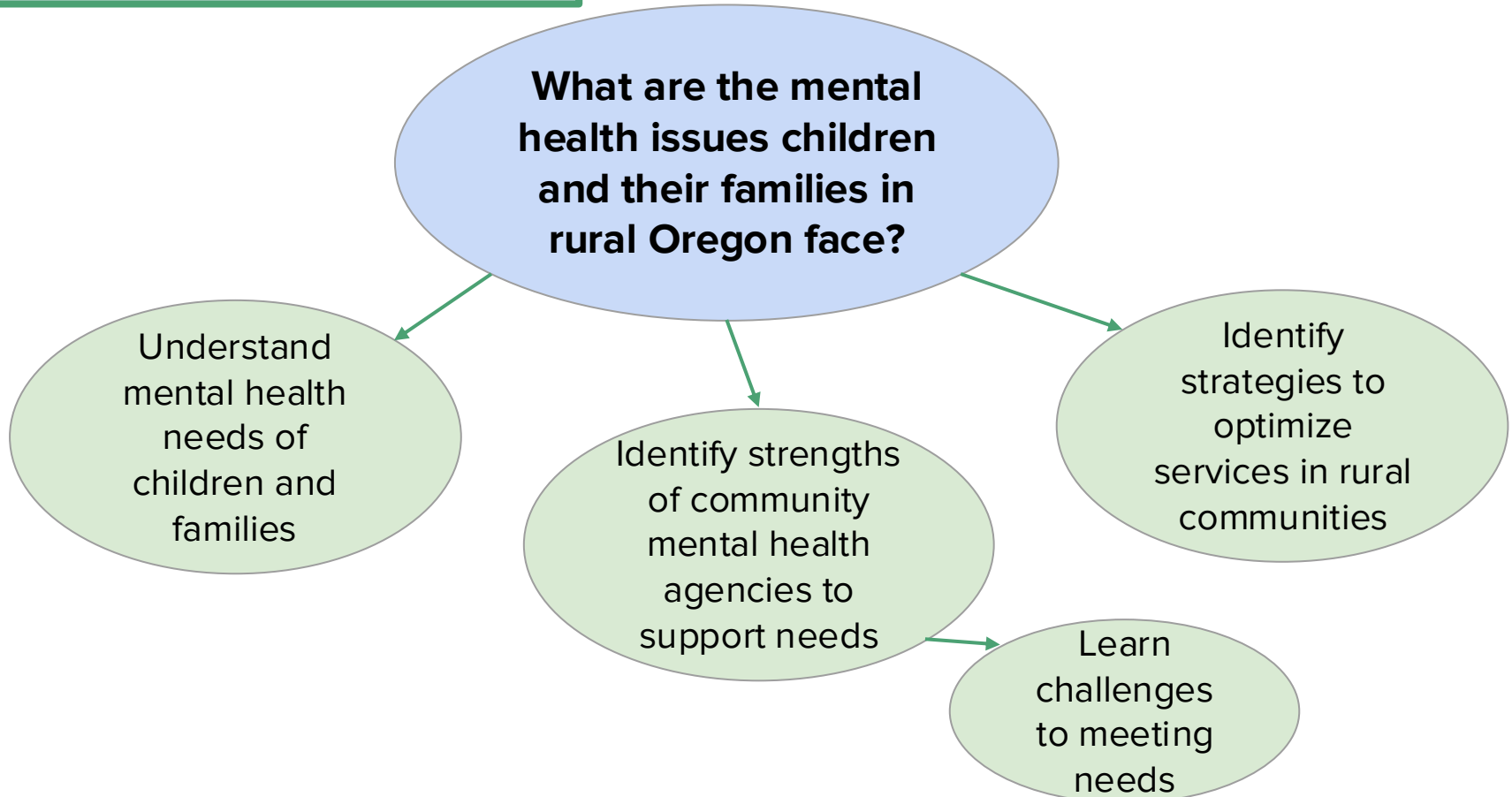
- **Prevention is critical** at both the individual and societal level
  - Promotion of resilience, strength, and general well being
  - Limiting future criminal activity
  - Mitigating risk of future suicide and other mental health conditions



# Initiation of Current Project

- Discussion with Oregon Health Authority (OHA) on Oregon's rural child mental health in the times of COVID-19
- Partnership with OHA
  - Creation of a **workforce development and retainment plan**
  - **Implementation** of plan to minimize barriers to rural Oregon's child mental health care
- Understanding the current landscape of Oregon's rural child mental health care

# Purpose and Goals



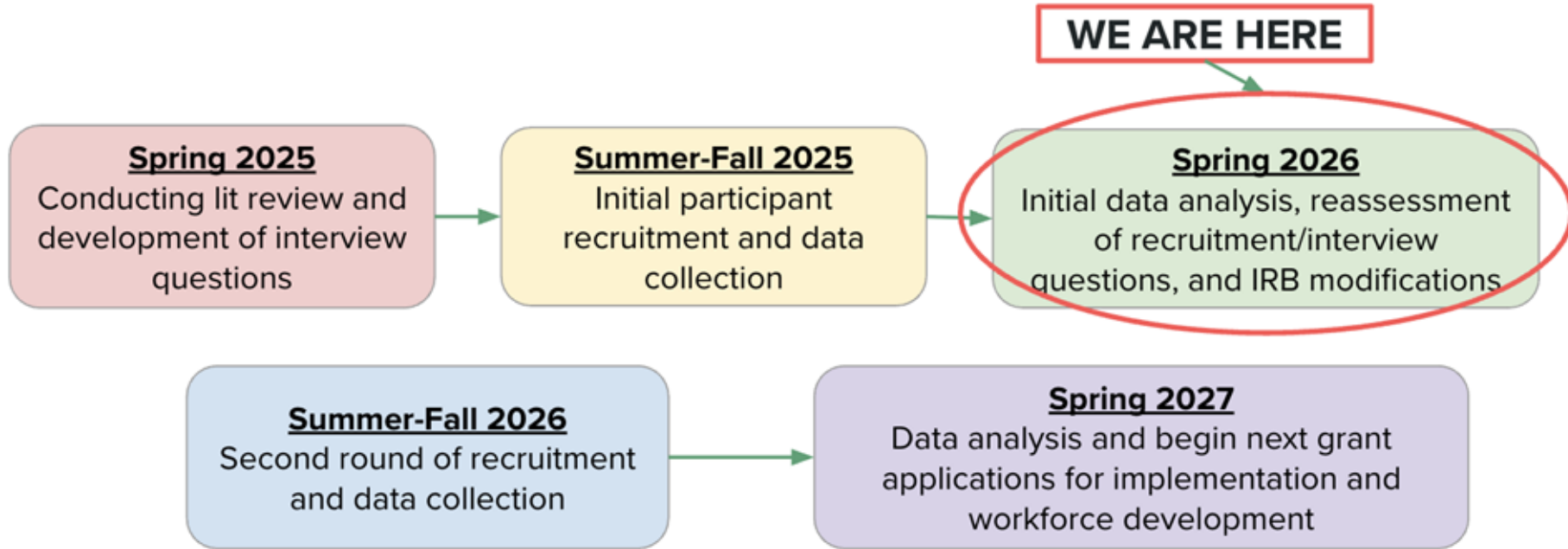
# Current Project

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# Exploring Current Needs in Rural Communities

- Population of focus: Children (up to 18) and their families living in rural Oregon
- Participants: 70 clinicians, community stakeholders, mental health advocates, parents, and anyone who has experience in rural Oregon child mental health
- Each participant is a part of a 1-hr semi-structured Zoom interview
- Asked about their roles and experiences in rural Oregon's child mental health

# Timeline



# Broader Interview Themes

- Understanding mental health needs of children and families
  - Demographics- client population
- PCIT (related to initial OHA discussion)
  - Appropriateness and fit
- Working in Rural Communities
  - Career- goals, incentives, trainings, and “why” work in this setting
- Successes participant’s experience or note in their roles
  - What is already working?
- Barriers participant’s experience or note in their roles
  - Challenges to providing (and receiving) care
- Solutions and Future Directions
  - What do you want to see?

# Preliminary Results

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# Preliminary Findings

- Responses 5 (first 5 participants)- stakeholders and providers
- 3 Providers and 2 stakeholders from rural counties throughout OR
- Today, we will be reviewing the **common themes and topics** discussed by these initial participants

# Understanding Mental and Behavioral Health Needs of Oregon's Children and Families

- Head Start closures
- Personnel shortage
- Commonly mentioned child mental health conditions
  - Attachment disorders
  - Trauma/PTSD
  - Mood disorders
  - Anxiety disorders
  - Conduct disorder
  - ADHD
  - Autism
  - Suicidality
  - Substance use disorders

# Parent-Child Interaction Therapy (PCIT)

- PCIT Barriers
  - Transportation
  - Poverty
  - Assumption of time and family availability
  - Domestic violence
  - Provider's space and office set up
  - Lack of adaptations- culture and age restrictions
- PCIT Strengths
  - Direct and live feedback
  - Very action-oriented
  - Quite effective
  - Parent aspect (relationship and care skills building)

“I don't necessarily feel like it's always as culturally sensitive as it could be, and you don't get parent buy in all the time.”

“I don't think there's any clinicians in ██████████ County that do PCIT. That's an hour-plus drive each way, minimally,”

“We're going to have to need more clinicians who do PCIT, and then more ability to, go into community settings where youth and families are. At schools and homes. But it's hard for therapists to be in community.”

“I could see that it is very beneficial. Also, families have to be ready for that kind of help, and families get to decide that they're ready for that, but if they have not reached that point, there are many other things that they're going to need to get to that point where they trust the process.”

“The reason I'm so passionate about it is that. I've seen it work. I know it works.”

“PCIT just gives them [adults raised in rural communities], like, hope on what parenting can look like in a guideline”

“when we think about kids that enter into the system, one of the main problems is that parental neglect relationship, caretaking, and that's where PCIT can come in.”

# Working in Rural Communities

- Close-knit community
- Presence of stigma
- Access to services
  - Provider retention concerns- lack of trainings, need for long-term incentives, location limitations
- Telehealth- viable option but not a replacement for in-person services

“Our communities band together when bad things happen, or when they need to get something done, and they have a way of getting that done that I don't see in communities that are bigger.”

“The starting pay just isn't good enough to bring a lot of diverse workforce into those areas. ”

“No upward movement is part of the reason people leave.”

“I personally would be more incentivized by, like, getting to have, like, good clinical supervision with somebody in the same expertise”

“I just don't know what'll happen long term, especially financially. Like, the pay is just not enough. It's not terrible, but it's not enough.”

# Successes in Care

- Listening to individual communities own concerns
- The State recognizes mental health as a priority (barriers just in the way)
- Having supportive supervisors
- Collaborating with communities, other providers/advocates on interventions- prevention campaigns, resource fairs, schools
- Inter-stakeholder and organization collaboration/communication
- Implementation of evidence-based interventions
  - Using “quantifiable” outcome measures
- Rural community relationships

“We just consistently talk to one another, and I think that helps us just be better providers.”

“And so to me, that's kind of what this community does is, like, they band together in these interesting ways....as long as we continue to collaborate and, like, work together for positive change for youth and their families, like, I'm here for it.”

“Rural communities are more resilient and collaborative than larger communities”

# Barriers to Care

- General intervention barriers
  - Systemic-insurance, over medicalization, lack of funding for prevention and intervention
  - **Provider salary**
  - Provider burnout
  - Provider retention
  - Shortage of specialists- ABA, PCIT
  - Increased travel
- Need for more primary prevention measures
- Cycles of intergenerational trauma
- Community and familial stigma to seeking and receiving care

“One of the hard parts I think about, like, rural communities is they're they they come together and they're tight, but it's a small town, And so everybody knows everybody, and everybody knows everything.”

“We don't have places for our kids to go in crisis. At all. We don't have crisis beds to put them in. For the most part, if we are going somewhere else it's far across the state. It's at least a 3-hour drive, if not more, to be able to get the actual, medically necessary help that our young people need in times of crisis. “

“The problem is that you've got the least experienced folks coming out, doing a couple years, and then leaving. So you have this constant churn, and you're always educating.”

# Solutions and Future Directions

- “Worker-centered approach”
  - More incentives and workforce retention measures
  - More comprehensive trainings
  - Better structure of licensing (less restrictions)
- More school-based interventions/prevention (grant funding)
- More evidence-based and/or action-oriented interventions
- Co-location of multiple services
- Flex-funds

# Preliminary Conclusions

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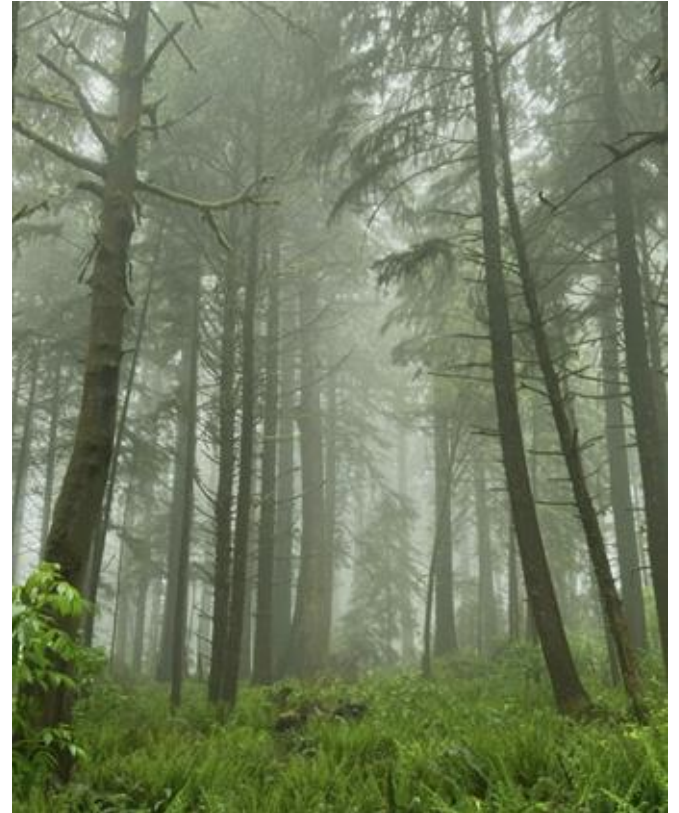
# Initial Interpretations

- Clear unmet needs and concerns surrounding rural child mental health in Oregon
- Rural settings have their challenges as well as strengths
- Providers need more support and better benefits
- PCIT may have relevance as a promising intervention- general knowledge and positive reactions from providers and stakeholders
- Mixed participant energy with excitement and passion as well as some skepticism about current reality



# Next Steps

- Continued recruitment
  - Broadening participants to include parents and caregivers from rural communities
- Future dissemination of findings from completed project



# Discussion and Questions

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Do you have any  
questions for us?

What are your thoughts on these responses? Do you agree or disagree with any points based on your own experiences?

What other barriers or strengths  
do you in your community's  
approach to child mental health  
care?

What changes would you like to see in relation to child mental health care in Oregon?

# Thank you for your time!

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Contact: [hebakir@pacificu.edu](mailto:hebakir@pacificu.edu) for questions

Contact: [shanleylab@groups.pacificu.edu](mailto:shanleylab@groups.pacificu.edu) for participation in study

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