Rural Mental Health

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Who Am I?

- Dr. Kestrel Homer
- Originally from Columbia, MO
- Undergrad ~ University of California Santa Cruz
- MA ~ San Diego State University
- Ph.D. ~ University of Missouri
- Internship & Post-Doctoral Fellowship at Four County Counseling Center in Logansport, IN
- Working at Four County Counseling Center/4C Health since 2015
- Previous work experiences: Assistant Director of Psychological Services Clinic, Maximum Security State Hospital, College Counseling Center, other Community Mental Health Centers

Who Are You?

- Name
- Where you are from? (originally, school, however you want to answer)
- Where you will be working?
- Previous work experience?
- Areas of expertise?
- Experience in rural areas?
- Are you still wearing PJs?

  (no, you don't have to show us)

How do YOU define rural?

Multiple ways to define rural*

- Office of Management and Budget
- Census Bureau
- US Department of Agriculture

- Health Resources and Services Administration

* But all of them define them in an exclusionary way, as areas that are "not urban"

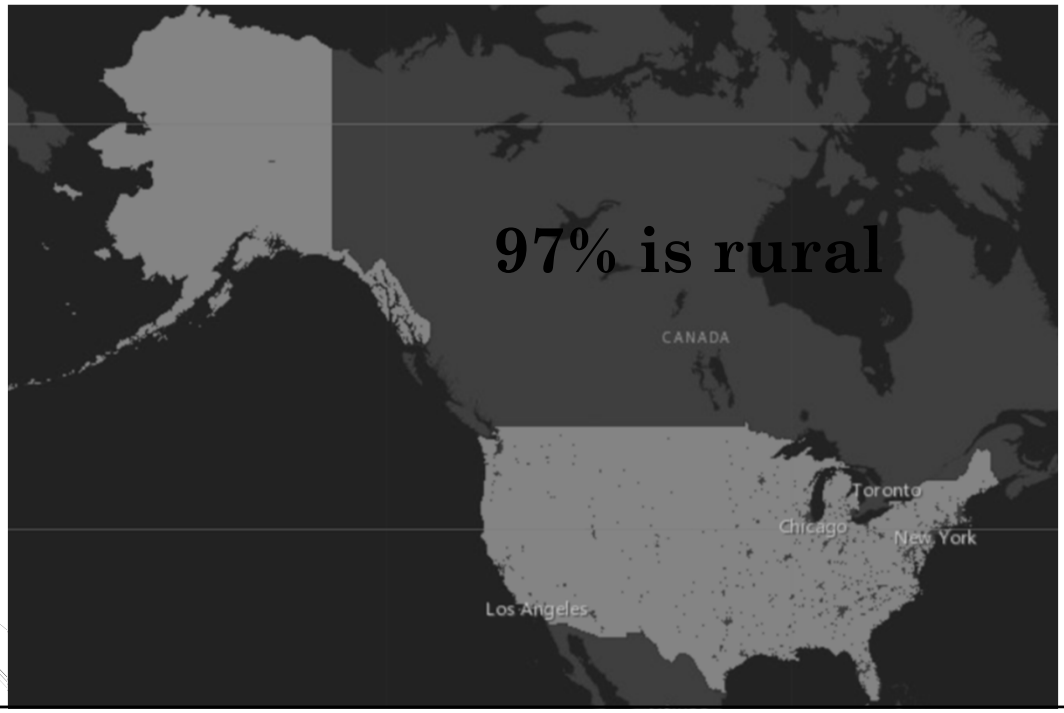
Office of Management and Budget

Area or County	Rural or Not Rural
Metro area (urban core of 50,000 or more people)	Not rural
Micro area (urban core of 10,000-49,9999 people)	Rural
Counties outside of Metro or Micro Areas	Rural

- Non-metro = 46.2 million people, about 15% of the population and covered 72% of the land area of the country.

Census Bureau

- The Bureau of the Census does not define “rural.”
- “Rural” includes people, housing, and territory not within an urban area. Any area that is not urban=rural.
  - Urbanized Areas (UAs) of 50,000 or more people
  - Urban Clusters (UCs) of 2,500 - 49,999 people
- 19.3% of the population (59.5 million people) and 97% of the land area as rural.



Challenges with these Definitions

- The Census and Office of Management and Budget (OMB) definitions present measurement challenges.
- The Census overcounts the number of people in rural areas, while the OMB undercounts them.

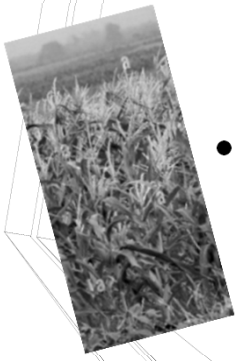
1. The Census definition:
   - Does not follow city or county boundaries, making it hard to determine if an area is urban or rural
   - Classifies many suburban areas as rural
2. The OMB includes some rural areas in metropolitan counties.
   - Example: The Grand Canyon is in a metro county.

To Overcome these challenges…

Use Rural-Urban Commuting Area (RUCA) codes.

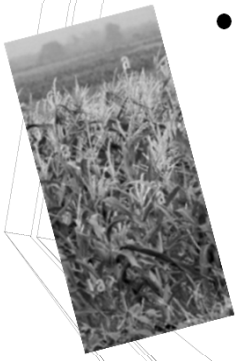
The U.S. Department of Agriculture's (USDA)'s Economic Research Service (ERS) creates these codes using U.S. Census data.

US Department of Agriculture



- The USDA Economic Research Service (ERS) uses rural-urban continuum codes, to distinguish metro counties by size and non-metro counties by their degree of urbanization or proximity to metro areas.
- Can identify rural census tracts in metro counties. Each census tract aligns with assigned RUCA codes.
  - USDA considers tracts inside metro counties with the codes 4-10 as rural.

Problem with this definition



- In larger tracts, you cannot use RUCA codes alone. The codes do not factor in distance to services and low numbers of people.
- In response, USDA classified 132 large area census tracts with RUCA codes 2 or 3 as rural.
  - These tracts are at least 400 square miles in area with no more than 35 people per square mile.
  - 14% of the population (46.1million people) and 72% of the land area as rural.

Health Resources and Services Administration (HRSA)

- All non-metro counties
- All metro census tracts with RUCA codes 4-10 and
- Large area Metro census tracts of at least 400 sq. miles in area with population density of 35 or less per sq. mile with RUCA codes 2-3.
- Beginning with Fiscal Year 2022 Rural Health Grants, HRSA considers all outlying metro counties without a UA to be rural.
  - 19.7% of the population (60.8 million people) and 86% of the land area of the country

Health Resources and Services Administration (HRSA)

- HRSA updated their definition of rural
- Updated the list of areas eligible for rural health funding
- No areas were removed
- HRSA expanded the number of areas.
- Starting in FY 2022, HRSA will consider all outlying metro counties without a UA to be rural.

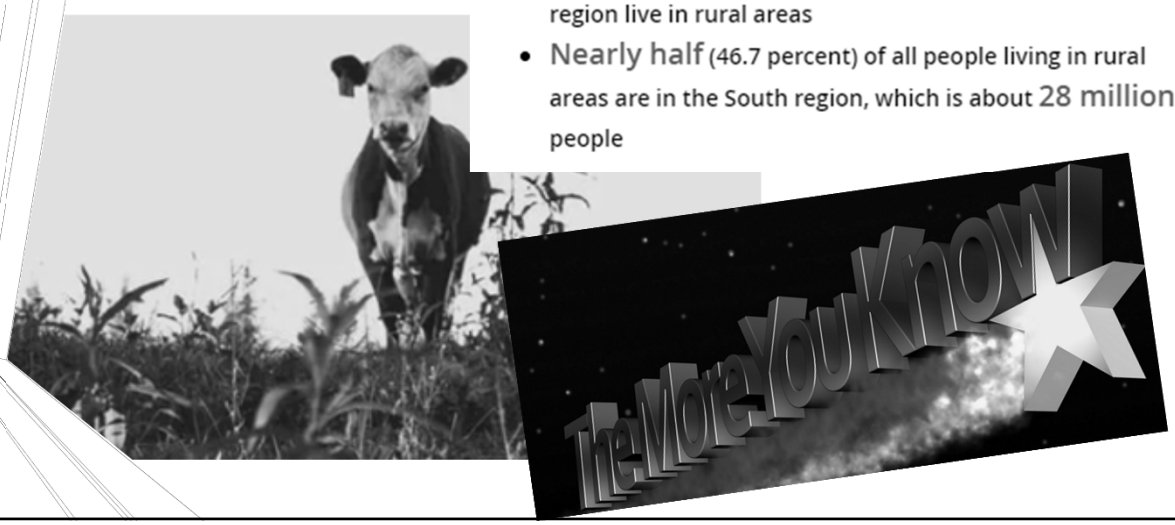
- Allows more geographic areas to apply for, or receive services from, HRSA rural health grants.

Multiple ways to define rural

Organization	% of population	Million people	% of land
OMB	15%	46.2	72%
Census Bureau	19.3%	59.5	97%
USDA	14%	46.1	72%
HRSA	19.7	60.8	86%

Did you know?

- 64.4 percent of the total rural population lives east of the Mississippi River.
- Only 10 percent of the total population in the West region live in rural areas
- Nearly half (46.7 percent) of all people living in rural areas are in the South region, which is about 28 million people



Highest Proportion Rural State in Each Region

Region	State	Percent Rural Population	Total Rural Population
Northeast	Maine* Vermont*	61.6 61.3	818,491 384,110
Midwest	South Dakota	42.9	361,918
South	West Virginia	50.9	942,029
West	Montana	43.6	442,718

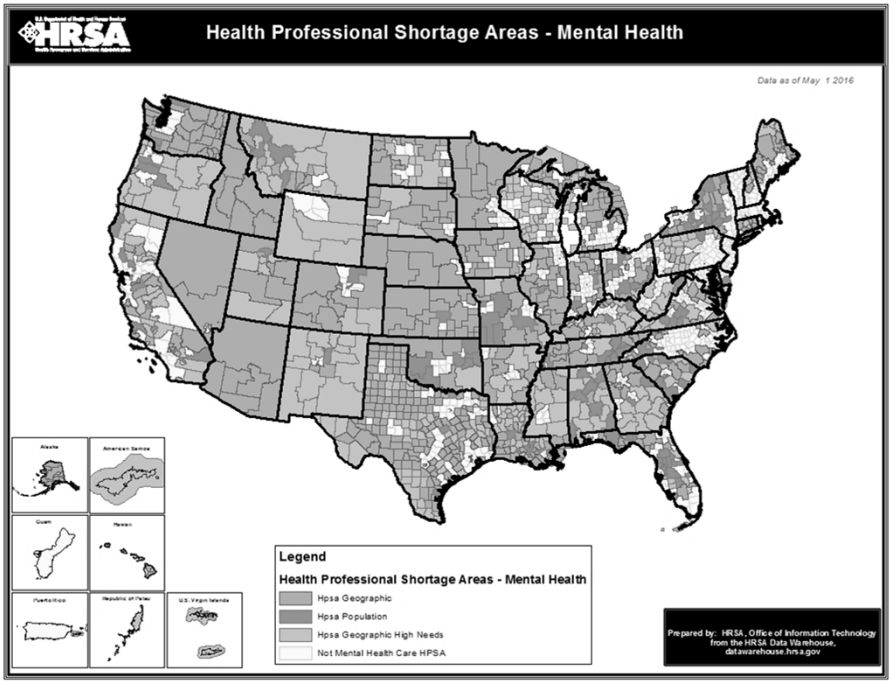
*The percent of the population that is rural in Maine and Vermont are not statistically different.

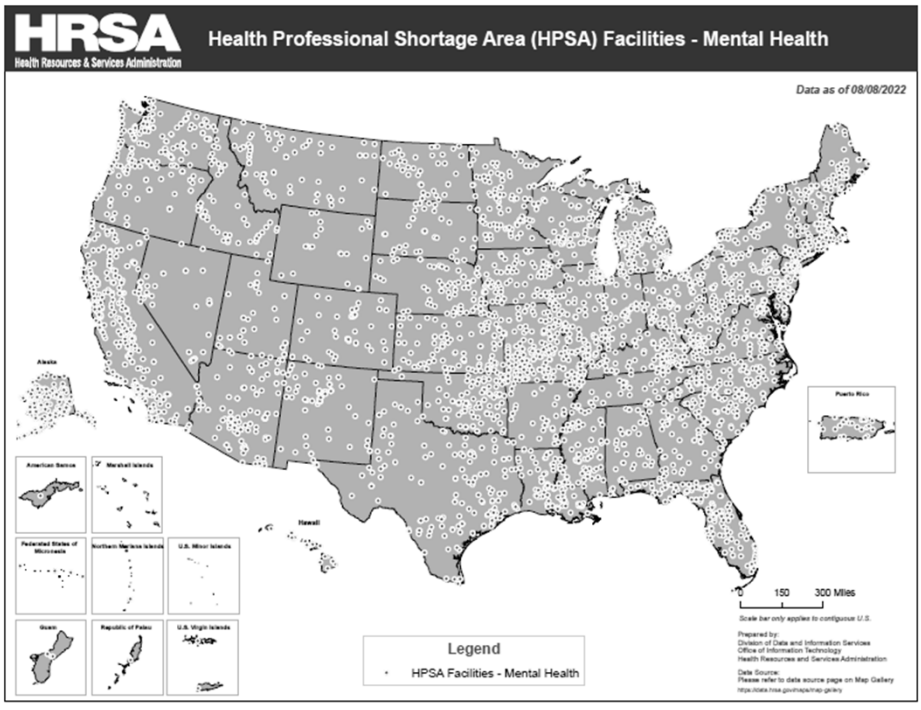
Source: U.S. Census Bureau, 2011-2015 American Community Survey, 5-year estimates.

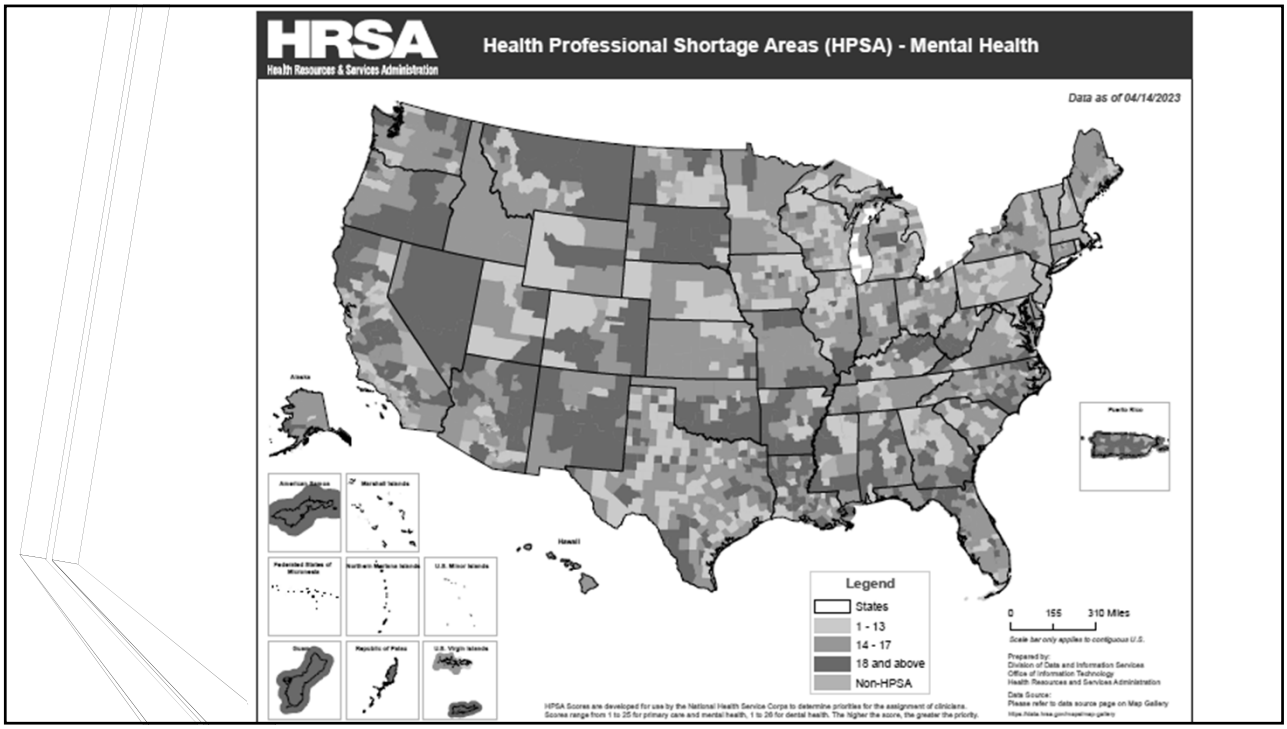
Did you know?

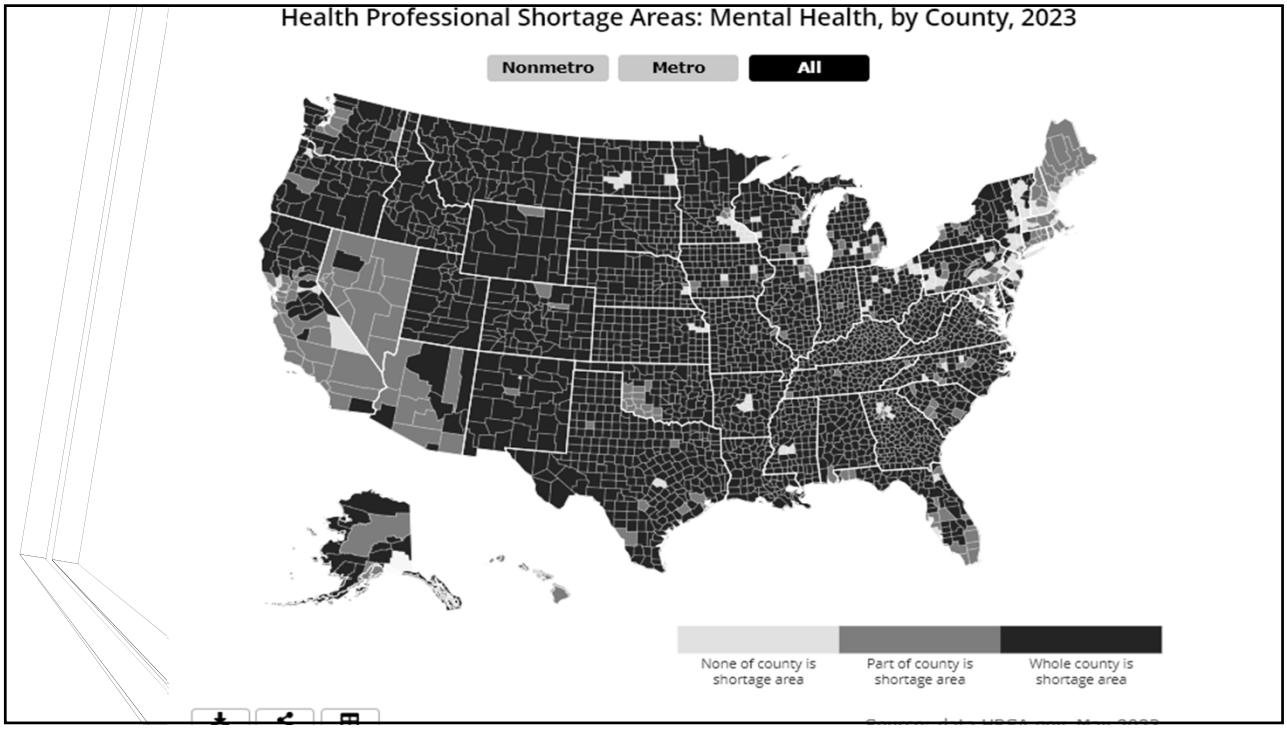
- Maine and Vermont have the highest proportion of population living in rural areas (about 61 percent)
- California has the lowest proportion of population living in rural areas (4.9 percent)

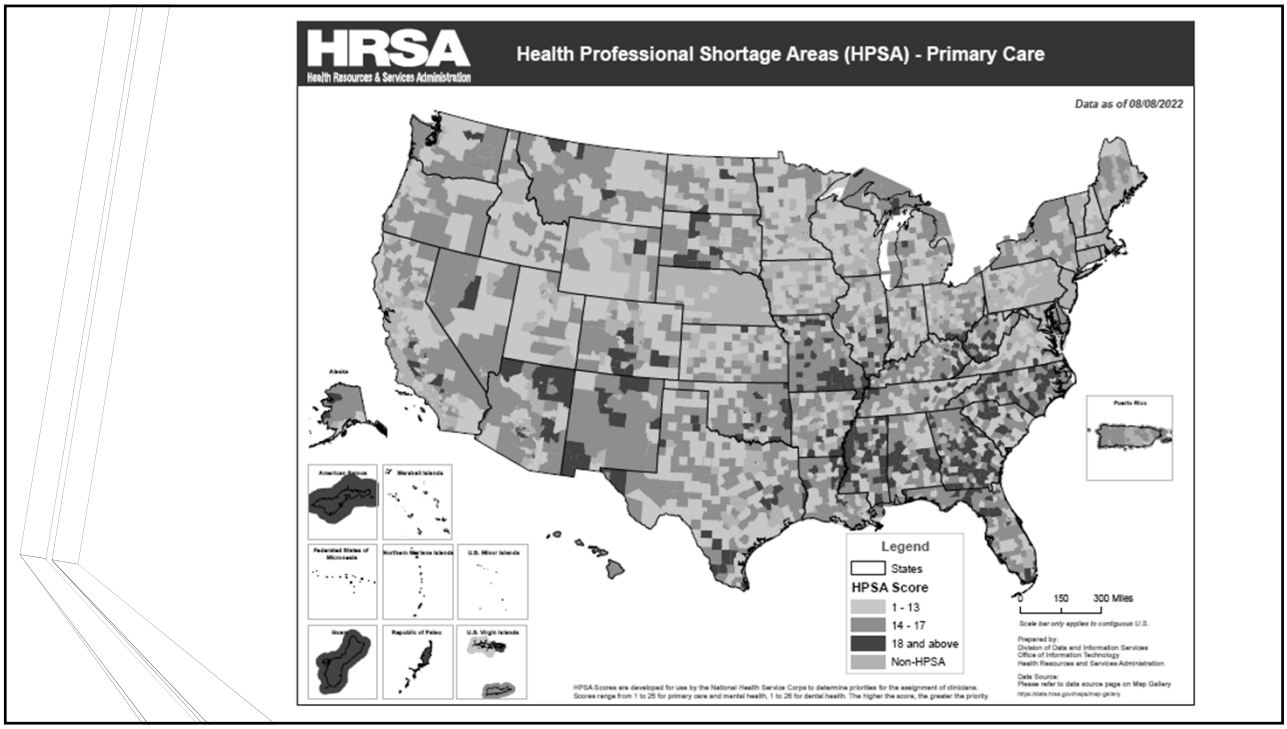
Source: U.S. Census Bureau, 2011-2015 ACS 5-year estimates


HRSA
Health Professional Shortage Areas - Mental Health
Data as of May 1 2016
Legend
Health Professional Shortage Areas - Mental Health
Hpsa Geographic
Hpsa Population
Hpsa Geographic High Needs
Not Mental Health Care HPSA
Prepared by: HRSA, Office of Information Technology from the HRSA Data Warehouse, datawarehouse.hrsa.gov


HRSA
Health Resources & Services Administration
Health Professional Shortage Area (HPSA) Facilities - Mental Health
Data as of 08/08/2022
Alaska
Hawaii
Puerto Rico
American Samoa
Marshall Islands
Federated States of Micronesia
Northern Mariana Islands
U.S. Minor Islands
Guam
Republic of Palau
U.S. Virgin Islands
0 150 300 Miles
Scale bar only applies to contiguous U.S.
Legend
HPSA Facilities - Mental Health
Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Data Source:
Please refer to data source page on Map Gallery
https://data.hrsa.gov/maps/map-gallery


HRSA
Health Resources & Services Administration
Health Professional Shortage Areas (HPSA) - Mental Health
Data as of 04/14/2023
Legend
States
1 - 13
14 - 17
18 and above
Non-HPSA
0 155 310 Miles
Scale bar only applies to contiguous U.S.
Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Data Source:
Please refer to data source page on Map Gallery
HPSA Scores are developed for use by the National Health Service Corps to determine priorities for the assignment of clinicians. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental health. The higher the score, the greater the priority.


Health Professional Shortage Areas: Mental Health, by County, 2023
Nonmetro
Metro
All
None of county is shortage area
Part of county is shortage area
Whole county is shortage area


HRSA
Health Resources & Services Administration
Health Professional Shortage Areas (HPSA) - Primary Care
Data as of 08/08/2022
Alaska
Puerto Rico
Legend
States
HPSA Score
1 - 13
14 - 17
18 and above
Non-HPSA
0 150 300 Miles
Scale bar only applies to contiguous U.S.
Prepared by:
Division of Data and Information Services
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Data Source:
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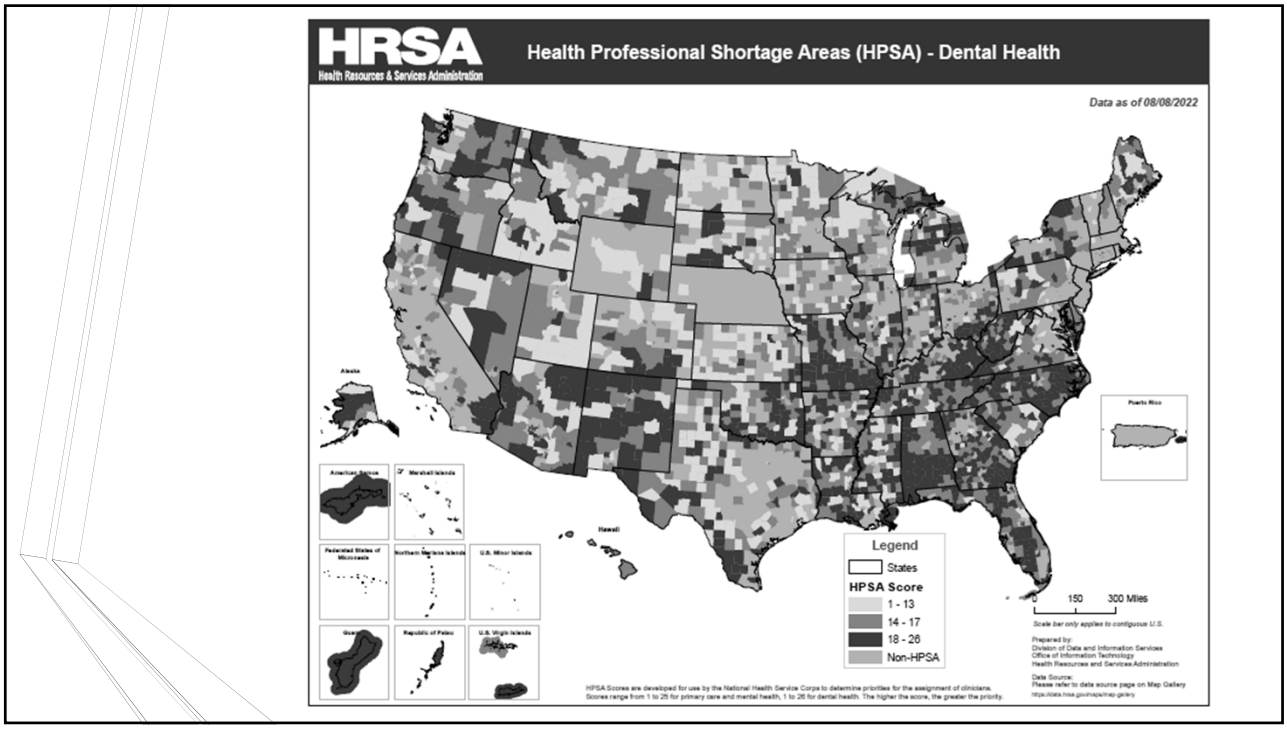
HRSA
Health Resources & Services Administration
Health Professional Shortage Areas (HPSA) - Dental Health
Data as of 08/08/2022
Alaska
Hawaii
Puerto Rico
Legend
States
HPSA Score
1 - 13
14 - 17
18 - 26
Non-HPSA
0 150 300 Miles
Scale bar only applies to contiguous U.S.
Prepared by:
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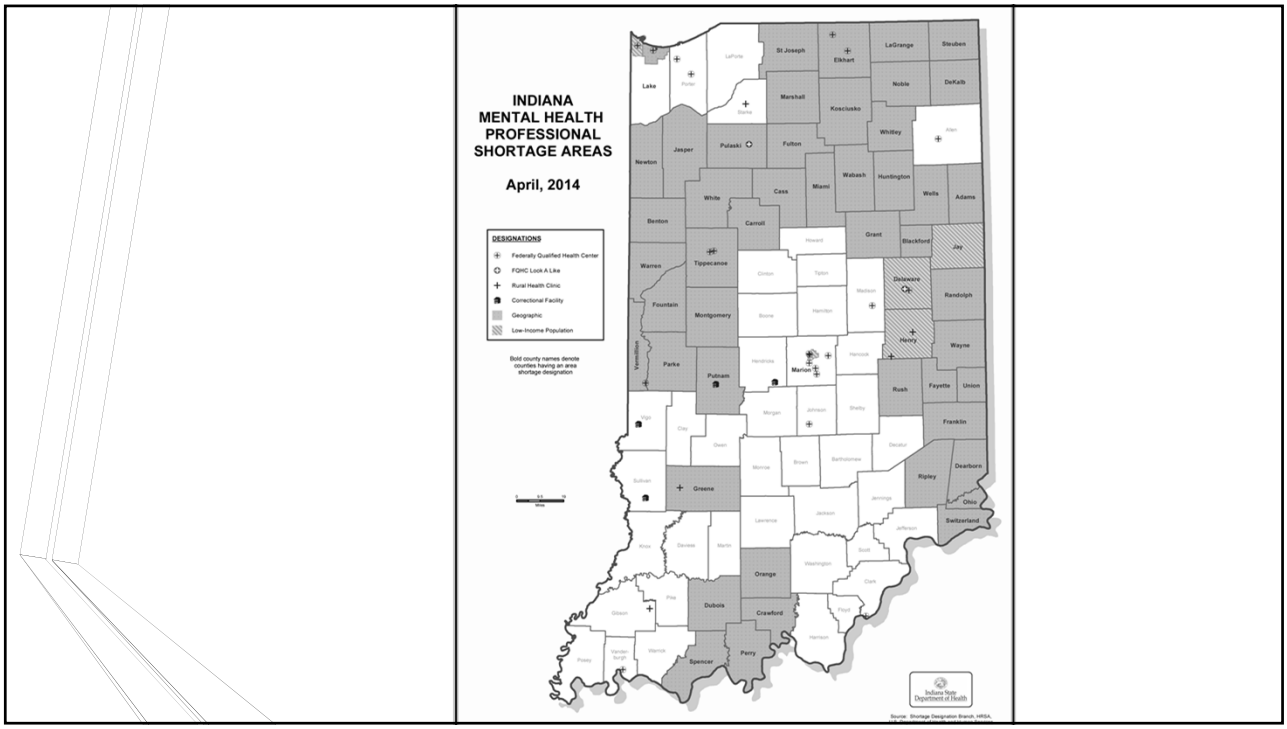
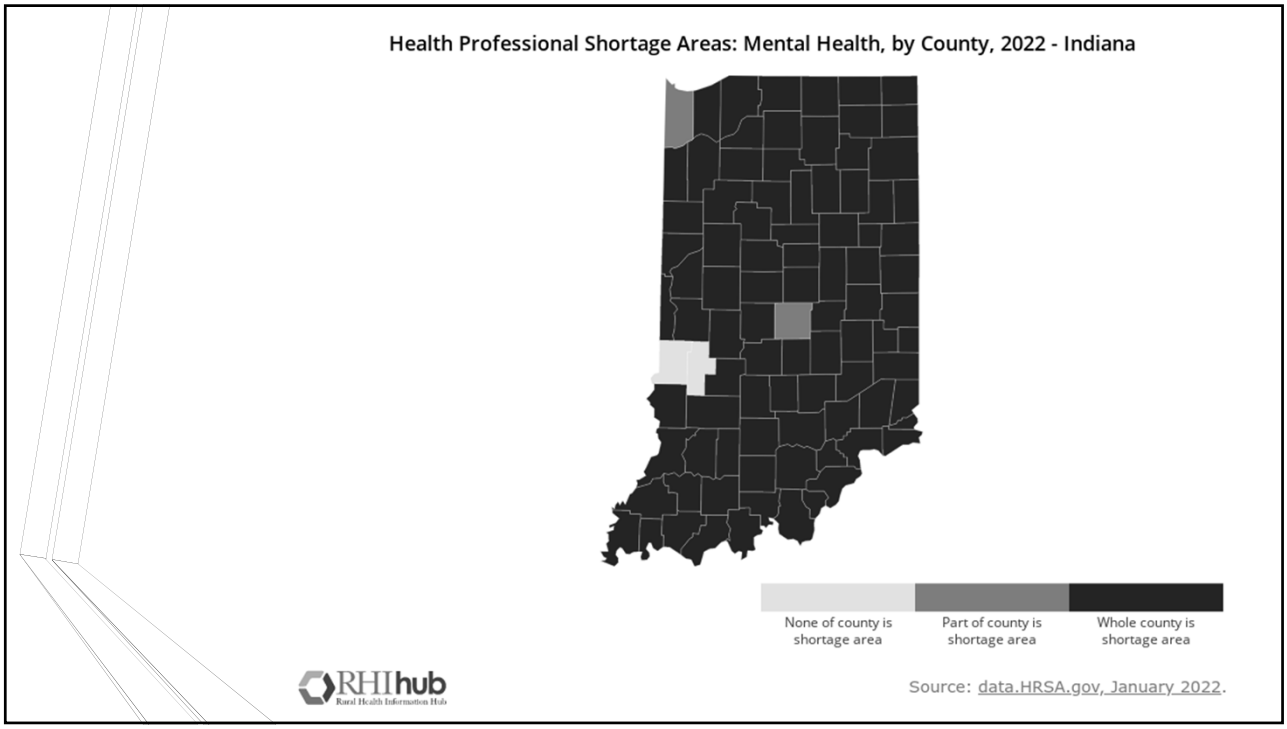

INDIANA
MENTAL HEALTH
PROFESSIONAL
SHORTAGE AREAS
April, 2014
DESIGNATIONS
Federally Qualified Health Center
FQHC Look A Like
Rural Health Clinic
Correctional Facility
Geographic
Low-Income Population
Bold county names denote counties having an area shortage designation
Lake
Porter
LaPorte
St Joseph
Elkhart
LaGrange
Steuben
Noble
DeKalb
Marshall
Starke
Kosciusko
Whitley
Allen
Jasper
Pulaski
Fulton
Newton
Miami
Wabash
Huntington
Wells
Adams
White
Cass
Benton
Carroll
Howard
Grant
Blackford
Jay
Warren
Tippecanoe
Clinton
Tipton
Madison
Delaware
Randolph
Fountain
Montgomery
Boone
Hamilton
Henry
Wayne
Vermillion
Parke
Putnam
Hendricks
Marion
Hancock
Rush
Fayette
Union
Morgan
Johnson
Shelby
Franklin
Clay
Owen
Decatur
Monroe
Brown
Bartholomew
Dearborn
Ripley
Sullivan
Greene
Lawrence
Jackson
Jennings
Ohio
Switzerland
Jefferson
Knox
Daviess
Martin
Scott
Washington
Clark
Orange
Gibson
Pike
Dubois
Crawford
Floyd
Harrison
Posey
Vanderburgh
Warrick
Spencer
Perry
Indiana State Department of Health


Health Professional Shortage Areas: Mental Health, by County, 2022 - Indiana
None of county is shortage area
Part of county is shortage area
Whole county is shortage area
RHIhub
Rural Health Information Hub
Source: data.HRSA.gov, January 2022.

Pros and Cons of Rural Practice

Use your handout and list some pros and cons

- Consider:
  - Client population
  - Access to other professionals and resources
  - Ethical issues
  - Self-care

Common Factors in Rural Culture

- Rural areas are not homogeneous. It is critical to recognize that their traditions and customs vary from small town to small town, as well from farm to town. However, some factors are often common:
  - Greater poverty
  - Older populations
  - Access difficulties
  - Lack of privacy
  - Isolation
  - Greater multigenerational caregiving demands
  - Rural areas have fewer kinds of social and activity options

Rural Values

- Self-reliance
- Conservatism
- Distrust of outsiders
- Religion
- Work orientation
- Emphasis on family
- Individualism
- Fatalism

Rural Demographics

- Persistent image of rural areas being a patchwork of family farms surrounding tranquil communities.
  - Less than 10 percent of the rural population live on farms.
  - Service employment accounts for 50.6 percent and has experienced the greatest growth over the past two decades.
- Rural citizens are more likely to be unemployed and less likely to move out of low wage jobs.
- Rural working families are more likely to be poor than working urban families.

Rural Demographics (Cont'd)

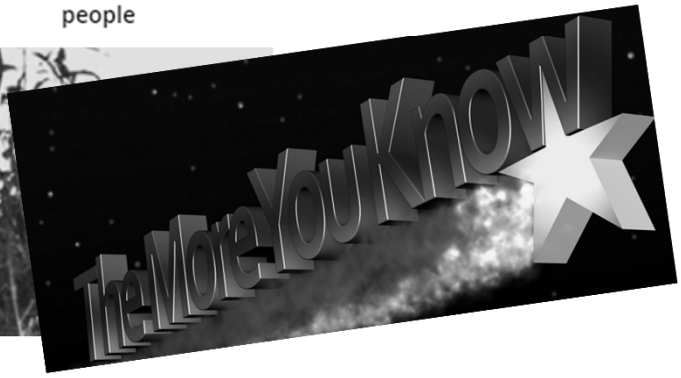
- People of color constitute about 17% of the rural population compared with about 25% of the overall U.S. population
- Fewer rural adults have a college education than do urban adults (15% versus 28%), and the number of rural adults without a high school diploma is greater than in urban areas (20% versus 15%)

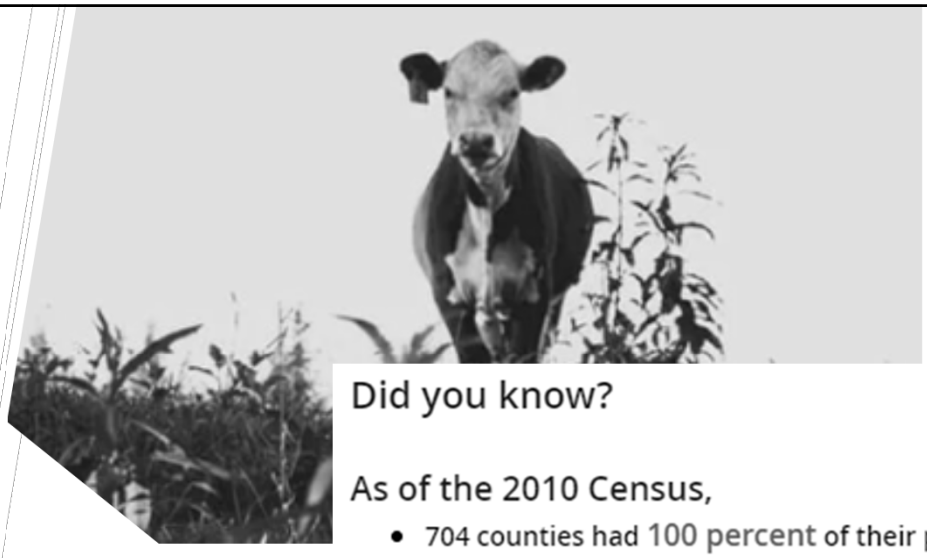
Mental Health in Rural Settings

- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas
- More than 65% of rural Americans get their mental health care from their primary care provider
- The mental health crisis responder for most rural Americans is a law enforcement officer

Did you know?

- 64.4 percent of the total rural population lives east of the Mississippi River.
- Only 10 percent of the total population in the West region live in rural areas
- Nearly half (46.7 percent) of all people living in rural areas are in the South region, which is about 28 million people





Did you know?

As of the 2010 Census,

- 704 counties had 100 percent of their population living in rural areas.
- 29 counties had ZERO percent of their populations living in rural areas.

As of the 2010 Census, there were 3,143 counties in the United States with a total population of 308.8 million.

- 704 *completely rural* counties accounted for 5.4 million people.
- 1,185 *mostly rural* counties accounted for 36.8 million people.
- 1,254 *mostly urban* counties accounted for 266.6 million people.

Just Joking…

- What would happen if Keith Urban became obsessed with Country music?

  He would change his name to Keith Rural!

- What did Keith Urban name his below par Country music band? *Sub-urban.*
- What did the Country music fan name the playlist of his favorite country songs? *Johnny Cache.*
- Why is Taylor Swift not a fan of the West?

Because the last time she came in contact with a West, she was told she wasn't worthy of her award.

Urban/Rural Differences in Mental Health

- Not prevalent – rural/urban rates of mental disorders are pretty much the same.
- Accessibility (getting there and paying)
- Availability (someone there when you are)
- Acceptability (choice, quality, knowledge)

What are some barriers in each of these categories for rural clients?
Can you think of ways to reduce those barriers?

Accessibility

- Rural Americans travel further to provide and receive services
- Rural Americans are less likely to have insurance benefits for mental health care
- Rural Americans are less likely to recognize mental illnesses, and understand their care options

Availability

- Rural areas suffer from chronic shortages of mental health professionals
- Specialty providers highly unlikely to be available in rural areas
- Comprehensive services often not available
- CMHCs expected to serve all

Acceptability

- Few programs train professionals to work competently in rural places
- Rural people often lack choice of providers
- Stigma
- Urban models assumed to work for rural

Implications of the 3 As

- Rural people not well informed
- Providers are isolated from each other
- Service access is confusing & complex
- Services are fragmented
- Providers plan “what pays” rather than “what works”
- Rural people enter care later, sicker, and with a higher level/cost
- Many rural residents in need of mental health services are initially seen by primary care physicians

Accessibility
Availability
Acceptability

The State of Mental Health in Rural Settings

- Only approximately 5% of patients at CMHCs and less than 2% of private psychiatric patients in rural areas are elderly, possibly due to transportation issues and stigma regarding mental health in general
  - The criminal justice system and nursing homes are frequently responsible for the mentally ill rural elderly
  - 52.3% of rural elderly live below 200% of the Federal poverty level

The State of Mental Health in Rural Settings (Cont'd)

- Rural families often experience stress because of the high poverty rates, high unemployment rates and low educational opportunities
- Rural teenagers tend to drink more alcohol and have higher rates of risky sexual behavior (i.e., two times as likely to be sexually active, have an earlier first sexual experience and report more alcohol-related sexual intercourse)

The State of Mental Health in Rural Settings (Cont'd)

- Depression is common in rural areas (i.e., 40% of all patient visits to primary care physicians), rural doctors detect 50% less depression in their patients than their urban counterparts
- Higher rate of suicide in rural communities
  - Particularly with elderly men and Native American youth
  - Adults suffering from depression, who live in rural areas, tend to make more suicide attempts than their urban counterparts

Specific Rural Factors Related to Increased Suicide Rates

- Geographic isolation
- Sense of rugged individualism
- Access to firearms and pesticides
- Lack of access to services
- Agricultural demands
- Sociopolitical and economic stressors
- Difficulties of aging in a rural area

Rural Takes the Lead!

- People discharged from State hospitals to rural CMHCs were twice as likely to have continuity of care compared to urban areas

Successful Treatment Models for Rural Settings

- Multidisciplinary healthcare teams comprised of case managers, mental health professionals, social workers, health educators and/or community outreach workers and a primary care clinician (ACT comes from a model like this)
- School Based Mental Health programs
- Simultaneous mental health and addiction treatment to rural residents with co-occurring disorders
- Integrative Primary Care
  - Full onsite integration
  - Formalized linkage and referral systems

Successful Treatment Models for Rural Settings

- Training that increases PCPs skills in identifying signs and symptoms of mental health and/or substance abuse problems is very important
- Telehealth?
  - More and more research is being completed and finding that it is effective
  - In what locations do you think that each end of the telehealth connection should occur?

Just Joking…

- What happened to the American who went to the hospital with a broken leg? He went broke.
- What do you call a bee that lives in America? A USB.
- Why did the President ban the sale of shredded cheese? Because he wants to make America grate again.
- Why did the man get arrested for shooting a sick bald eagle? Because it's ill-eagle.
- Why are there hardly any knock knock jokes about America? Because freedom rings!

Client Factors Impacting Treatment

- Conventionally-oriented clients often resist the new ways of looking at things that we encourage in psychotherapy
- Down-to-earth and practical rural tendencies may make abstract ideas difficult to process
- Respect for authority may discourage the self-advocacy role
- Rurally-oriented clients often want the therapist to "fix" them, or at least make decisions for them

Client Factors Impacting Treatment

- Rurally-oriented clients tend to adhere more closely to the value of self-abnegation; positive self-statements are perceived as boasting, and positive thoughts about oneself are equated with the sin of pride, or at least, being conceited
- It is generally more difficult for rural people to share problems and feelings with strangers (which we are)

Challenges to Practicing in Rural Mental Health

- Work as a generalist
- Geographical and accessibility issues
- Potential boundary crossings and dual relationships
- Lack of privacy
- Professional isolation
- Finding referral sources
- Larger caseloads
- Increased possibility of burnout
- Difficulty in locating and attending continuing education and training opportunities

Challenges to Practicing in Rural Mental Health

What are other possible challenges?

What are other challenges you think you might face?

Challenges to Practicing in Rural Mental Health

What are other possible challenges?

What are other challenges you think you might face?

How can you effectively deal with these things?

Are there ways to prevent them?

But…What We Can Do?

- Take a few minutes to help people transition into therapy, generally by talking about the weather, crops, status of local sports teams, or other local events
- Begin the transition out of therapy a bit earlier, perhaps by reference to similar topics, right after the summary of what aspects of therapy they will work on
- Take greater efforts to emphasize confidentiality and their need to take the lead in possible public encounters

But…What We Can Do?

(Cont'd)

- Use strategic suggestions for such clients early in therapy until they learn to trust themselves more
  - Explain clearly why it is not appropriate for others to make personal decisions for clients
- Self-disclosure is a highly valuable tool. Therapists may discuss their experiences as a model for explaining dynamics to clients
- The need to appear morally virtuous in rural communities sometimes raises the social desirability scales of personality tests, and it is important to take that into account to some degree when interpreting the results

What Else We Can Do?

- Keep what you know from one client separate from what you have learned from another client
- Use more examples than with other clients, attempting to customize each example carefully to each person
- Describe clearly how learning the skills you are proposing is likely to be useful to them rather than utilizing medication alone

What Else We Can Do?

(Cont'd)

- Take some time to help clients learn an emotion vocabulary and give emotional expression exercises to practice between sessions
- Rural clients have often learned to not express emotion
- Train physicians to identify clients who may be somaticizing and encourage them to refer those clients to you.
- Somatizing clients respond best to therapy if it relates to the reason for referral and is directed at their primary physical complaints, i.e., pain management

Ethical Considerations

- Providing care without optimal supports, services and safeguards for clients
- It is necessary at times to ration care
- Providing care outside of usual areas of expertise and competence (Therapy and Assessment)
- Dealing with patients' "noncompliance" related to access problems
- Responding to complaints about colleagues' impairments
- Possible multiple relationships

Ethical Considerations
(Cont'd)

- Cooperation with referral sources who don't use HIPAA
- Maintaining confidentiality when everyone's lives intersect
- Attending continuing education when there is no one to cover your responsibilities and distance leads to increased travel time
- Terminating therapy can be challenging
  - Client worried about hurting therapist's feelings
  - Therapist worried no one else could provide care

Organizations

- Rural Health Information Hub: https://www.ruralhealthinfo.org/
- National Rural Health Association: http://www.ruralhealthweb.org/
- National Association of Rural Mental Health: http://narmh.org/
- Federal Office of Rural Health Policy: http://www.hrsa.gov/ruralhealth/
- AgriWellness, Inc.: http://www.agriwellness.org/
- APA Rural Health: http://www.apa.org/practice/programs/rural/index.aspx
- National Health Service Corps: http://www.nhsc.hrsa.gov/

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