Mental Health Services for Rural Elderly: Innovative Service Strategies

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ABSTRACT: This paper reviews issues in planning and delivering mental health services to rural dwelling elderly. First, comparative data on the prevalence of mental illness among rural elderly, and the availability and accessibility of mental health services in rural areas are presented to provide a basis for subsequent discussion. Next, several strategies for improving the development and delivery of geriatric mental health services to rural areas are discussed. These include: increasing the number and quality of rural mental health providers; adapting or developing diagnostic techniques to improve case identification among rural elderly; providing culturally sensitive mental health services; strengthening informal and formal care linkages in rural communities; developing innovative service delivery models building upon the strengths of rural settings; and emphasizing fluidity as well as continuity in treatment models.

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INTRODUCTION

While the need for mental health services in rural areas is receiving increased attention, most current initiatives are broad policy recommendations which fail to address issues directly related to the elderly. In part, this has occurred because little is known about the mentally ill elderly living in rural areas (Buckwalter, 1991), the processes occurring as they interact with available mental health services (Coward, 1993; Yawn & Bushy, 1994), and the nature and role of formal mental health services best suited to provide rural elderly with mental health care (DeCroix Bane, Rathbone-McCuan, & Galliher, 1993). Such knowledge is essential for health policy planning and service delivery design, in order to develop more rural-specific and rural-sensitive mental health services.

The number of elderly living in rural areas is increasing. According to the 1990 Census, approximately 8 million or 26% of Americans aged 65 years and over live in rural areas (U.S. Bureau of the Census, 1992). The greatest majority of the elderly population (58%) are “young old” between 65 to 74 years of age. Although the “oldest old” (85 years and over) constitute a relatively small proportion (10%) of the total elderly population, they represent the fastest growing segment and are more likely to reside in non-metropolitan areas than other age segments of elderly. Elderly of all ages account for a larger proportion of the total population in non-metropolitan (15%) than in metropolitan counties (12%) (Clifford & Lilley, 1993).

As population density and proximity to urban areas increase, the concentration of elderly decreases. Not only are the elderly more likely to reside in rural villages and small towns of fewer than 2,500 persons (Clifford, Heaton, Lichter, & Fuguit, 1983), they are at higher risk for life stresses and mental disorders than their urban counterparts and younger rural dwellers. Rural elderly are poorer (McLaughlin & Jensen, 1991), more likely to be female and white (Clifford & Lilley, 1993), affected by chronic medical conditions (Rowland & Lyons, 1989), and at greater risk for low quality of life than their urban counterparts (Wagenfeld, 1990).

Faced with the same or greater health needs as older persons in metropolitan settings, rural elders encounter a different context within which they must deal with the challenges of aging. Rural communities frequently offer unsafe or deteriorating housing, inadequate water supplies, transportation difficulties, and limited health care resources (Lubben, Weiler, Chi, & De Jong, 1988).