



Mental health in rural areas

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Introduction

Mental health encompasses social, emotional, and psychological well-being. Its effects can impact nearly all aspects of daily living, including physical health, as well as increase the risk of developing conditions such as diabetes, heart disease, and other illnesses.ⁱ Americans have experienced a sharp increase in mental health concerns during the COVID-19 pandemic.ⁱⁱ The Substance Abuse and Mental Health Services Administration's 2019 National Survey on Drug Use and Health reported one in five U.S. adults experienced mental illness each year.ⁱⁱⁱ Data obtained by the National Center for Health Statistics, in partnership with the U.S. Census Bureau on the 2020-2021 Household Pulse Survey, reported anxiety and depression rates among adults as high as 42 percent during the pandemic.^{iv}

While rates of mental illness are similar in rural areas compared to urban areas, there is a higher risk of suicide in rural communities, with nearly twice as many suicides in the most rural counties compared to urban.^v In 2018, data from the National Vital Statistics System reported male and female rural and urban disparities, with the rural male suicide rate (30.7 per 100,000) higher than the urban male suicide rate (21.5 per 100,000) and the rural female suicide rate (8.0 per 100,000) higher than the urban rate (5.9 per 100,000).^{vi} Additional research is needed to better understand the higher risk of suicide in rural areas, including the influence of rural culture, geographic isolation, limited services, and education.

Rural areas experience a severe lack of access to and availability of the full range of behavioral health care services, challenges with mental health care workforce recruitment and retention, and technology barriers impacting telehealth visits.^{iv} These challenges contribute to a more vulnerable and resource-poor rural population compared to urban peers.

As of March 31, 2021, 122 million Americans (37 percent of the population) lived in a mental health professional shortage area. Two-thirds of mental health professional shortage areas are rural – for example, 96.4 percent of the population of Wyoming versus 0.4 percent of New Jersey residents live in a mental health professional shortage area.^{vii,viii} This lack of access and availability of mental health workforce results in rural residents not obtaining treatment as easily, readily, or frequently as their urban peers.

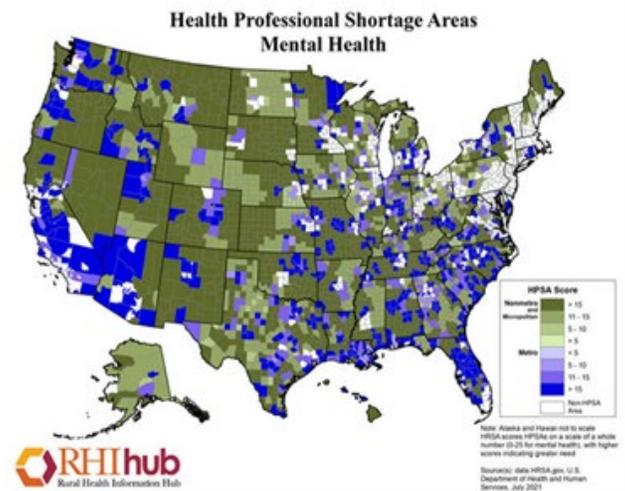


Figure 1: Health Professional Shortage Areas: Mental Health

Barriers to mental health care in rural areas

Barriers to mental health care in rural areas can be grouped into availability, access, and acceptability.

Availability

Geographic disparities impact the availability of mental health services. Chronic mental health care provider shortages disproportionately impact rural communities, with fewer mental health providers serving rural communities compared to urban areas.^{iv,ix,x} An unequal distribution of health care providers exists among psychiatrists, psychologists, psychiatric nurse practitioners, and social workers, with a significantly higher percentage of providers located in urban counties compared to rural counties.^{xi,xii}



Access

Rural residents travel significantly farther than their urban peers to access health services, including mental health care.^{xiii} Lack of public transportation or limited access to private transportation – including having a reliable vehicle, driver’s license, fuel, and time – are important barriers to accessing health services.^{xiv}

The costs associated with mental health care are a burden for rural residents, who often have lower income than urban residents, which can result in individuals forgoing care.^{xv} Insufficient insurance coverage, which is also more common in rural areas, results in high patient costs,^{xv} and low reimbursement rates or restrictive policies by insurance providers can impact health care providers’ abilities to offer services.^{xvi,xvii}

Limited broadband coverage in rural areas may limit rural residents’ access to advancements designed to increase access to health care services, such as telehealth. Rural households have fallen behind urban in access to broadband services, computers, and other technology.^{xviii} Despite expansion in telehealth infrastructure and reimbursement during the COVID-19 pandemic, technology limitations persistently impede access to mental health services in rural communities.^{xix}

Acceptability

People are less likely to access mental health care when stigma and health literacy issues are present.^{xx} Higher rates of mental health stigma in rural areas inhibits help-seeking behavior.^{xxi} Limited health literacy, also a challenge in rural communities, impacts individuals’ awareness of mental health conditions and treatment options.^{xxii}

Lack of privacy is a common barrier to mental health care cited by rural residents. Individuals are reluctant to seek treatment when anonymity is at risk. This concern can be particularly prevalent in small communities with interconnected social networks.^{xxiii}

The need for culturally competent, appropriate health care is a concern among residents of rural areas.^{xxiv,xxv} It is important that individuals can choose health care providers and treatments that align with their preferences, beliefs, practices, language, and backgrounds. There is a demand for mental health providers who recognize the unique and diverse needs of rural Americans.^{xii} Additionally, rural areas of the country have grown more racially and ethnically diverse,^{xii} amplifying the need for culturally appropriate mental health care in rural communities.

Policy recommendations

Residents of rural areas are adversely impacted by availability, limited access, and acceptability of mental health services, yet evidence-based approaches to improving mental health in rural areas exist.^{xxvi}

Availability: Expand rural mental health care provider availability through recruitment and retention strategies.

- Offer stipends and paid internships for students working toward health and human services degrees, such as HRSA’s Behavioral Health and Workforce Education and Training Program.
- Increase the eligibility criteria for national and state loan repayment programs to include bachelor-level social workers, health and human services providers, and certified drug and alcohol counselors and expand service delivery location sites to include home, school, and community-based settings.
- Through grants, adjustments in payment levels, and loan repayment, offer advanced incentives for providers who practice in rural areas, including those who have similar backgrounds as the populations they serve.

¹ Stigma can include judgment by others or negative attitudes or beliefs toward oneself.

National Rural Health Association Policy Brief



- Increase the provider network by recruiting, training, and supervising certified adult, child, and family peer specialists.
- Retain a quality health care workforce by addressing stress, burnout, and compassion fatigue (such as self-care, collaborative care, and resiliency-building strategies) through federal grant support and incorporating permanent a carve-out specifically for rural providers.^{xxvii}
- Strive for equitable grantmaking by supporting rural facilities, providers, and organizations in identifying and applying for local, state, and national funding for mental health programming through technical assistance and support services.

Access: Increase access to quality, culturally responsive rural mental health care services across the nation.

- Co-locate mental health and substance use treatment with physical health services at hospitals, clinics, community health agencies, and tribal centers and provide support for interprofessional coordination and collaboration.
- Expand reimbursement for mental health and suicide prevention programs, such as Mental Health First Aid (MHFA), teenMHFA, Question Persuade Respond (QPR) training, child and adult wellness groups or talking circles,²⁷ screening and outreach services that may include formal supports (such as social workers, psychologists, and counselors) and informal supports (such as family, friends, elders, non-mental health providers, traditional healers, and faith-based leaders).^{xxviii, xxix, xxx}
- Broaden eligible mental health professionals for Medicare reimbursement to provide full costs for all mental health workers located in mental health professional shortage areas and licensed or credentialed by their state or tribe.
- Fund services provided in non-traditional settings such as schools, community centers, senior citizen facilities, and libraries.
- Support state and federal broadband legislation that directly and indirectly impacts improved access to rural mental health services.
- Give individuals the option of in-person or home-based services, including telehealth and audio-only options. During the pandemic, the Centers for Medicare and Medicaid Services allowed temporary changes for telehealth services to fight COVID-19 that should be made permanent.^{xxv}

Acceptability: Highlight the importance of rural mental health wellness and reduce the stigma of seeking services.

- Support the creation and initiation of social and public media campaigns through state public health and rural health associations specific to rural audiences.
- Offer webinars, podcasts, and virtual coffee chats specifically focused on rural mental health and well-being through rural health research centers, such as the Cultivating Resiliency for Women in Agriculture Project.^{xxxii}
- Generate and distribute educational materials at community sites – such as clinics, hospitals, schools, community centers, senior citizen facilities, and libraries – and in online forums frequently used by communities. Leverage partnerships with states' extension networks to reach communities where they are to foster increased access to and acceptance of these resources.
- Support community engagement, outreach, and education efforts specifically tailored to rural communities.^{xxxii, xxxiii}

Conclusion

Mental health encompasses social, emotional, and psychological well-being. Residents of rural areas are adversely impacted by availability, limited access, and acceptability of mental health services. Policy and program actions need to be taken to expand rural mental health care provider availability through recruitment and retention strategies; increase access to quality, culturally responsive rural mental health



care services across the nation; and highlight the importance of rural mental health wellness and reduce the stigma of seeking services.

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