THE WICHE CENTER FOR RURAL MENTAL HEALTH RESEARCH IS SUPPORTED BY THE FEDERAL OFFICE OF RURAL HEALTH POLICY, HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA), PUBLIC HEALTH SERVICES

Distance Education Training in Behavioral Health:

A Rural Primary Care Needs Assessment and Pilot Webcast

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August 2009
Working Paper

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Acknowledgements: The WICHE Center for Rural Mental Health Research is one of seven Rural Health Research Centers supported by the Federal Office of Rural Health Policy (ORHP), Grant No.1 U1CRH03713-01. This project is funded by ORHP, Health Resources and Services Administration, U.S. Department of Health and Human Services. The specific content of this article is the sole responsibility of the authors.

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Executive Summary

Primary care providers (PCP) are often the first and only resource for rural and frontier residents needing mental health care. Training on mental health issues is not easily accessible for PCPs working in rural settings. Distance education offers a low-cost, convenient alternative for PCPs to obtain the information they need to treat the mental health needs of their patients. However, there is a need to learn more about the specific interests of PCPs in mental health topics. This project provided rural PCPs with the opportunity to provide information on their interests. The definition of *rural* for this project is an area with a population of less than 50,000 people. Based on the results, a live webcast training was produced on bipolar disorders and subsequently placed permanently online for convenient access. The high interest and participation by rural PCPs in this project provides public health systems with a rationale for developing and implementing online trainings on a variety of mental health topics for PCP access.

This large interest among rural PCPs in learning about mental health issues follows the nationwide trend for greater integration of primary and mental health care, and suggests that PCPs are aware of the impact of mental health on their patients' physical health. The results suggest not only are PCPs interested in mental health topics, they are also interested in receiving training on those topics online via webcasts, both live and asynchronously. The fact that many respondents had already attended online training shows both their interest and expertise in online training protocols.

Thus, these findings are consistent with the assertion that training via distance learning technology promotes the awareness of the impact of mental health on primary care patients. In

addition, PCPs are interested and willing to receive this information online. These findings also support the federal and state policy recommendations on distance education, which assert that distance education (e.g., webcasts) is often a useful and economical way to provide training to remote professionals. Whereas these policies do not document the need or desire for specific topics, this study establishes a strong desire and need for training in mental health topics among rural PCPs.

Introduction

According to the Institute of Medicine[1], research has shown that underlying behavioral health (i.e., mental health and/or substance abuse) issues account for up to 70 percent of all primary care visits. Treatment of mental health problems by primary care providers is especially prevalent in rural and frontier areas, where limited availability of mental health providers is an ongoing problem. In fact, primary care physicians and other mid-level primary care providers are often the first and only resource for rural residents to receive mental health care. While it is critical to strive to recruit and retain mental health professionals to rural areas, it is equally important to provide training to the current primary care workforce on identifying, treating, and referring patients with mental health diagnoses. PCPs often have limited training in the identification and (non-pharmacological) treatment of mental illness. [2-4] Additionally, PCPs generally, and rural PCPs specifically, often lack the time and resources to diagnose mental health disorders or pursue advanced training in diagnosing and treating depression. As a consequence, some rural advocates have argued that the best approach to improving mental health outcomes in rural areas is to support primary care physicians in their delivery of mental health services, such as through distance learning via internet-based technology .[2-5]

Training via distance learning technology that promotes collaborative care models in primary care is consistent with federal and state policy recommendations. For example, the President's *New Freedom Commission on Mental Health* (2003) indicates, "Technology is used to access mental health care and information." [6] More specifically, the report states "Access to care will be improved in many underserved rural and urban communities by using health technology, telemedicine care, and consultations. Health technology and telehealth will offer a powerful

means to improve access to mental health care in underserved, rural, and remote areas." Distance education (e.g., webcasts) is often a useful and economical way to provide training to remote professionals.

To further the field's understanding regarding the distance education needs of primary care physicians (PCPs) in rural and frontier areas who treat behavioral health issues, the study presented here had several objectives. First, we explored the self-identified behavioral health training needs most pertinent to PCPs in rural areas. Second, we provided distance training to PCPs on their prioritized topic to facilitate identification and treatment of individuals in rural and frontier areas. Participants completed an online survey to receive continuing medical education (CME) credits.

Methods

Phase 1

In collaboration with a nationally renowned PCP consultant (MD, PhD), and a rural health consultant (PhD), a survey was created to develop a better understanding of the mental health training needs of PCPs across rural America. For the purposes of this project, *rural* was defined as communities with less than 50,000 people. This electronic survey was placed on the website of a national survey company to ensure access for providers with internet access.

The survey included 15 close-ended items: five asked about interest in training and preferred training topics (see Table 1 for a complete list of the 20 mental health topics), eight asked for information on the PCP location and practice, and three asked for prior experience with distance training. An additional item asked for contact information to provide the survey participants with

details on the training provided in Phase 2. For the preferred training topics, respondents were presented with two identical lists of 20 mental health topics. On the first list, respondents were asked to select all of the topics of interest. On the second list, respondents were asked to choose the single topic of highest priority. A link to the survey was distributed to various local, regional, and national groups via website posting and electronic mailing lists, reaching approximately 5,000 people. Respondents participated in the online survey over a three-month period. A copy of the full survey is included in Appendix A. Investigators then compiled the results to determine the topic of the training in Phase 2.

Phase 2

Based on the survey results (presented below), the topic of bipolar disorder was selected for the webcast. An informational brochure, including details of the webcast were sent, via e-mail and by post, to the groups who initially received notice of the survey. All respondents to the initial survey were contacted and informed of the webcast. In addition, numerous personal and phone contacts were made by the researchers to various associates. A national expert on bipolar disorder presented the hour-long webcast and fielded questions from the audience following the formal presentation.

The webcast included detailed information on bipolar disorder symptoms/patterns, prevalence, diagnosis, and treatment (e.g., medication and psychotherapy). Following the live presentation, the webcast was uploaded on the WICHE website for asynchronous viewing for those practitioners who could not attend the live presentation (http://www.wiche.edu/mentalhealth/ResearchCenter/Project3Yr3Webcast.asp).

Immediately following the webcast, participants were invited to complete an online survey. This 20-item survey collected feedback on the presentation and was required for participants to receive continuing medical education (CME) credits or continuing education units (CEU). A copy of this survey is included in Appendix B. The first three questions gathered information on the participants' state of residence, rural versus urban settings, and provider type. Five close-ended questions requested feedback on the effectiveness and applicability of the information presented, while a fifth open-ended question invited comments. The remaining questions gathered demographic data, interest in future webcasts, and general comments. While the webcast is available indefinitely, CME/CEU credits can only be earned for a year following the live broadcast.

Results

Phase 1

There were 154 participants in the initial survey, of which 142 (92% of the 154 respondents) indicated they practiced in a rural setting (less than 50,000 people). It should be noted that participants' self reported information regarding practicing in a rural location was not verified and therefore it is possible that some respondents did not respond accurately according to the definition identified by this project. Eighty-nine (89; 58%) were physicians (MD or DO), 31 (20%) were nurse practitioners, 25 (16%) were physician assistants, and six (4%) indicated the 'other' category (e.g., advanced practice psychiatric nurse, CNS/PMH, RN, health care educator). Of the 154 respondents, 75% (115) indicated that they were interested in participating in internet-based (webcast) CME presentation(s) on mental health topics. Overall, 20 states were represented in the responses.

The majority (84%) practiced in family medicine, while others indicated pediatrics (7%), internal medicine (4%), and 'other' (5%). The major population served was adults aged 26-59, followed by seniors (60+), pediatrics, and young adults (17-25). Seventy-four (48%) indicated they addressed women's issues, and 32 (21%) indicated they had patients who were members of minority groups.

Forty-four percent indicated they did not work in a Federally Qualified Health Center, and forty-nine percent indicated that they worked in a Federally Designated Rural Health Clinic. Eighty-four percent indicated that they worked primarily in family medicine, while 7 percent selected pediatrics and four percent worked in internal medicine. Five percent selected 'other' (geriatric, gynecology, and general practice). The majority (54%) worked in a small group practice (2-5 professionals), while 14 percent worked in solo practices and 14 percent in medium group practices (6-9 professionals). Seven percent indicated a large group practice (10+ professionals). Eight percent selected 'other' (rural health clinic and hospital).

Sixty-four percent (92) had previously attended a training, which included mental health topics. Of those 92 respondents, 74% (114) indicated that they had received CME credits. The majority (86; 56%) of the prior trainings were didactic lectures (grand rounds), followed by conferences (45; 29%), workshops (32; 21%), and internet-based webcasts (25; 16%). The motivators for attending previous webcast trainings ranged from CME credits (106; 69%), treating or anticipating a mental health issue in practice (62; 40%), and financial incentive provided by the training organization (31; 20%).

Table 1 details respondents' preferred topics in order of preference when all topics were selected. On the first list, respondents selected an average of 9.7 topics, totaling 1490 selections. All topics were selected, ranging from the top-ranked 'Bipolar Disorder' (109 selections; 71% of respondents selected this topic) to the lowest-ranked 'Other' (10 selections; 6%). 'Diagnosing Attention Deficit Disorders/ADHD in Children' was second (102; 66%) and 'General Pediatric Mental Health Issues' was ranked third (100; 65%). When asked to specify a topic for 'Other,' respondents suggested 'Addiction and Substance Abuse,' 'Methamphetamine and Alcohol Treatment,' Reactive Attachment Disorder,' Domestic Violence,' Personality Disorders,' Serotonin Syndrome,' Family Supports,' and 'Cutting.'

When asked to select a single topic of highest priority, all topics were selected with the exception of 'Phobias.' Of the 154 respondents, 20 selected 'General Pediatric Mental Health Issues' (13% of respondents) and only 1 selected 'Panic Attacks' (less than 1% of respondents). In second place was Bipolar Disorders (18 selections, 12%). Two selections were third, 'Substance Abuse Detection and Treatment,' and 'Treatment of Depression' (13 selections each; 8.4%). Five respondents selected 'Other' (3.2%). When prompted for topics, they suggested ('Screening Families,' 'Cutting,' 'Serotonin Syndrome, 'Suicide,' and 'Mental Issues in Dementia').

Table 1: Results from the Areas of Interest Identified in Phase 1

Mental Health Topics	Count of ALL Topics of Interest	% of Respondents Selecting	Count of ONE Topic of Interest	% of Responses
Bipolar Disorder	109	71	18	11.7
Diagnosing Attention Deficit Disorder/ADHD in Children	102	66	12	7.8
General Pediatric Mental Health Issues	100	65	20	13.0
Antidepressants (SSRIs) and Adolescents	95	62	7	5.0
Alzheimer's and other Dementias	86	56	11	7.1
Substance Abuse Detection & Treatment	85	55	13	8.4
Anxiety	83	54	5	3.2
Treatment of Depression	82	53	13	8.4
Diagnosing Attention Deficit Disorder/ADHD in Adults	79	51	3	1.9
Developmental Delays	78	51	5	3.2
Diagnosis of Depression (Validated screening tool – PHQ-9)	78	51	7	5.0
Panic attacks	74	48	1	0.6
Older Adults and Healthy Aging	66	43	5	3.2
Autism Spectrum Disorders	65	42	12	7.8
Differentiating between psychotic disorders and substance-induced psychotic symptoms	65	42	7	5.0
Suicidal Problems (e.g., self-injuring or dying ideation, plans, phone calls for help, prior attempts)	58	38	4	2.6
Postpartum Depression	54	35	2	1.3
Bereavement	44	29	2	1.3
Schizophrenia	41	27	2	1.3
Phobias	36	23	0	0.0
Other (please specify)	10	6	5	3.2
Totals	1490	-	154	101

Phase 2

After establishing the details of the webcast, investigators notified the 154 participants from the initial survey. One hundred and twelve (112) survey respondents provided email addresses and researchers sent them an electronic brochure including details of the webcast. Four (4) survey respondents provided their phone numbers and were provided details via phone. The electronic brochure was also sent out to various local, regional, and state organizations for inclusion on websites and electronic mailings. In addition to the WICHE Mental Health Program's electronic mailing list who is comprised of a variety of individuals and agencies that expressed interest in be contacting regarding events and trainings on rural mental health, other organizations or

listservs included were the National Rural Health Association, the Rural Health Clinics listserv, and some State Offices of Rural Health. The researchers received 38 email and 23 phone inquiries requesting further information on the webcast. The free-of-charge presentation was broadcast from a local university with a live audience of 35 medical students enrolled in a rural-focused program. In addition, 35 participants attended the live webcast from around the country via the internet. Since then, 101 visitors have viewed the webcast asynchronously at their convenience.

Eighteen (18) viewers completed the online post-training survey, representing 15 states. All 18 indicated that they worked in a primarily rural setting. As noted previously participants' self reported information regarding working or practicing in a rural location was not verified and therefore it is possible that some respondents did not respond accurately according to the definition identified by this project. The majority of respondents indicated that the presentation was helpful and informative. This survey was required to be eligible for the CME/CEU credits. For the open-ended question of suggested future topics, two asked for further information on bipolar disorders. Others asked for trainings on borderline personality, ADD/ADHD, suicide, schizophrenia, oppositional defiant disorder, psychiatric care in rural settings, and telepsychiatry.

Eight learned about the webcast via email, three were asked by superiors to attend, two learned through personal contact, and one was informed by the research center website.

For the question on why they decided to attend: 13 stated that the agenda/topic was relevant, six indicated continuing education units (CEU), 9 indicated flexibility of webcast forum, one

indicated they were asked by a superior, and four did not respond.

Discussion

This needs assessment was conducted to identify the mental health training needs among rural primary heath providers and to produce a webcast based on the results (i.e., the most endorsed topic). The three mental health training needs identified most frequently by PCPs in rural areas were 1) Bipolar Disorders, 2) Diagnosing ADD/ADHD in Children, and 3) General Pediatric Mental Health. The respondents showed an interest in a wide variety of topics as demonstrated by each respondent indicating an interest in approximately 50% of the mental health topics listed on the survey. This large interest among rural PCPs in learning about mental health issues follows the nationwide trend for greater integration of primary and mental health care, and suggests that PCPs are aware of the impact of mental health on their patients' physical health. Future research studies should be targeted to rural primary care providers given their unique position to identify with patients with mental health issues since they are a primary point of contact in the rural health care delivery system.

A large majority of participants indicated their interest in attending a webcast on mental health trainings. When asked if they had attended a previous online training on mental health issues, most responded affirmatively, indicating most respondents were well informed of the online training process. These results suggest not only are PCPs interested in mental health topics, they are also interested in receiving training on those topics online via webcasts, both live and asynchronously. The fact that many respondents had already attended online training shows both their interest and expertise in online training protocols.

Only 41% of the total viewers between December 5, 2007 and February 1, 2008 viewed the webcast live. Sixty-one percent of the PCPs who viewed the webcast did so asynchronously on their own time. This asynchronous viewing option exhibits the true utility of the webcast training format for rural PCPs. Those professionals unable to attend the live broadcast were able to participate later, and were willing to do so. If the training were not available online, these professionals may not have been able to take advantage of the opportunity to attend.

Thus, these findings are consistent with the assertion that training via distance learning technology promotes the awareness of the impact of mental health on primary care patients. In addition, PCPs are interested and willing to receive this information online. These findings also support the federal and state policy recommendations on distance education, which assert that distance education (e.g., webcasts) is often a useful and economical way to provide training to remote professionals. Whereas these policies do not document the need or desire for specific topics, this study establishes a strong desire and need for training in mental health topics among rural PCPs.

Since this is one of the few studies that examines the mental health training needs of rural primary care professionals, future studies are needed to develop trainings that target their specific interests. Trainings targeted towards mental health professionals may be inefficient for primary care settings, due to shorter patient visits and fewer available mental health resources. Future studies should seek to clarify the most efficient type of information to convey in training that fits within the PCP setting and utilizes resources typically available to PCPs.

One discrepancy noted in the results was that of the 171 participants who completed the webcast, only eight requested the free CME/CEU credits. There was no follow-up scheduled after the post-webcast survey to explore this phenomenon. Future research could determine if CME/CEU credits are a true incentive for attending the webcast. In a similar vein, only a few webcast participants completed the post-webcast survey. When the webcast was finished, the webcast website automatically loaded the first page of the online survey. Only 18 of the 171 participants completed the survey. It is hypothesized that most participants did not have the time or desire to fill out a survey immediately after the intensive presentation. It may be more helpful to email a survey link at a later time requesting participant feedback and reminding them of the available CME/CEU credits.

Conclusion

In rural areas, where mental health diagnosis and services are typically provided in primary care settings, it is essential to target mental health trainings towards primary care professionals who lack the resources and time to physically attend trainings. Given the momentum and growing interest in online learning, it is crucial to identify areas of interest in mental health diagnosis and treatment among PCPs and provide online trainings to meet those needs. These online trainings bolster the knowledge and skills of rural PCPs in areas where there are scarce mental health resources. Future studies could explore whether the knowledge gained through online trainings enables PCPs to diagnose patients earlier in the course of their mental illness and provide appropriate treatment, potentially reducing negative economic and mental health impacts (i.e. lengthy and costly hospitalizations) and leading to better patient outcomes.

Given the interest level in the webcast trainings, further expansion on Bipolar Disorder and other mental health diagnoses of prioritized interest is recommended. These trainings give professionals the opportunity to learn about mental health issues in a primary care setting without the expertise of an on-site mental health professional. They also enable rural professionals to attend trainings that may otherwise be inaccessible to them due to the extensive time necessary to travel to urban areas for training. Finally, online trainings provide CME credits for rural professionals who may not easily access most urban-based trainings.

Thus, mental health training for rural PCPs may enhance the mental health capacity of public health treatment system. This enhancement may be particularly useful in rural areas, where mental health professionals are scarce and PCPs are often the first medical professionals to encounter mental health problems in consumers. Public health systems are strongly encouraged to provide opportunity and support for PCPs to attend mental health trainings to better serve rural populations in need.

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Appendix A

Survey on Training Needs

1. Please check all areas that you would be interested in receiving training for CME credits.

☐ General Pediatric Mental Health Issues
☐ Diagnosing Attention Deficit Disorder/ADHD in Children
☐ Diagnosing Attention Deficit Disorder/ADHD in Adults
☐ Autism Spectrum Disorders
☐ Developmental Delays
☐ Antidepressants (SSRIs) and Adolescents
☐ Diagnosis of Depression (Validated screening tool – PHQ-9)
☐ Treatment of Depression
☐ Anxiety
☐ Phobias
☐ Panic attacks
☐ Bipolar Disorder
☐ Schizophrenia
☐ Postpartum Depression
☐ Suicidal Problems (e.g., self-injuring or dying ideation, plans, phone calls for help, prior attempts)
☐ Differentiating between psychotic disorders and substance-induced psychotic symptoms
☐ Substance Abuse Detection & Treatment
☐ Older Adults and Healthy Aging
☐ Alzheimer's and other Dementias
☐ Bereavement
☐ Other (please specify)

2. Please check the ONE topic for which you would be most interested in receiving training for CME credits.

☐ General Pediatric Mental Health Issues
☐ Diagnosing Attention Deficit Disorder/ADHD in Children
☐ Diagnosing Attention Deficit Disorder/ADHD in Adults
☐ Autism Spectrum Disorders
☐ Developmental Delays
☐ Antidepressants (SSRIs) and Adolescents
☐ Diagnosis of Depression (Validated screening tool – PHQ-9)
☐ Treatment of Depression
☐ Anxiety
☐ Phobias
☐ Panic attacks
☐ Bipolar Disorder
☐ Schizophrenia
☐ Postpartum Depression
☐ Suicidal Problems (e.g., self-injuring or dying ideation, plans, phone calls for help, prior attempts)
☐ Differentiating between psychotic disorders and substance-induced psychotic symptoms
☐ Substance Abuse Detection & Treatment
☐ Older Adults and Healthy Aging

☐ Alzheimer’s and other Dementias
☐ Bereavement
☐ Other (please specify)

3. Of the topics you selected, what would you like to accomplish by participating in training: Check all that apply.
☐ Basic review
☐ Update existing knowledge/skills
☐ Acquire new skills
☐ Referral options
☐ Other (please specify)

4. I am interested in participating in internet-based (webcast) CME presentation(s) on mental health topics?
☐ Yes
☐ No

This section is intended to gather information on you and your practice.
5. Do you practice in a rural (less than 50,000 people)or urban setting?
☐ Rural
☐ Urban

6. Type of Provider: (Check One)
☐ Physician (MD or DO)
☐ Nurse Practitioner
☐ Physician Assistant
☐ Other (please specify)

7. Practice Domain: (Check One)
☐ Family Medicine
☐ Internal Medicine
☐ Pediatrics
☐ Other (please specify)

8. Practice Type: (Check One)
☐ Small Group (2-5)
☐ Medium Group (6-9)
☐ Large Group (10+)
☐ Other (please specify)

9. Which populations do primarily you serve (check all that apply):
☐ Pediatrics (children, adolescents)
☐ Young adults (17-25)
☐ Other adults (26-59)
☐ Seniors (60+)
☐ Women's issues
☐ Minority groups
☐ Other (please specify

10. Are you practicing in a federally designated rural health clinic?
☐ Yes
☐ No
☐ I don't know

11. Are you practicing in a Federally Qualified Health Center (FQHC)?
☐ Yes
☐ No
☐ I don't know

12. Have you ever attended a training program which included mental health topics?
☐ Yes
☐ No

13. For CME (Continuing Medical Education) credits?
☐ Yes
☐ No

14. What type of training(s)? Click all that apply
☐ Didactic lectures (Grand Rounds)
☐ Conferences
☐ Workshops
☐ Internet-based (webcasts)
☐ Other (please specify)

15. What might motivate you to take additional webcast training(s) on mental health topics? (Check all that apply):
☐ Receipt of CME credits?
☐ Having had, or anticipating, a significant mental health evaluation or treatment issue in your practice?
☐ Financial incentive or premium provided by the training organization?
☐ Other (please specify)

16. Indicate your preferred method of our communicating with you. We will provide you with details about the training webcast on one or more of the topics included in this survey. Please note: We will not distribute your email address or other contact information to anyone outside the direct purposes of providing you with more information on the training that will be developed as a result of the survey.
☐ E-Mail
☐ Telephone
☐ Regular Mail

Appendix B

Bipolar Web Cast Evaluation

1. Please enter the State you are from.

2. Do you work:

- ☐ Primarily in an urban setting
- ☐ Primarily in a rural setting

3. Provider type:

- ☐ Primary Care Physician
- ☐ Nurse Practitioner
- ☐ Physician Assistant
- ☐ Psychiatric Nurse
- ☐ Mental Health Professional

4. Presenter Skills Was the presenter knowledgeable, organized and effective? Was the information presented in a clear and orderly manner? Were audio-visual aids used effectively?	1 Ineffective	2	3	4	5 Highly Effective
5. Audience Participation How effective was the presenter in involving you/other participants, ensuring an adequate amount of time for questions/comments?	1 Ineffective	2	3	4	5 Highly Effective
6. Objectives How well did the web cast meet its stated objectives?	1 Not at all	2	3	4	5 Completely

7. Relevance to your work Did you gain new information or insights to your work? Will you incorporate this information into your practice/work?	1 Very Little	2	3	4	5 A Great Deal

8. What do you consider the most important thing you gained from your participation in this web cast?

9. Overall rating Overall, how satisfied are you with this web cast?	1 Not at all	2	3	4	5 Completely

10. Suggested topics for future web casts

11. Where did you hear about this web cast?

- ☐ Brochure
- ☐ Personal Contact
- ☐ Website
- ☐ Email
- ☐ Other (please specify)

12. What made you decide to attend this web cast?

- ☐ Presenter
- ☐ CEUs
- ☐ Agenda/Topics
- ☐ Flexibility of web cast forum
- ☐ Other (please specify)

13. Comments:

14. Please check here if you are applying for CEU/CME's.

15. Are you interested in information on future webcasts?

Please answer the following questions regarding demographic information.

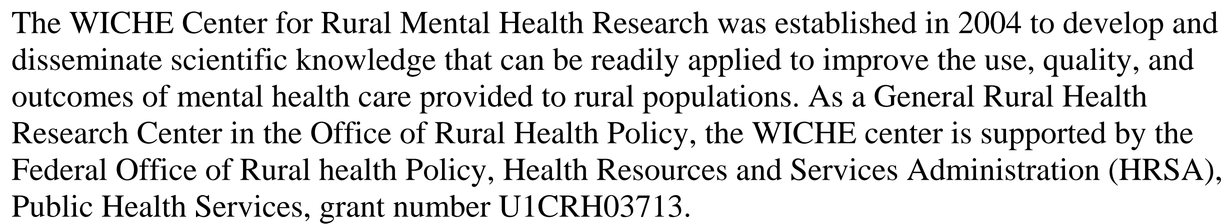
16. Your name

17. Your Position Title (if not applicable, type N/A)

18. Facility (if not applicable, type N/A)

19. Mailing Address (please include street or PO Box, City, and Zip)

20. Email address



The WICHE Center for Rural Mental Health Research was established in 2004 to develop and disseminate scientific knowledge that can be readily applied to improve the use, quality, and outcomes of mental health care provided to rural populations. As a General Rural Health Research Center in the Office of Rural Health Policy, the WICHE center is supported by the Federal Office of Rural health Policy, Health Resources and Services Administration (HRSA), Public Health Services, grant number U1CRH03713.

The WICHE Center selected mental health as its area of concentration because: (1) although the prevalence and entry into care for mental health problems is generally comparable in rural and urban populations, the care that rural patients receive for mental health problems may be of poorer quality, particularly for residents in outlying rural areas and (2) efforts to ensure that rural patients receive similar quality care to their urban counterparts generally requires restructuring treatment delivery models to address the unique problems rural delivery settings face. Within mental health, the Center proposes to conduct the research development/dissemination efforts needed to ensure rural populations receive high quality depression care.

Within mental health, the Center will concentrate on depression because: (1) depression is one of the most prevalent and impairing mental health conditions in both rural and urban populations, (2) most depressed patients fail to receive high quality care when they enter rural or urban treatment delivery systems, (3) outlying rural patients are more likely to receive poorer quality care than their urban counterparts, (4) urban team settings are adopting new evidence-based care models to assure that depressed patients receive high quality care for the condition that will increase the rural-urban quality chasm even further, and (5) urban care models can and need to be refined for delivery to rural populations.

The WICHE Center is based at the Western Interstate Commission for Higher Education. For more information about the Center and its publications, please contact:
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The WICHE Center for Rural Mental Health Research is one of seven Rural Health Research Centers supported by the Federal Office of Rural Health Policy (ORHP), Grant No. 1 U1CRH03713-01. This project is funded by ORHP, Health Resources and Services Administration, U.S. Department of Health and Human Services. The specific content of this paper is the sole responsibility of the authors.