With Mental Health Day just behind us, it would seem that enough is not being done to address mental health needs, according to a recent report from the Center for Disease Control's Morbidity and Mortality Weekly Report.

Mortality data were obtained from the National Vital Statistics System (NVSS) which include demographic, geographic, and cause of death information derived from death certificates filed in the 50 states and the District of Columbia, from 2001-2015. What the data uncovered were higher rates of suicide across the board in all three urbanization levels: nonmetropolitan/rural counties, medium/small or large metropolitan counties. Another troubling finding was that suicide rates in rural areas were much higher than in urban areas. These trends also are observed by sex, race/ethnicity, age group, and mechanism of death.

From a public health perspective, this information is important as it helps shift attention to the more vulnerable regions of this country. What can account for this difference are two obvious factors: socioeconomic and access to mental health services. According to an article from Atlanta's public radio, Dr. W. Vaughn McCall of the Medical College of Georgia (MCG) at Augusta University said that there’s a growing disparity in the economic status of rural versus urban residents.
Poverty rates [4] are highest in rural areas. Despite belief to the contrary, it is not necessarily unemployment alone that accounts for these differences. The gaps in "rural-urban working poverty cannot be explained by rural workers' levels of education, the industry of employment or other similar factors that might affect earnings. Rural poverty – at least among workers – cannot be fully explained by the characteristics of the rural population. That means reducing rural poverty will require attention to the structure of rural economies and communities."

Mental health services are in great need in rural communities [5]. According to Substance Abuse and Mental Health Administration data from 2015, 18.3% of residents of nonmetropolitan counties had some sort of mental illness in the past year, which amounts to over 6 million people. In addition, 4.3%, or 1,424,000, residents of nonmetro counties experienced serious thoughts of suicide during the year.

In an article with Georgia public radio Dr. Jean Sumner, dean of the Mercer University School of Medicine in Macon, said that Georgia “is in desperate need of mental health professionals, especially in rural areas.” The economic hardship in some rural areas “contributes to the hopelessness,” she said. In some places, “there’s less ability to earn an income.” Lack of transportation can also be a barrier to receiving medical services, Sumner added.

Just as there are telemedicine services available for regular medical care, one concrete method of addressing this disparity is to introduce "telepsychiatry," or video-conferencing psychiatric assessments and provision of care. Dr. McCall and Dr. Sumner are big proponents of this idea and have stated that it has worked well in their experience.

How to address the economic hardships of rural communities is outside of my area of expertise, however, focusing on revitalizing or restructuring the rural landscape should be a focus for politicians and other lawmakers. This country is not limited to major metropolitan areas while little attention is paid to rural communities allowing them to continue going underserved.

As a nation, we are as strong as our weakest link. Access to mental health alone won't solve the problems being faced by non-metropolitan communities. Economic strife is at the core of these struggling areas and it's translating into a sense of hopelessness and abandonment. We can't have this anymore.