2002 Annual Report
Committee on Rural Health

The Committee on Rural Health (CRH), which reports to the APA Board of Directors and APA Council through the Committee for the Advancement of Professional Practice (CAPP), continued to work on its initiatives to ensure that the behavioral health care needs of rural and frontier Americans are met. The 2002 members of the CRH were: Kathleen McNamara, Ph.D. (Chair), Michael Rigdon, Ph.D., Paulette Running Wolf, Ph.D., Morgan T. Sammons, Ph.D., George P. Taylor, Ph.D., Anne Cowardin-Bach, Ph.D., Elaine LeVine, Ph.D., and Scott Meit, Psy.D.

The committee met in March for its annual business meeting and conducted business on two conference calls later in the year. It continued its work to support access to care in rural areas through prescriptive authority for psychologists, providing mental health expertise to the National Rural Health Association (NRHA), and integrating behavioral health care with primary health care. The committee also sponsored a Rural Health Forum at the APA Convention in Chicago where psychologists with a rural focus were able to discuss issues affecting their practices.

Discussion at the March meeting focused on the coordination of the CRH priorities with those of the Committee for the Advancement of Professional Practice (CAPP), and in keeping with the CRH Mission and Strategic Plan. The CRH also heard from invited guests including the Director of the Office of Rural Health Policy (ORHP) of the Substance Abuse and Mental Health Services Administration (SAMHSA).

The Director of Government Relations of the National Rural Health Association (NRHA) also met with the CRH at the March meeting to discuss the NRHA agenda and activities. It was noted that the NRHA lacks mental health expertise, but that the new executive director is committed to closing the gap, which will be facilitated by working with the CRH to address mental and behavioral health needs of rural areas.

Helping to integrate behavioral health care with primary health care was also a main focus of the CRH in 2002. This issue is particularly important in chronically underserved rural and frontier areas, although it has implications for urban areas as well and has generated substantial interest in certain states. Practice Directorate and CRH efforts in advancing the integration of behavioral care into primary care involved some state primary care associations, state agencies, and state psychological associations. Virginia, Nebraska, New Mexico and Maryland have efforts underway. The Virginia Psychological Association has recently achieved progress by becoming a Virginia Healthy Communities Loan Fund Partner. This will facilitate the placement of psychologists in mental health professional shortage areas in Virginia.

The CRH continued to provide information, guidance and support to psychologists throughout the country who needed assistance with rural health issues dealing such as loan forgiveness, Mental Health Professional Shortage Area (MHPSA) definitions, resource identification and reference information.