

Behavioral Health Care Issues in the Farming Community



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Chasek**
**Professor/Chair, UNO
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Development**

**Agricultural Health and
Safety Course**
7-10-24

Where I'm from!



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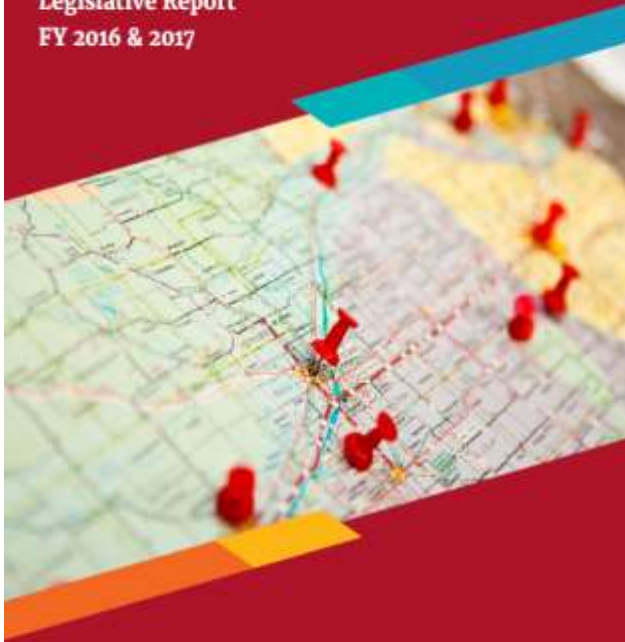
The Only Reason to Move to the City!



What I do!

Behavioral Health Education Center of Nebraska

Legislative Report
FY 2016 & 2017



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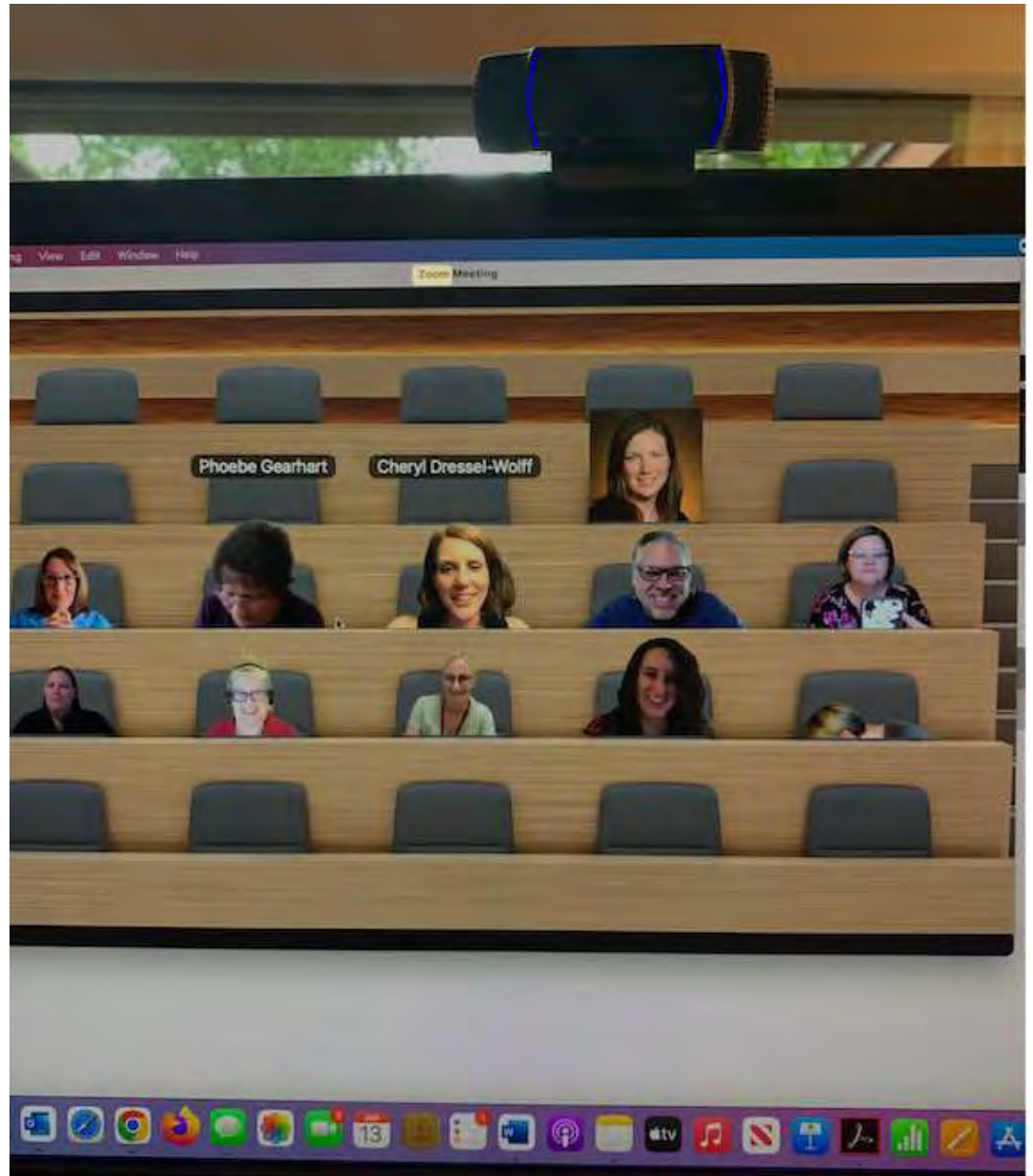
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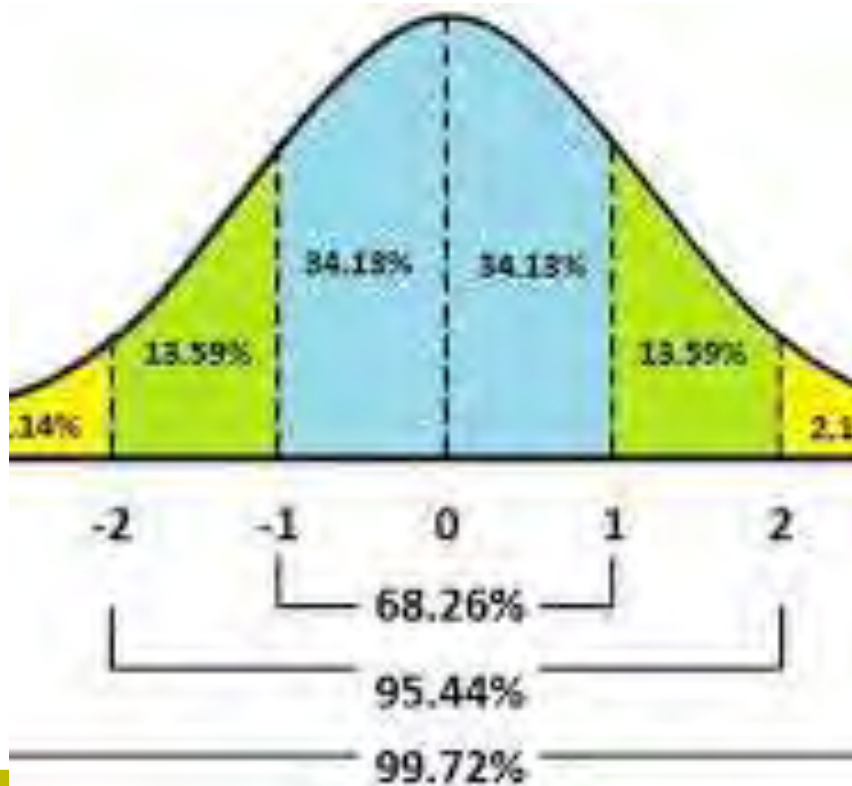
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Zoom
Clever!



Research









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Where are we headed?

- Define Agricultural Behavioral Health
- Substance Use In Ag
- Aging and Behavioral Health



What is “Behavioral Health?”

Behavioral health =

mental health disorders

+

substance use disorders

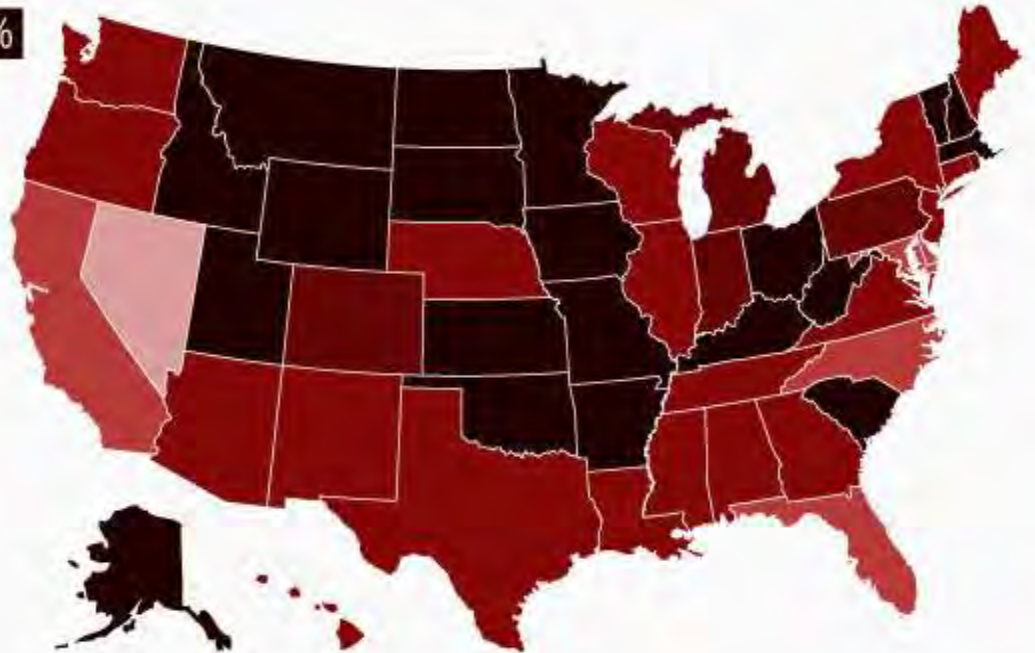
Suicide Rates Have Risen Sharply Across The U.S.

Percentage change in suicide rate in U.S. states from 1999 to 2016



Highest percentage increase
(1999 to 2016)

| | |
|----------------|-------|
| North Dakota | 57.6% |
| Vermont | 48.6% |
| New Hampshire | 48.3% |
| Utah | 46.5% |
| Kansas | 45.0% |
| South Dakota | 44.5% |
| Idaho | 43.2% |
| Minnesota | 40.6% |
| Wyoming | 39.0% |
| South Carolina | 38.3% |





Live Well Nebraska

Nebraska has one of the nation's highest binge drinking rates

CHRIS DUNKER and MOLLY HUNTER Lee Enterprises Dec 29, 2020 Updated Nov 7, 2021

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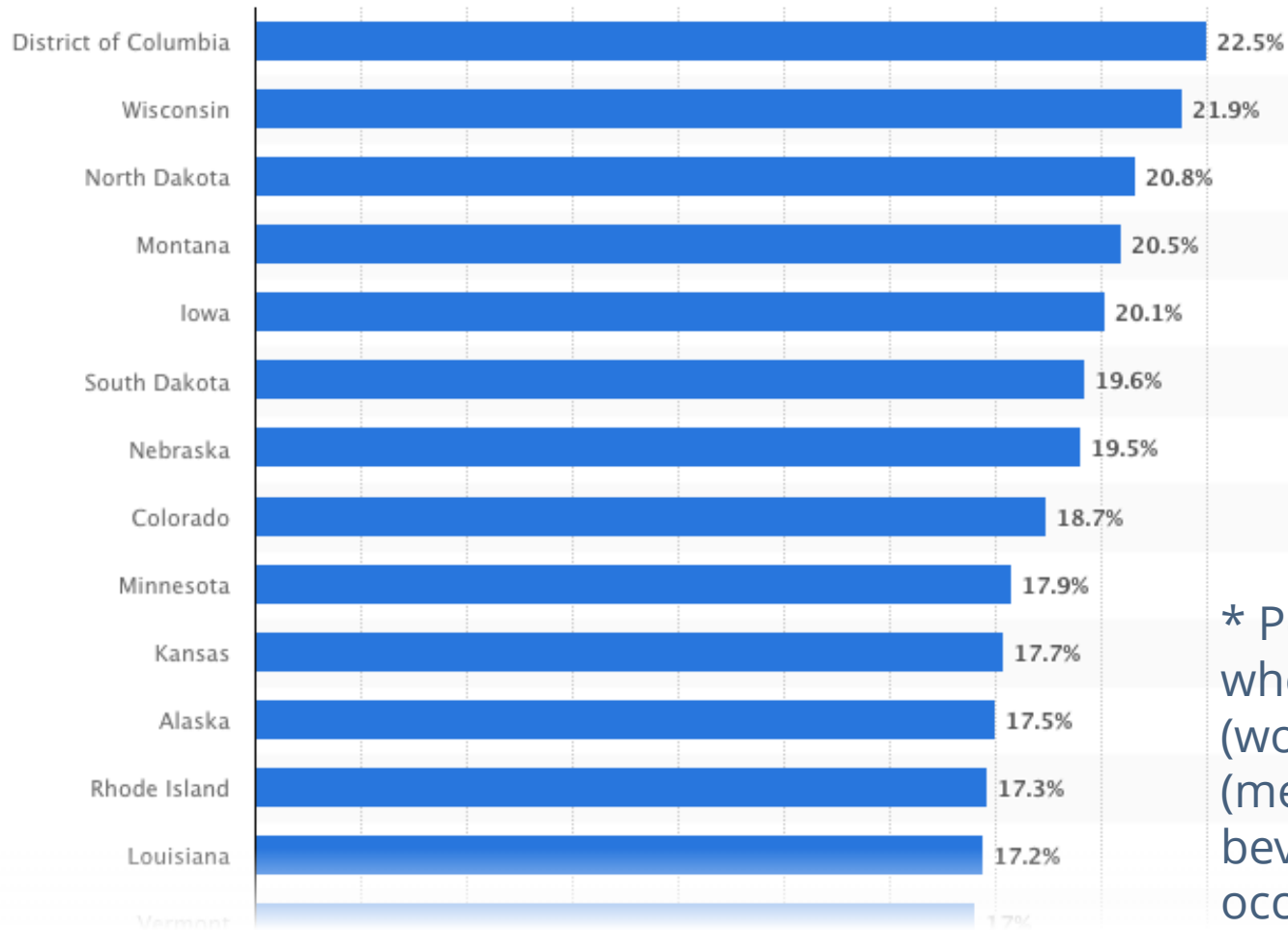
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Binge Drinking Rates By State *2023



* Percentage of adults who had 4 or more (women) or 5 or more (men) alcoholic beverages on a single occasion in the past 30 days.

Nearly

1 in 5

Nebraskans
have a

**mental
illness.**



**Together,
they would fill
MEMORIAL
STADIUM
3 times
on game day.**



**Why don't we talk about
Behavioral Health?**

STIGMA

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Nebraska rural poll (2019)

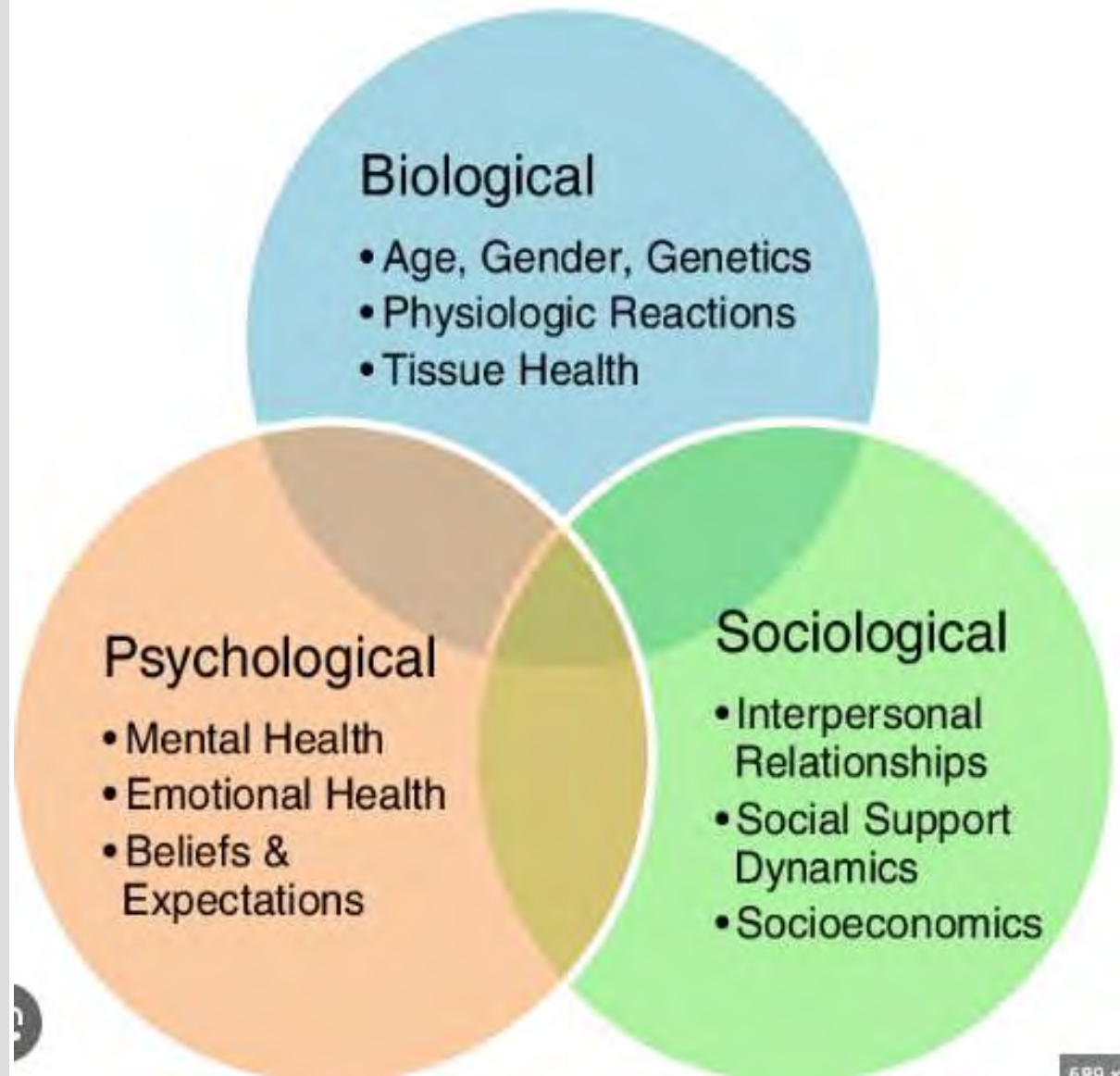
– Most rural Nebraskans agree that the following items bring shame to a person

- Going to AA or alcohol treatment: 45%
- Seeking Mental Health Care: 46%
- Going to Drug treatment: 46%



- Nebraska Rural Health Poll, UNL (2019)

Mental Health Model



Agricultural Behavioral Health© –

- The Agrarian Imperative- Dr. Michael Rosmann (2010)
- The field of health involving the behavioral healthcare of the agricultural population.
- Agricultural behavioral health entails understanding the cultures of farmers, ranchers and others involved in the production of food and fiber.
- Agricultural behavioral health requires understanding the unique behavioral health issues of agricultural people and methods of restoring maladjusted behaviors to wellness.

**USDA-Agriwellness



The Personal Nature of Agriculture

- Characteristics of Agricultural Communities and Culture
- Strong Core Values
- Behavioral Healthcare Issues Specific to Agricultural populations



Conditions Unique to Agriculture and Producers

UNIVERSAL ISSUES

Financial Pressure

Succession Planning

Overall Poor Health (inactive, overweight, irregular visits to the doctor)

Isolation, Loneliness, Stress

Disease Outbreak

Lack of Access to Services; Lack of Health Benefits

Weather, Government Policies, Poor Yields

Overworking; never being able to 'leave work'

Chemical Exposure (Cholinesterase-inhibiting pesticides such as organophosphates and carbamates have been linked to depression)

WOMEN SPECIFIC ISSUES

Worry about injury

Family Caregivers for Elderly Relatives

Women are the Family Counselors and Confidants

Multiple Roles; mother, wife, financial planner, caregiver, employee,

"Third Shift" Workers: work outside the home, care for the family, and work on the farm

Lack of Recognition for work

- Prevalence of mental health conditions is similar between rural and urban: 21% or 7.3 million
 - **HOWEVER.....**
- Depression rates have been found to be higher in rural areas as compared to urban areas
- Higher rates of suicide in rural areas especially among men
 - In the Midwest, Suicide is the 2nd leading cause of death for ages 15-34 and the 4th leading cause of death for ages 35-54
- Higher rates of Substance Use Disorders
 - Gale, Janis, Coburn, & Rochford 2019
 - National Survey on Drug Use and Health, SAMHSA, 2019

Research Findings

THE JOURNAL OF
RURAL HEALTH



LITERATURE REVIEW |  Free to Read

Substance use disorders in the farming population: Scoping review

Shinobu Watanabe-Galloway PhD , Christine Chasek PhD, Aaron M. Yoder PhD, Jesse E. Bell PhD

First published: 06 May 2021 | <https://doi.org/10.1111/jrh.12575> | Citations: 3

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Research Findings Close to Home

> [J Rural Health](#). 2023 Feb 9. doi: [10.1111/jrh.12749](#). Online ahead of print.

A cross-sectional study of alcohol, opioid use, and anxiety in agriculturally based occupations

[Christine Chasek](#)¹, [Shinobu Watanabe-Galloway](#)², [Rachel Rutt](#)², [Ashley Olson](#)³, [Aaron Yoder](#)²

Affiliations + expand

PMID: 36759592 DOI: [10.1111/jrh.12749](#)

Abstract

Purpose: Although there are many studies that have examined substance use and mental health concerns in rural areas, there is a paucity of research related to the prevalence of substance use and mental well-being in agriculturally based occupations. This study aimed to determine the prevalence of alcohol and opioid misuse and anxiety among adults in agriculturally based occupations in the rural Midwest and to determine the risk factors for alcohol misuse.

Background



Project Ag Aware

- The long-term objectives:
 - Increase knowledge of substance use and misuse through outreach, education, and prevention
 - Determine the risk level of opioid and alcohol misuse among adults in agricultural communities in Nebraska and surrounding rural states

Methods

- Population: males and females, aged 19-90 involved in the agricultural industry: NE, IA, KS
- Dillman Survey Method¹ used: 12,000 surveys mailed in April-May, September-October 2020, March-April 2021
- Options of online or paper survey
- Surveys included
 - Demographics
 - The Alcohol Use Disorder Identification Test (AUDIT)
 - The Generalized Anxiety Disorder Screener (GAD-2)
 - The Drug Abuse Screening Test (DAST-1)



Results

- Received 2,421 surveys back (20% response rate)
- Majority of participants were male (78.5%)
- Majority of participants were older adults M=61
 - Ages 40-64 (47.%)
 - Ages 65 or older (43.3%)
- Married (80.5%)
- Caucasian (98.3%)
- Occupation:
 - 65% of respondents identified as direct agricultural workers (farmer/rancher, farm hand/ranch hand, agribusiness)
 - 34.5% of respondents identified as indirect agricultural workers (bookkeeper, farm manager, retired)



Results

- Most respondents did not use opioids, illegal drugs, or prescription pills for non-prescription purposes (97.4%)
- Most respondents were low-risk for anxiety disorders (84.1%)
- Most respondents were low-risk for alcohol abuse or disorders (90.6%)

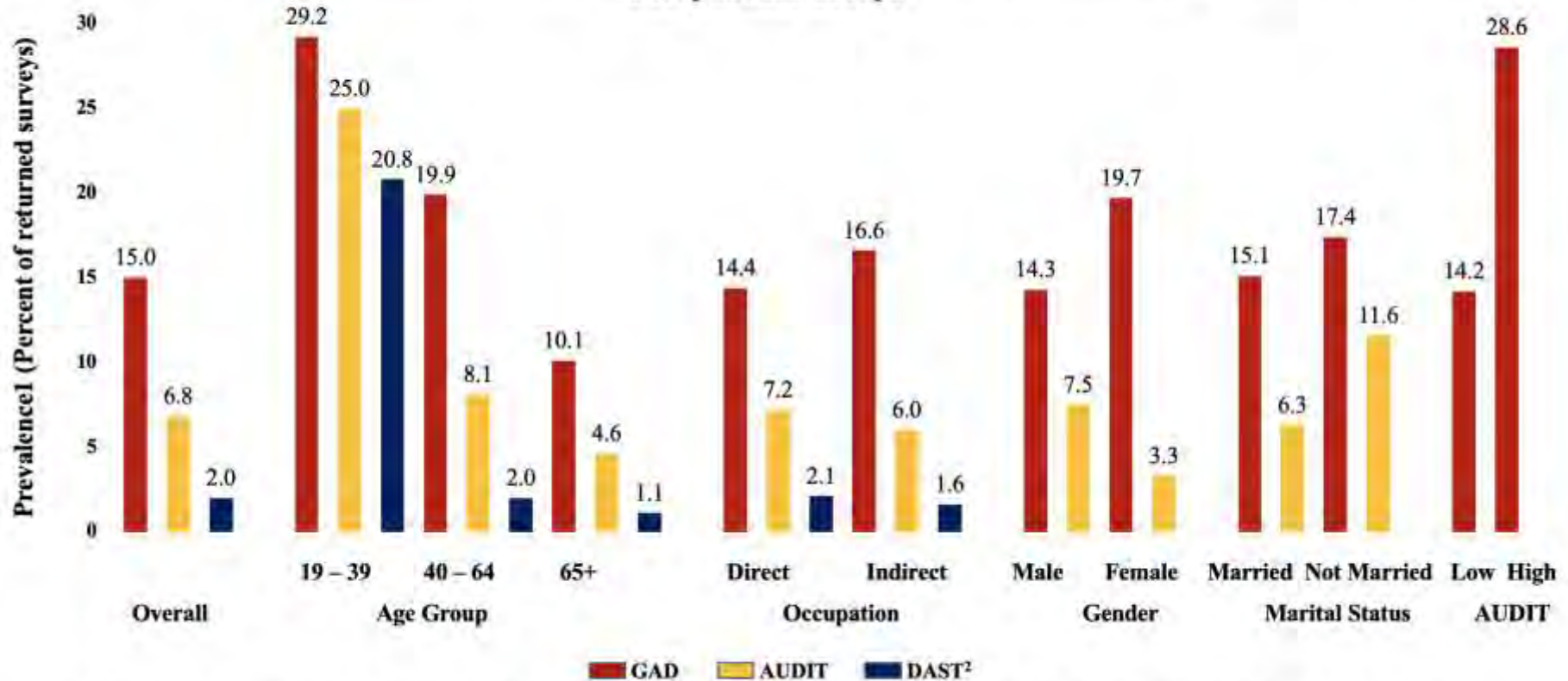


Results: Alcohol, Other Drugs, and Anxiety

- The youngest respondents (aged 19-39) had the highest prevalence of **high-risk alcohol use at 28.2%**
- The youngest respondents (aged 19-39) had the highest prevalence of **other drug use at 7.9%**
- The youngest respondents (aged 19-39) had the highest prevalence of **anxiety at 25.0%**



Figure 1. Prevalence of GAD, AUDIT, and DAST Categories by Sociodemographic and Occupational Groups



¹ Cut points for high risk were as follows: a score of 3 or higher on the GAD, a score of 8 or higher on the AUDIT, and a score of 1 on the DAST-1

² DAST was not reported for marital status and gender due to low frequency/cell counts

Implications



- The youngest age group (ages 19 to 39), had the highest prevalence for all three outcomes:
 - GAD (25.0%)
 - AUDIT (28.2%)
 - DAST (7.9%)
- Should we be concerned about older adults in Rural Agricultural Communities?



Baby Boomers at risk of becoming problem drinkers in their old age

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What about Aging and Alcohol?



Baby boomers are 'drinking themselves into an early grave' because they're LONELY

- Baby Boomers
- Hidden Epidemic-
 - Ageism and Stereotyping



- According to the 2018 National Survey on Drug Use and Health, among adults 50 and older
- Binge alcohol use, defined as drinking more than 5 drinks for males and 4 drinks for females, was reported at 49.2% over the lifetime, with 17.1% reporting binge drinking in the past year, and 4.5% in the past month (SAMHSA, 2019).

Prevalence Nationally for Alcohol Use in Older Adults

- The most concerning use of substances in the older population is alcohol; almost 65% of people over the age of 65 reported high-risk drinking with more than a tenth of adults reporting binge drinking (SAMHSA, 2019).
- White et al. (2020) found that in recent years, increases in alcohol consumption for adults aged 50 and over has been significantly greater than younger aged adults.
- Similarly, Breslow et al. (2017) found that alcohol consumption trended upward in older adults, particularly among women.

Risk Factors

- Age-related changes in the neurotransmitter systems mediate the effects of drugs in the brain, even moderate drug use can present greater risks for the older adult.
- **Physical changes in the aging body:**
 - Due to changes in body composition and decreased digestive and liver functions, ingesting alcohol can cause more damage to the central nervous system, vital organs, and other body functions in older adults.
 - Reductions in body mass and water content (as well as decreased kidney functioning) increase the levels of drug serums in older adults who misuse substances, causing significant effects from even a moderate amount of drug use.
- Increased risk factors with falls; broken bones that take longer to heal.
- Prescription of medication for legitimate medical needs.
- ***Grief and loss** are not only risk factors for substance misuse, but they are also a result of substance misuse.*

Guidelines



NIAAA Guidelines for Alcohol Use Older Adults

- *Men aged 65 or older consume no more than one standard drink daily (defined as 12 ounces of beer, 1 ounce of hard liquor, or 5 ounces of wine) and a maximum of two drinks on any occasion.*
- *These limits are even lower for women; **one standard drink per day is considered at-risk drinking.***
- **No more than 7 standard drinks a week for men, 5 for women.**
 - AS COMPARED TO
- Younger adults: no more than **14** drinks a week for **men** and **7** drinks per week for **women.**



What do we do?

Reduce Stigma

Recognize the problem

Take Action!

Trigger Warning

The next few slides and discussion contains images of past treatments of mental illness that may be disturbing to some. Please continue at your own discretion.

Glore Psychiatric Museum St. Joseph Missouri



Boxes





The Wheel

The Swing



The Chair

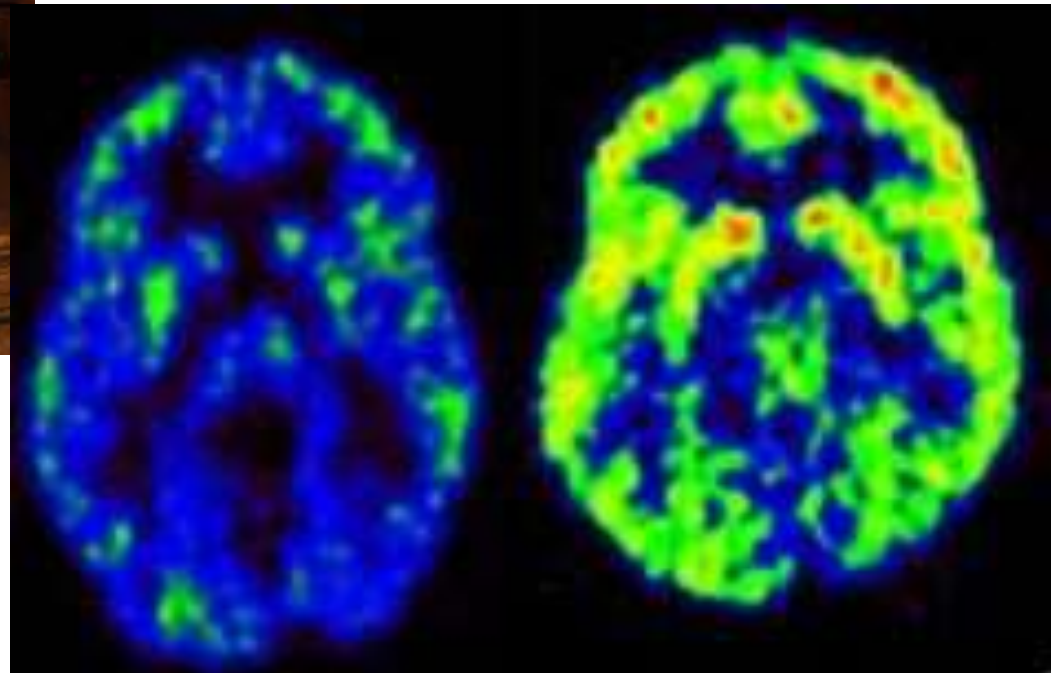


The Bath The Leeches



Replicas of 18-19th Century leech storage jars, and a clear glass leech jar.

The Brain!



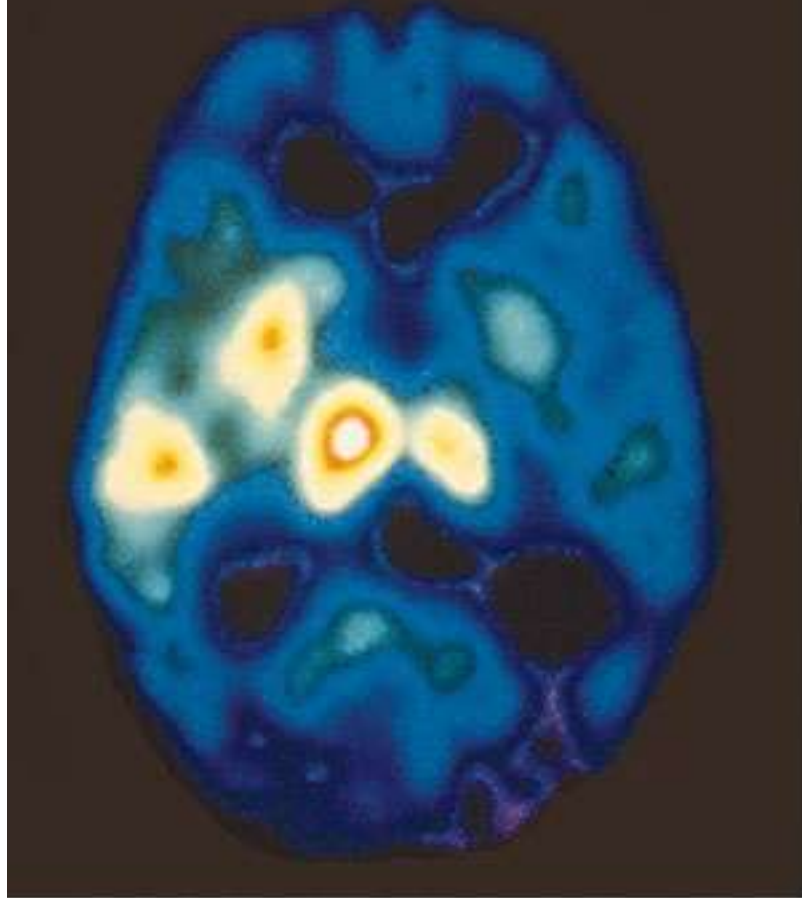
Alcoholic

Darker Colouring
indicates depressed
brain activity

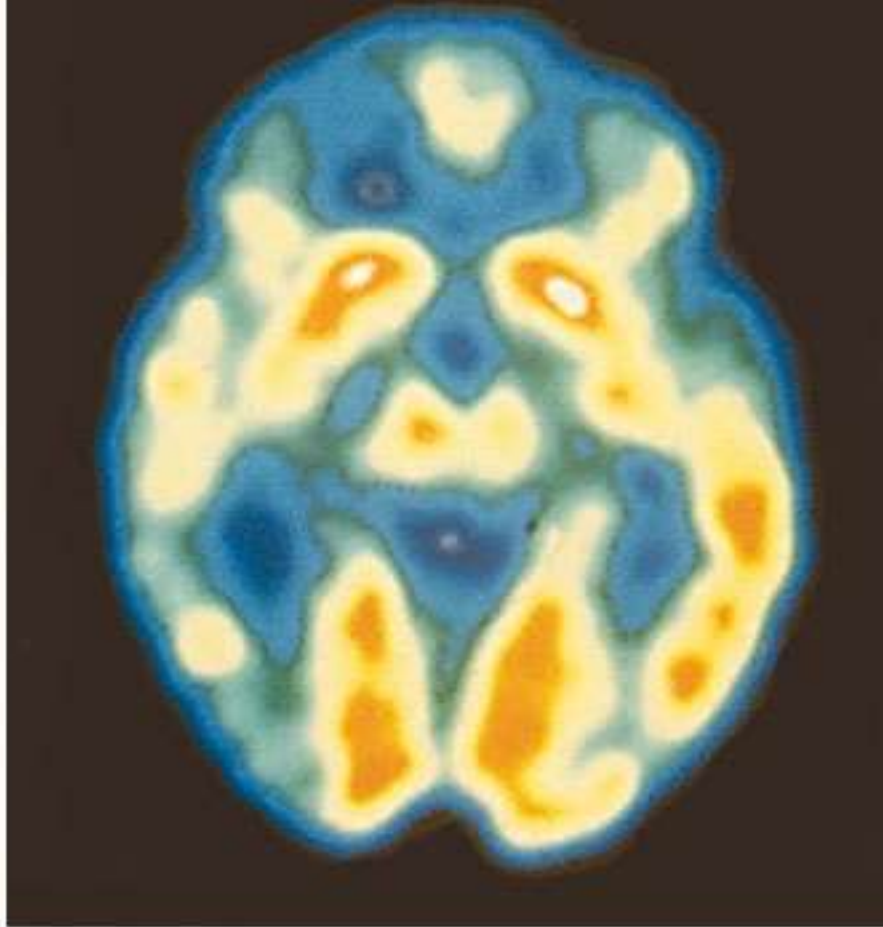
Normal

Healthy levels of
brain activity

Depressed



Not depressed



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Strategies to Address Rural Behavioral Health Stigma



Assessment of Behavioral Health Issues

- **Am I**
 - **stressed,**
 - **depressed, or**
 - **over-blessed?**



HOLMES AND RAHE STRESS SCALE

Holmes and Rahe found that a score of 150 gives you a 50-50 chance of developing an illness. A score of 300+ gives you a 90% chance of developing an illness, having an accident or "blowing up". Notice that "positive times" like Christmas, marriage and vacations are stressful.

multiply event by the number of times you have experienced it in the last year

| LIFE EVENT (STRESSOR) | VALUE | #/YR | TOTAL |
|--|-------|------|-------|
| 1 DEATH OF SPOUSE | 100 X | ___ | = ___ |
| 2 DIVORCE | 73 X | ___ | = ___ |
| 3 MARITAL SEPARATION | 65 X | ___ | = ___ |
| 4 JAIL TERM | 63 X | ___ | = ___ |
| 5 DEATH OF CLOSE FAMILY MEMBER | 63 X | ___ | = ___ |
| 6 MAJOR PERSONAL INJURY OR ILLNESS | 53 X | ___ | = ___ |
| 7 MARRIAGE | 50 X | ___ | = ___ |
| 8 FIRED FROM WORK | 47 X | ___ | = ___ |
| 9 MARITAL RECONCILIATION | 45 X | ___ | = ___ |
| 10 RETIREMENT | 45 X | ___ | = ___ |
| 11 MAJOR CHANGE IN HEALTH OF FAMILY MEMBER | 44 X | ___ | = ___ |
| 12 PREGNANCY | 40 X | ___ | = ___ |
| 13 SEX DIFFICULTIES | 39 X | ___ | = ___ |
| 14 GAIN OF NEW FAMILY MEMBER | 39 X | ___ | = ___ |
| 15 MAJOR BUSINESS READJUSTMENT | 39 X | ___ | = ___ |
| 16 MAJOR CHANGE IN FINANCIAL STATE | 38 X | ___ | = ___ |
| 17 DEATH OF CLOSE FRIEND | 37 X | ___ | = ___ |
| 18 CHANGE TO DIFFERENT LINE OF WORK | 36 X | ___ | = ___ |
| 19 MAJOR CHANGE IN NUMBER OF ARGUMENTS WITH SPOUSE | 35 X | ___ | = ___ |
| 20 MORTGAGE OVER \$100,000 | 31 X | ___ | = ___ |
| 21 FORCLOSURE OF MORTGAGE OR LOAN | 30 X | ___ | = ___ |
| 22 MAJOR CHANGE IN RESPONSIBILITIES AT WORK | 29 X | ___ | = ___ |
| 23 SON OR DAUGHTER LEAVING HOME | 29 X | ___ | = ___ |
| 24 TROUBLE WITH IN-LAWS | 29 X | ___ | = ___ |
| 25 OUTSTANDING PERSONAL ACHIEVEMENT | 28 X | ___ | = ___ |
| 26 SPOUSE BEGINS OR STOPS WORK | 26 X | ___ | = ___ |
| 27 BEGIN OR END SCHOOL | 26 X | ___ | = ___ |
| 28 MAJOR CHANGE IN LIVING CONDITIONS | 25 X | ___ | = ___ |
| 29 REVISION OF PERSONAL HABITS | 24 X | ___ | = ___ |
| 30 TROUBLE WITH BOSS | 23 X | ___ | = ___ |
| 31 MAJOR CHANGE IN WORK HOURS OR CONDITIONS | 20 X | ___ | = ___ |
| 32 CHANGE IN RESIDENCE OR SCHOOLS | 20 X | ___ | = ___ |
| 33 MAJOR CHANGE IN RECREATION | 19 X | ___ | = ___ |
| 34 MAJOR CHANGE IN CHURCH ACTIVITIES | 19 X | ___ | = ___ |
| 35 MAJOR CHANGE IN SOCIAL ACTIVITIES | 18 X | ___ | = ___ |
| 36 MORTGAGE OR LOAN LESS THAN \$10,000 | 17 X | ___ | = ___ |
| 37 MAJOR CHANGE IN SLEEPING HABITS | 16 X | ___ | = ___ |
| 38 MAJOR CHANGE IN NUMBER OF FAMILY GET-TOGETHERS | 15 X | ___ | = ___ |
| 39 MAJOR CHANGE IN EATING HABITS | 15 X | ___ | = ___ |
| 40 VACATIONS, CHRISTMAS | 13 X | ___ | = ___ |
| 41 MINOR VIOLATIONS OF THE LAW | 11 X | ___ | = ___ |
| YOUR TOTAL | | | ___ |

Stress Rating Scale



OPINIONS AND FEELINGS ARE FREQUENTLY A PERSONAL TRIUMPH OVER GOOD THINKING
YOU DEFINE REALITY BY WHAT YOU KNOW, WHAT YOU BELIEVE, AND WHAT YOU DO ABOUT IT.

Zung Depression Screening

Zung Self-Rating Depression Scale

Patient's Initials: _____ Date of Assessment: _____

Please read each statement and decide how much of the time the statement describes how you have been feeling during the past several days.

| Make check mark (✓) in appropriate column. | A little of the time | Some of the time | Good part of the time | Most of the time |
|---|----------------------|------------------|-----------------------|------------------|
| 1. I feel down-hearted and blue | | | | |
| 2. Morning is when I feel the best | | | | |
| 3. I have crying spells or feel like it | | | | |
| 4. I have trouble sleeping at night | | | | |
| 5. I eat as much as I used to | | | | |
| 6. I still enjoy sex | | | | |
| 7. I notice that I am losing weight | | | | |
| 8. I have trouble with constipation | | | | |
| 9. My heart beats faster than usual | | | | |
| 10. I get tired for no reason | | | | |
| 11. My mind is as clear as it used to be | | | | |
| 12. I find it easy to do the things I used to | | | | |
| 13. I am restless and can't keep still | | | | |
| 14. I feel hopeful about the future | | | | |
| 15. I am more irritable than usual | | | | |
| 16. I find it easy to make decisions | | | | |
| 17. I feel that I am useful and needed | | | | |
| 18. My life is pretty full | | | | |
| 19. I feel that others would be better off if I were dead | | | | |
| 20. I still enjoy the things I used to do | | | | |

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems?

Not at all

Several days

More than half the days

Nearly every day

(Use "✓" to indicate your answer)

| | | | | |
|--|---|---|---|---|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |

(For office coding: Total Score T____ = ____ + ____ + ____)

Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:



12 oz.
beer



5 oz.
wine



1.5 oz.
liquor
(one shot)

| | | | | | |
|--|-------|-------------------|-------------------------------|--------------------|------------------------|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times a month | 2 - 3 times a week | 4 or more times a week |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0 - 2 | 3 or 4 | 5 or 6 | 7 - 9 | 10 or more |
| 3. How often do you have five or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 8. How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. Have you or someone else been injured because of your drinking? | No | | Yes, but not in the last year | | Yes, in the last year |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, in the last year |

0 1 2 3 4

Have you ever been in treatment for an alcohol problem? Never Currently In the past

I II III IV
0-3 4-9 10-13 14+

ASSESSMENT



Screeners and Assessments for Older Adults

- Addiction Severity Index (ASI)
- CAGE questionnaire (**C**ut down, **A**nnoyed, **G**uilty, **E**ye-opener)
- Michigan Alcoholism Screening Test-Geriatric Version (MAST-G)

- The MAST-G contains 24 yes/no questions specifically developed to screen for alcohol problems in the older adult population. One affirmative answer to any of the 24 questions indicates a need for further evaluation, and a cutoff of five positive answers indicates an alcohol use disorder is present (Blow et al., 1992).

Michigan Alcoholism Screening Test-Geriatric Version

Table 13.1: Sample Questions from the Michigan Alcoholism Screening Test-Geriatric Version (MAST-G)

| | | |
|---|--|--|
| | | |
| Does alcohol make you sleepy so that you often fall asleep in your chair? | | |
| Do you hide your alcohol bottles from family members? | | |
| Did you find that your drinking increased after someone close to you died? | | |
| Has a doctor or nurse ever said they were worried or concerned about your drinking? | | |
| When you feel lonely does having a drink help? | | |

Source: [CounsellingResource](#) Research Staff, from "Michigan Alcoholism Screening Test-Geriatric." Copyright © 2012 by [CounsellingResource](#).

Practical Things to Do

- ❖ Get Medical Care
- ❖ Social Support
- ❖ Eat Right
- ❖ Sleep
- ❖ Exercise
- ❖ Communicate
- ❖ Practice Gratitude
- ❖ Spirituality/Faith
- ❖ Self Growth
- ❖ Live in a rural area!



Guess What??

K R D
S B H M
R T N Z K
DEPRESSION
F H D C V X P R Y B C L
Z W I H L E Q F R J K Y P S N
Q S I M O L E L S I O O K B A Q
H T L E S T H A L L I W B S H D O C

Mental Health Concerns:
Treatment Works

Get information into the industry

Talk about it on the radio

Put articles in the paper

Work with doctors and medical providers

Advocate for support groups

Develop school programs

Work with church groups to offer support

Share your story

Be visible in the community

Normalize it!



Formal Supports



Rural Response Hotline 1-800-464-0258

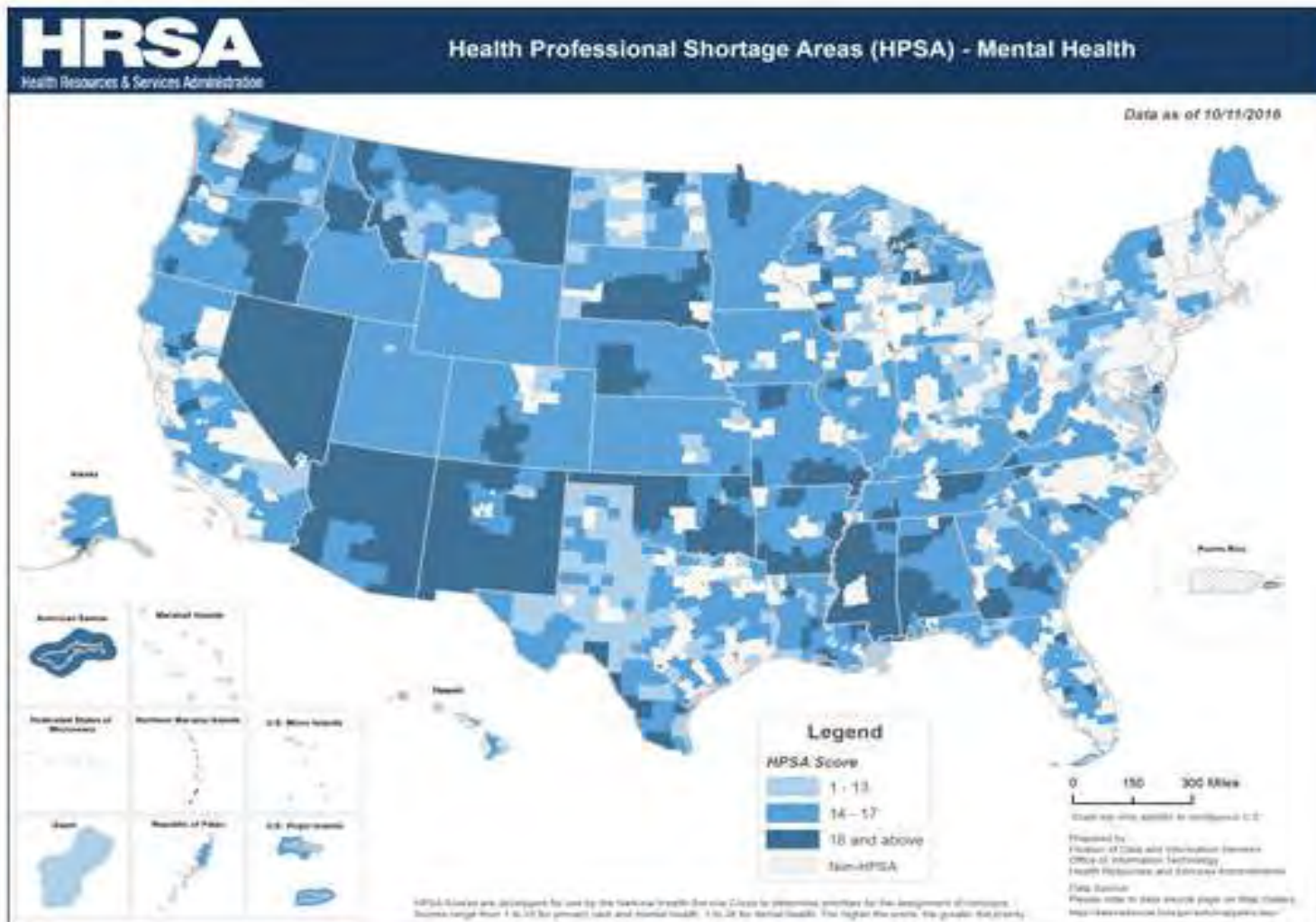


COMHT (Counseling, Outreach, and Mental Health Therapy) Program



No-cost vouchers and information on confidential mental health issues for persons affected by the rural crisis are available. Funding for the COMHT Program is provided in part, through the Nebraska Department of Health & Human Services, Office of Rural Health, and Community Service Block Grant.

National shortage of BH providers





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Contact BHECN

<https://www.unmc.edu/bhecn/>