

46th Annual National Rural Social Work Caucus Conference MHMR SUBSTANCE ABUSE: LACK OF ACCESS TO SUBSTANCE ABUSE TREATMENT IN RURAL AREAS

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# MHMR HOTSAS SERVICE

The Heart of Texas Mental Health and Mental Retardation Substance Abuse Service program provides same day access service for substance abuse treatment for adults and adolescents, coordinating services with community partners to ensure that a holistic approach to health is attained.



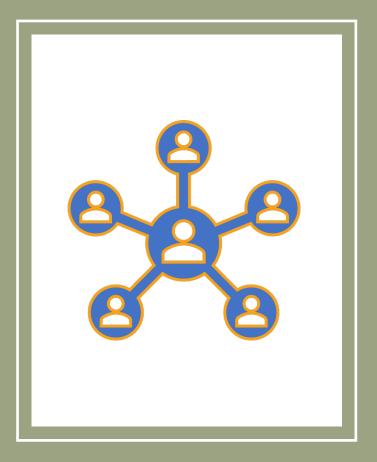
# PROBLEM STATEMENT & OBJECTIVE

- **Problem Statement:** The student researchers focus on the lack of access to substance abuse treatment in rural areas.
- **O**<sub>1</sub>:To identify the use of telehealth services in rural areas for substance abuse treatment.
- **O**<sub>2</sub>:To examine how telehealth effects clients utilizing in substance abuse treatment.
- **O**<sub>3</sub>:To understand how telehealth services could benefit the rural population with substance abuse.
- **O**<sub>4</sub>: To inspect barriers the population in rural areas may have when obtaining substance abuse treatment.



# SOCIAL LEARNING THEORY

- Explains the connections between individuals learning different emotions, behaviors, attitudes and reactions of others through observational learning (Culatta, 2020).
- Albert Bandura founded the Social Learning Theory in the 1960's. Bandura pursued his study in the theory to observe developmental theories and observational learning as a determinant behavior change (Fryling, Johnston & Hayes, 2011).
- The Social Learning Theory is relevant to the student researchers' study because the theory can be applied to individuals surrounded by addictive behaviors in rural areas. (Horvath, Misra, Epner & Cooper, 2020).



# THEME ONE: SUBSTANCE ABUSE TREATMENT

Four Articles:

- de Moura, Dinis, e Sousa, et.al, 2020
- McCarty & Donovan, 2020
- Aldridge, Linford & Bray, 2017
- Kuusisto & Lintonen, 2020

Each study provides a different research method or design to collect data, but each case study has similar results to the effectiveness of substance abuse treatment.

# THEME TWO: RURAL SUBSTANCE ABUSE

### Four Articles:

- Clary, Ribar, & Weigensberg, 2020
- Cochran, Engel, Hruschak, & Tarter, 2017
- Cucciare, & Scarbrough, 2017
- Landon, Connor, McKnight-Lizzotte & Pena, 2019

Each of the articles analyze the disadvantages rural areas encounter and the burden on individuals living in rural areas (Couchran, Rafael, Hruschak, & Tarter, 2016)

### THEME THREE: BENEFITS OF TELEHEALTH

### Four Articles:

- Benavides-Vaello, Strode, & Sheeran, 2013
- Jensen, & Mendenhall, 2018;
- Myers, 2019;
- Tarlow, 2020.

Each journal article shares similarities of a case study or statistical information resulting in the benefits in using telehealth services for substance abuse treatment and/or mental health in rural areas.



# RESEARCH QUESTION

- **RQ**<sub>1</sub>: How can telehealth be useful in rural areas for substance abuse treatment?
- How was it developed?
  - With working with community partner to develop a problem analysis where substance abuse treatment in rural areas was identified as a problem within the agency's services.

# METHOD AND DESIGN OF RESEARCH

Explanatory study

Sample of 137 participants.

### Probability sampling method.

- · Use of simple random sampling approach
- Random sampling approach allowed for diversity and the comparison between rural and urban residences.

### Quantitative study

• Quantitative data for analyzing the demographics, residential type, knowledge of substance abuse treatment, and knowledge of services for substance abuse treatment.

# SURVEY DESCRIPTION

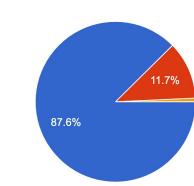
### l6 questions

- 5 demographic questions for age, gender, race, county of resident, and rural residency
- 3 multi-response questions in relation to commonly used drugs, available treatment services within the participant's area and accessible technology
- 6 questions included 3 yes or no questions regarding substance abuse issues and telehealth usage
- 2 Likert scale questions regarding telehealth services
- I question regarding distance to accessible treatment.



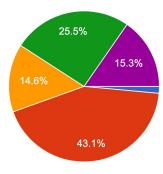
# DEMOGRAPHICS



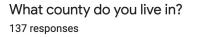


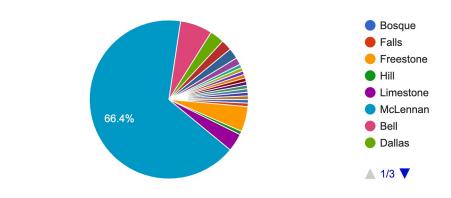
Female
 Male
 Nonbinary

Age: 137 responses

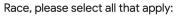




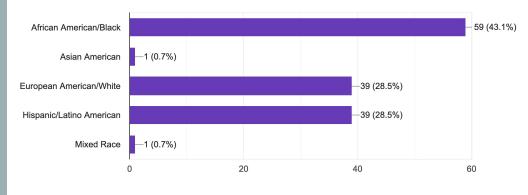




### DEMOGRAPHICS CONT.

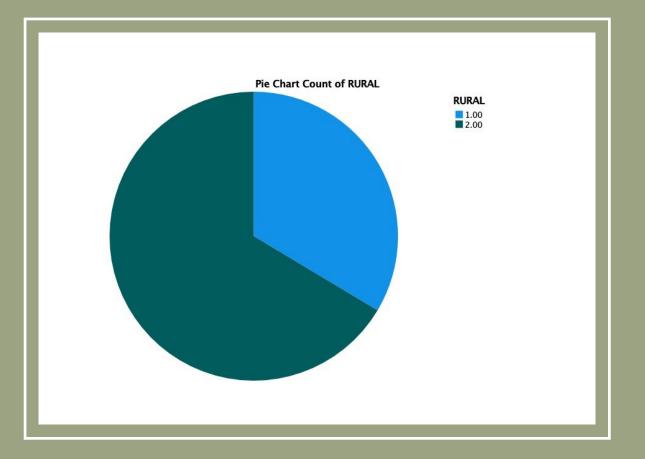






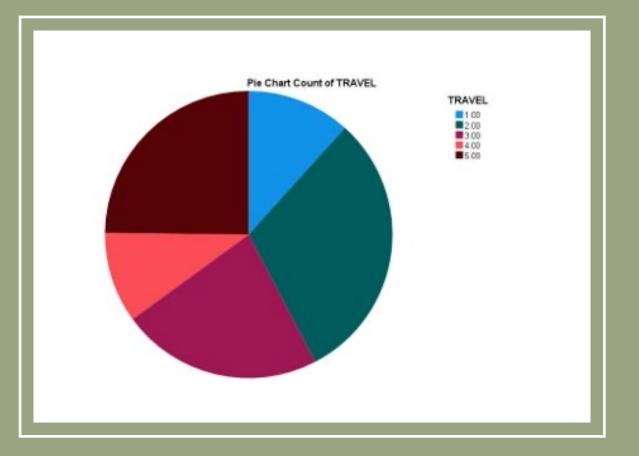
# RESIDENCY OF RURAL AREAS

- I = Yes, they live in a rural area.
- 2= No, they do not live in a rural area.



# DISTANCE TRAVELED

- I = Less than 5 miles
- 2= 6 to 10 miles
- 3= 11 to 15 miles
- 4= 16 to 20 miles
- 5= 20 or more miles



# TESTING HYPOTHESES

- H<sub>1</sub> Participants will report the availability of telehealth services in rural areas to treat substance abuse makes treatment more accessible.
  - Test Ran? Chi-Squared Results? Accept or reject hypothesis?
    p=.000 Accept researcher hypothesis due to statistical significance. The results did show that of the 46 actual rural residents that participated, 24 reported travel to treatment would be 20 miles or more.
- H<sub>2</sub> Participants will indicate telehealth service in rural areas to treat substance abuse will be more useful than current available services.
  - Test Ran? Crosstabulation. Results? No statistical significance. Accept or reject hypothesis? Reject researcher hypothesis
- H<sub>3</sub> Participants with substance abuse issues in rural areas are more likely to seek telehealth services.
  - Test Ran? Crosstabulation. Results? No statistical significance. However, the results did show the participants' located in rural areas were likely to use telehealth services. Accept or reject hypothesis? Reject researcher hypothesis

## STRENGTHS AND LIMITATIONS

# Two identified areas of strengths of the study:

- Diversity in participants
- Focuses on a unique population.
- COVID-19

### Two identified limitations:

- Inability to survey actual participants of the MHMR substance abuse treatment program
- Limited information due to lack of depth in questions; no qualitative questions
- COVID-19

# IMPLICATIONS FOR FUTURE SOCIAL WORK RESEARCH

#### MICRO

- Continue to meet individual and group needs in rural areas by addressing the barrier of accessibility for treatment for needed services.
- Assess benefit of current telehealth usage.
- Helping the agency understand the primary substance being abused within the rural areas to enhance informed practice knowledge and treatment.
- MEZZO
  - Collaborate with schools and hospitals to address adolescent substance usage and provide skilled treatment training.
  - Create and/or expanded partnerships other substance abuse treatment facilities providing a holistic approach to address treatment needs.
  - Increased community awareness to services and treatment by provide educational workshops on how to recognize and treat substance.
- MACRO
  - Compare substance abuse treatment agencies within Texas that also serves clients who reside in a rural area.
  - Comparison could aid in determining certain policies, funding, and staffing that may be implemented to provide a more effective and successful treatment program in areas.



On a state level in Texas between 2014 and 2015, substance abuse was widely reported in showing 60% both male and female being physically dependent on substance in some form (American Addiction Center, 2020).

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