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## Rural poll results worry NE health officials

By MARK CODDINGTON  
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Less than one third of rural Nebraskans said they feel comfortable discussing personal problems with mental health professionals or substance abuse counselors, according to the University of Nebraska-Lincoln's 2005 Nebraska Rural Poll.

The report has some Nebraska health officials concerned about the availability of and stigmas attached to behavioral health in Nebraska's rural communities.

"There's obviously a lack of confidence with mental health professionals," said Dave Palm, administrator of Nebraska's Office of Public Health.

The poll, conducted by the University of Nebraska Public Policy Center and Institute of Agriculture and Natural Resources at UNL, showed that while 70 percent of Nebraskans said they felt comfortable discussing personal problems with a medical doctor, just 32 percent and 18 percent said the same for a mental health professional and a substance abuse counselor, respectively.

Alan Tomkins, director of the Public Policy Center and one of the poll's managers, said the poll's results are distressing because they show that rural Nebraskans are taking serious personal problems to people who aren't equipped to handle them, like family and friends.

"If you had a broken arm, you wouldn't go to your schoolteacher and say, 'My arm's broken – fix it,'" he said.

Tomkins said much of the low comfort level might be attributed to a stigma attached to visiting a mental or behavioral health official.

"People think, 'I don't want people to see me parked outside the office of a mental health counselor because people know there's only one reason I'm there,'" he said.

Tomkins also suggested that many people simply aren't familiar with mental or behavioral health services – 63 percent of those polled said they had no opinion regarding substance abuse counselors, and 46 percent said the same of mental health professionals.

Dennis Berens, director of the Nebraska Office of Rural Health, said the problem is especially severe in the northern and western parts of Nebraska. He said it can take a month to six weeks to get an appointment in many of those counties.

One of the primary programs that officials have used to make behavioral healthcare more accessible is "tele-health" service, which provides psychiatric counseling via videoconference in primary healthcare centers. Palm said most hospitals in the state are capable of such a service, and his office is making advances quickly.

"It's going to be a short time now until we can do all that we've wanted to do," he said.

Berens said the effort to bring more behavioral health services to rural communities needs to come from the ground up as well.

"This can't happen from the state pushing this down to the communities," he said. "The people in the communities are going to have to be the ones identifying (problems)."

Palm said local physicians need to develop a closer relationship with behavioral health professionals.

Since rural Nebraskans tend to trust their family doctors, putting behavioral health professionals in local clinics would reduce the stigma attached to them, Palm said.

"So if you go into a primary care clinic and have a behavioral health problem, you still have your car parked outside, and nobody will know the difference," he said.

Tomkins said there are no polls asking similar questions of urban or suburban residents but he said he hopes the University of Nebraska at Omaha College of Public Affairs and Community Service will address the issue in its next annual poll of the Omaha area.

The 10th annual poll was conducted in March by mailing questionnaires to 6,250 randomly selected households in Nebraska's 84 rural counties. The response rate was 46 percent, and the margin of error is plus or minus 3 percent.