



Barriers to Rural Mental Health Care: Clinicians' Perspectives

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Driven to DiscoverSM

Overview

- Study Background
- Recruitment and Sample
- Methods of Analysis
- Findings
- Next Steps



Study Background

- Rural residents make up about 20% of the US Population
- Compared to urban counterparts, rural respondents are more likely to rate their mental health status as poor (Ziller, Anderson, & Coburn, 2010).
- They are also more likely to commit suicide (Eberhardt & Pamuk, 2004).
- And report higher levels of depression, substance abuse, domestic violence, and child abuse (Smalley, Yancey, Warren, Naufel, Ryan, & Pugh, 2010).



Research Question

- What experiences and perspectives do rural mental health professionals have surrounding the accessibility, availability, and acceptability of mental health services in rural areas?

(Human & Wasem, 1991; Smalley & Warren, 2012; Smalley et al., 2010)



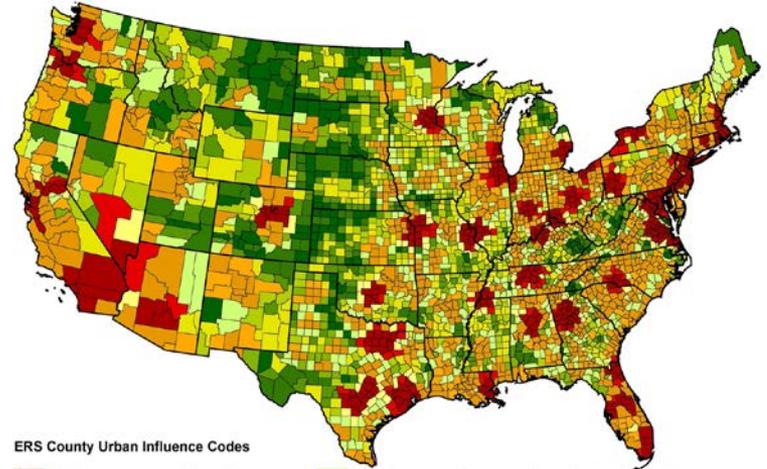
Sample

- **Mental health professionals currently working with rural populations (N=8)**
- **Gender:** 4 males, 4 females
- **Mean age:** 51 years
- **Location:** 7 Minnesota, 1 Wisconsin
- **Licenses:**
 - 2 Ph.D., LP
 - 1 LMFT, LADC
 - 2 LMFT
 - 1 MA (LMFT track)
 - 1 MSEd, LADC (grandfathered in as a Social Worker)
 - 1 LPCC



What does 'Rural' mean?

- Urban Influence Codes



ERS County Urban Influence Codes

■ LMA- Large metro area, 1 million residents or more	■ AST- Adjacent to small metro area with town of at least 2,500 residents
■ MLM- Micropolitan, adjacent to a large metro area	■ ACT- Adjacent to micro area and contains town of at least 2,500 residents
■ SMA- Small metro area, fewer than 1 million residents	■ ASN- Adjacent to small metro area and no town of more than 2,500 residents
■ MSM- Micropolitan, adjacent to a small metro area	■ ACN- Adjacent to micro area and no town of more than 2,500 residents
■ MNA- Micropolitan, not adjacent to a metro area	■ RRT- Not adjacent to a metro/micro area with town of 2,500 or more residents
■ ALM- Adjacent to a large metro area	■ RRN- Not adjacent to a metro/micro area and no town of more than 2,500 residents

More information: efas.nal.usda.gov
Source: USDA Economic Research Service



Method

- **Phenomenological Approach**
 - What is causing this phenomenon we are experiencing where people in rural communities do not seem to be receiving the care they need?
- In-depth qualitative interviewing
- Hermeneutic Coding Scheme
 - Step 1: Highlighting meaningful text
 - Step 2: Sententious/Holistic Coding
 - Step 3: Interpretive Coding
- Ongoing analytic memo-ing
- Tracking potential themes, comparing against each new transcript
- Peer Checking
- Member Checking

(van Manen, 1990)



Findings

Overarching Themes:

- Rural Communities Have a Distinct Culture
- Rural Practitioners Face Unique Challenges
- Rural Communities Experience Barriers to Mental Health Care
- Innovative Ideas are Needed For Overcoming Barriers to Care



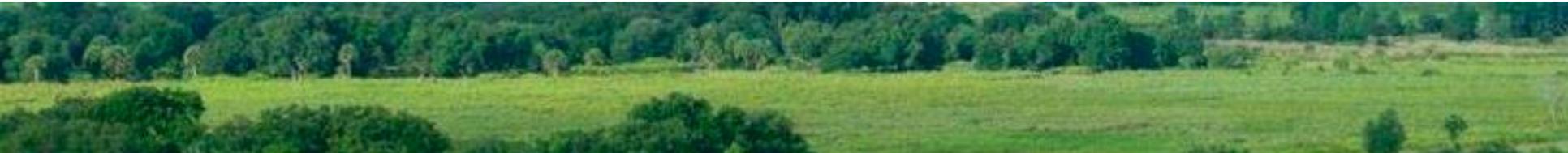
Distinct Culture: *Agrarian Influence*

“Planting and harvesting are huge, and I think one thing that’s important is to understand that. I have had some counseling sessions on the combine with a farmer in harvest because he couldn’t take time off because it was too important to him. So I’d sit in the combine with him and we talked. I think being creative that way is really, really important. How do I engage them? Understand their culture, understand their needs, be respectful, be genuine and I think you’re going to do well. But don’t come in as the expert, don’t come in as, you know, I’ve got a PhD in this or an MA in that and they don’t care about that.”



Distinct Culture *Rural Pride/Defensiveness*

“We believe in rural we’re marginalized, especially in the more rural you are the more marginalized you are. An example of that is when we watch [News Station] and watch The Weather Channel; the guy stands in front of western [Midwestern State]. We never see what’s going on western [Midwestern State] because his body’s in the way and I want to keep saying, ‘Get the hell out of the way, I want to see what’s happening in that part of the state.’ He’s looking at the [City Name], it goes out a ways but then he’s looking at [Other City Name] because it’s all part of the Metro. And then there’s the Metro and then there’s [State Name], it never used to be like that. “



Unique Challenges: *Dual Relationships*

“I remember being at a conference years ago and somebody who’s obviously an urban, metro therapist saying, ‘You know, you can’t have your car fixed by somebody you’re doing therapy for.’ And I said, ‘Excuse me?’ If you live out in a town of six hundred people or a thousand people and there’s one mechanic in town, and the other mechanic is an hour away or a half hour away...



Barriers to Care: *Accessibility*

“The other thing is, with the low income, I have a ton of people who have no transportation. Their vehicle doesn’t work, it fell apart and they have no money to try and fix it until the spring when the money comes in, so they are walking to these clinics in these rural communities and they just, yeah, so just the financial thing. Or if there is a mental health clinic, it’s in [Town Name]. Do you know how many miles that is? How bad that road gets in the winter?”



Innovative Ideas are Needed to Overcome Barriers

- Normalizing
 - Therapists are the primary mode for changing experiences/perceptions
- Telehealth
 - Helpful for overcoming physical accessibility issues (e.g., distance, weather, lack of transportation)
 - Helpful for increasing anonymity and decreasing stigma
 - Mixed feelings about telehealth/skepticism
 - Several potential technical barriers/difficulties



Innovative Ideas are Needed: *Telehealth*

“Exactly, and that’s one of the reasons that this telehealth thing is so powerful. I have people say to me, ‘I am so glad you are not in the same room as me. I am so glad I am not going to run into you at the grocery store. I’m relieved you’re there, but you’re a little anonymous.’”



Innovative Ideas are Needed to Overcome Barriers

- Collaborative Care
 - Collaborating with medical settings
 - Working with and in existing institutions:
 - Schools, churches, hospitals, police
- Public Education in the community and for different professionals:
 - Teachers, pastors, law enforcement, healthcare professionals



Innovative Ideas are Needed: *Community Collaboration*

“Getting back to stigma I think public education, even though you don’t maybe get paid for it.

Sometimes you can set it up with the county social services so you do or something. But because you want to do something about that stigma. It might be with the priest who gets together with the ministerium and says, ‘In Lent let us have this sixth session Wednesday night about stigma when you know we have our CCD or whatever.’”



Innovative Ideas are Needed to Overcome Barriers

- Desire to recruit new clinicians to rural areas
 - Internship programs
 - Loan forgiveness programs
 - Needs to be someone who “gets” it

“I think that's the biggest thing is being able to align with what their experience is, what their culture is, because if you don't do that they're going to see you as an outsider”



Next Steps

- Standardizing rurality
 - Definition and Measurement
- Learn about geographic patterning and trends in rural barriers to mental health care
- As family scholars, commit to applying our unique systemic perspectives to the investigation of rural mental health as we work towards developing much-needed interventions



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