Background

Rural populations have decreased access to mental health care. Social, cultural, economic, and geographic barriers to the rural delivery of mental health services result in patients presenting to providers with more severe conditions. There is also a relative lack of public programs for aid and support. Lack of specialist mental health professionals and geographic constraints are enduring problems. Many rural residents cannot obtain needed care because there are no providers within reasonable travel distances. Other important barriers include the high poverty rates, inadequate health insurance, cultural dissimilarities between providers and consumers, and stigmas against the use of formal mental health services. In rural settings there are higher percentages of uninsured, those without Medicaid and those without insurance for longer periods than compared to urban settings.

Roswell, New Mexico

• Located in Chaves county in Southeastern New Mexico
• Population in July 2009: 46,576
  Males: 22,458 (48.2%)  |  Females: 24,118 (51.8%)
• Estimated median household income in 2008: $33,935 (New Mexico: $43,508)

Setting

Sunrise Inpatient Behavioral Health Unit : Eastern New Mexico Medical Center

Eastern New Mexico Medical Center is a 162 bed, multispecialty hospital located in Roswell which is fully accredited by the Joint commission. The Sunrise Adult Inpatient Unit is a 25 bed acute care psychiatric adult inpatient program.

New Mexico Psychiatric Services :

New Mexico Psychiatric Services is an outpatient psychiatric clinic in Roswell, which is staffed by several psychiatrists, nurse practitioners, and therapists.

Program Description

Efforts to try and improve both the quality and quantity of mental health care providers in rural areas by focusing on the training of psychiatric residents in rural mental health has been of paramount importance. CRCBH, UAM has partnered with New Mexico Psychiatric Services to provide the rural psychiatric residency training as an elective for 4th year psychiatry residents in Roswell. The program involves the 4th year Psychiatry resident working under close supervision of the attending psychiatrists in the inpatient psychiatric unit and outpatient clinics.

The current rotation helps in gaining experience working in community hospitals and clinics in rural settings and also in recognition of the differences in service delivery, referral patterns, and discharge planning between a tertiary care hospital and a community health care system.

In an effort to improve collaboration with primary care, 4th year psychiatry residents would have the opportunity to conduct didactic sessions for family practice residents on psychiatric pathology commonly encountered by primary care practitioners. The 4th year psychiatry resident would also have the unique opportunity to work along side primary care physicians in their outpatient clinics and provide valuable input in the management of patients with psychiatric co morbidities.