Small Town Systems of Care: Supports and Barriers in Mental Health Service Delivery in a Rural Community

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Mule Town Family Network

- The Mule Town Family Network (MTFN) is a federally funded "System of Care" site in Maury County, Tennessee.
- MTFN is an innovative collaboration among
  - Tennessee State Department of Mental Health,
  - Centerstone
  - Tennessee Voices for Children

Mule Town Family Network

- MTFN supports families with children that have behavioral health needs by building a team that includes formal and informal supports, such as case managers, teachers, doctors, therapists, neighbors and others who wrap services around the young person.

Methods

- Vanderbilt staff met with MTFN administrators and staff to formulate research questions. MTFN administrators were interested in finding out why a high percentage of families were not engaging in services
- Vanderbilt collaborated with MTFN administrators and staff in developing a research protocol and interview questions
- Vanderbilt researchers conducted 9 interviews with MTFN agency staff
- Letters were sent to 85 families that had been referred to MTFN, inviting them to participate. Ten families responded, eight were interviewed
- Vanderbilt researchers used axial coding and narrative analysis to analyze the interviews

Research Questions

1. What are the most important supports of family engagement, participation, and retention in services?
2. What are the most important barriers to family engagement, participation, and retention in services?
3. What barriers and supports are specifically related to rural communities?
4. Where do rural communities intersect with community-based mental health services?
5. How has the co-location of Community Liaison and Family Support Provider staff impacted engagement, participation, and retention? What have been the organizational dynamics?

Demographics of Referrals
(From the MTFN Management Information System as of July, 2007)

91 clients referred

Average age = 10.4

Child Race	Freq.	%
White/Caucasian	46	50.5
Black/African American	26	28.6
Two or more races	2	2.2
Missing	17	18.7
Child Gender		
Male	48	52.7
Female	27	29.7
Missing	16	17.6

	Freq.	%
Enrollment Status		
Open	26	28.6
Admitted, now closed	8	8.8
Never admitted	19	20.9
Closed, D/K if admitted	13	14.3
New client	6	6.6
Unknown	19	20.9
Reason Why Case is Not Open		
Caregiver does not want to participate	15	37.5
Unable to contact caregiver	10	25
Moved	2	5
Other	3	7.5

Initial impressions

- Caregivers reported a wide variety of problems in their families that range far beyond child mental health problems. These include:
  - Physical and emotional abuse
  - Unemployment
  - Inability to pay bills
  - Lack of transportation
  - Lack of education
  - Alcohol and drug addiction
  - Lack of social support
  - Criminal involvement
  - Inadequate housing

	Staff responses	Caregiver responses
Existing Barriers	Stigma / Close knit community Lack of resources Education Lack of transportation Lack of money	Isolation Lack of transportation Stigma / Close knit community of families (gossip) Lack of money
Existing Supports	Close knit community of service providers Close knit community of families	Religious community Close knit community of families (emotional support) Close knit community of service providers
Needed Services	Transportation Financial support Outreach by the religious community Respite	Transportation Family and child emotional support Financial support
Reasons why families don't engage	Time Inappropriate referrals Misunderstanding of what services are offered Past negative experiences Fear Families don't perceive need for services Lack of money	Didn't qualify for services Misunderstanding of what services are offered Already receiving services elsewhere Lack of staff outreach Lack of money

Stigma:

"In a rural setting… people are less familiar with mental health issues, and probably I think there may be even more stigma, more fear and misunderstanding."

– Staff

Stigma / Close-knit community:

"I feel like that makes people question whether they're thinking I'm a bad parent or something like that. Which, you know, it makes me sad because this is a very small town. And I just wonder, you know, I don't want to be looked at in those eyes, when I'm just trying to do the best for my son. But that's the least of everything, you know…. My humiliation is the least of anything."
-- Caregiver

Religious community:

- Religious supports were mentioned by many caregivers and staff
  - Provided *practical support*, especially transportation, housecleaning, and informal childcare
  - Provided *emotional support*, friendship, and spiritual guidance through difficult times
- However, the religious community was also a source of stress and contributed to a sense of stigma and public embarrassment

Lack of Resources (especially transportation):

"Being in a rural community there are not a whole lot of services generally that we can refer people to without going out of town…like if a family needs a neurologist, well, they're going to have to go to Nashville. Then that can be a transportation problem." – Staff

"Using transport, it's expensive when you're on a limited income…. I mean their time, hours, aren't very flexible, and you have to do everything within 48 hours, and there's no spontaneous—it's like your whole life has to be scheduled around transportation…. It was costing me a hundred and sixty dollars a month to get him back and forth to Head Start, and that was it, plus three hours of my time on average, a day, and I was like, 'Ya'll don't understand how much of my time this is eating up.'"
-- Caregiver

Sense of isolation / lack of support:

"I would love to have meetings with whole families who are having problems like this, so we would know that hey, there is someone out there. But as far as there being a helping community for us… there's not. There's nothing."
– Caregiver

"I have no support… I don't know. I don't know if it's because it's court in small town and I'm a Yankee. It's not even funny, honestly, it's not – it's true." – Caregiver

"I'd get lonely if it wasn't for my dog. But he follows me everywhere I go." -- Caregiver

Organizational development

- Most FSPs and CLs mentioned that the major strength of MTFN was the collaboration between them
- Staff mentioned some early difficulty in merging TVC and Centerstone, but most agreed that was in the past. An example:

- What's it like to work here?
- Well, it's fun. Everybody has a pretty good time. I really haven't…I mean, two agencies collaborating under the same roof, of course there have been a few problems, but I mean, I think that's pretty much all behind us. We're off on a pretty good start, and we want to leave it that way.

Organizational development

- Sources of frustration and confusion identified by staff:
  - Different employee policies among the organizations
  - Lack of clarity about supervisory structure of management, especially due to the involvement of three organizations
  - Changing policies and procedures
  - Wanting more pay

Reasons why families don't engage

- Inappropriate referrals
- Didn't qualify for services
- Misunderstanding of what services are offered
- Past negative experiences
- Fear
- Families don't perceive need for services
- Already receiving services elsewhere
- Time
- Lack of money

Inappropriate referrals

- "We're enrolling these families, and we're spending time on them and then they don't follow through. I wish we could do something with our, what qualifies them to be a family, either that needs to be changed a little bit…sometimes we get these families, and yeah the child's got an SED, and yeah he's involved with education and mental health, but they're handling it. They don't seem really that severe, and we just jump on them because hey, they meet our criteria." -- Staff

Already receiving services elsewhere / Don't perceive a need for services

- "I called, I called, but I was just involved in too many places – between work and trying to be a mother, and already fulfilling the other commitments that I already had, I just didn't have the room for, I just didn't have the time, and I spoke to someone at Mule Town, and I just never got back to her - I just felt like, oh, this is going to be another one of those resources – what are they going to do for me? I just don't have time, to waste, and not that the program would be a waste of time – I just felt like I needed to do to try other avenues and get them done quickly." -- Caregiver

Misunderstanding of what services are offered

- One mother with a child she described as having very serious problems with anxiety, depression, and behavior at school, was upset with MTFN for not paying her rent and bills. When she heard that MTFN could help her with her family's problems, she felt that the most pressing problems were rent and bills.
- This mother had heard about Mule Town through "word on the street" and friends that were receiving services.

Past negative experiences / Fear

- "And it was ingrained in me from early on, even when I first got pregnant, kind of like, 'you have to be super careful or your kids are gonna be taken away from you'… so it is kind of, even though I've started to get over it, I kind of have that little fear." -- Caregiver

Lack of Money

- P: I did get a referral… about a class… that's being offered for anger management for [child]. And…
- M: That came from Mule Town?
- P: That came from Mule Town, uh-huh…. I was kind of excited about sending him, and then I found out it was 75 dollars [laugh]…. We can manage as long as we don't have any extras like that. And so we ended up not…. But yet, we don't want charity either. We're not, you know, we're not going to do that.

Summary

- Caregivers universally reported feeling comfortable with MTFN staff
  – Staff were responsive, friendly, and helpful
- In general, MTFN staff feel that they are offering families a useful and innovative service
- There are four general areas where families may misunderstand MTFN services: pre-referral, referral, first contact, and follow-up
- The complex problems that families have contribute both to their need for services and their lack of participation in services