Understanding Rural Mental Health and Service Utilization

by Kelly Anne Kovac

Mental health care professionals at both the policy and practice levels must understand the varying mental health care needs of the populations they serve. This article considers geographic location an important factor in the perception of one's need for professional help for psychological problems and one's ability to access such services. A review of the current literature reveals that the prevalence rates of mental disorders do not differ significantly between rural and urban populations. However, numerous studies find that persons living in rural areas are using mental health care services at much lower rates than their urban counterparts. In this article, the issue of barriers to seeking mental health care services in rural areas is addressed and consideration is made regarding both the physical and mental obstacles that one may have to overcome in his or her treatment-seeking episode. I offer suggestions and highlight opportunities for mental health care professionals to take an active role in contributing to the improvement of mental health care services in rural areas. An understanding of mental health and service utilization in rural communities will enable mental health care professionals to develop effective policy and deliver services to meet the needs of rural residents who are suffering from a mental illness.

As twenty-first century mental health policymakers, practitioners, educators, and students, we must be cognizant of the mental health care needs of rural residents. We must assume active positions in facilitating the changes necessary to improve access to mental health care services in rural communities. From lobbying for changes in current mental health care legislation to our daily work with consumers, we must hold an unwavering commitment to expanding the scope of our professional interests and activities to include rural mental health. The purpose of this article is twofold: to shed light on the issues faced by rural residents in their efforts to access mental health care services and to highlight the opportunities for involvement in professional activities aimed at improving the delivery of mental health care

services to persons living in rural environments.

EMPIRICAL EVIDENCE

A growing body of research examines the mental health and mental health care service utilization among rural populations. Robins, Locke, and Reiger (1991) find in the Epidemiological Catchment Area study few differences in lifetime prevalence rates of psychiatric disorders among persons living in urban and rural areas. Nonetheless, Goldstrom and Manderscheid (1982) and Watts, Scheffler, and Jewell (1986) report that urban dwellers are significantly more likely to use mental health care services than rural residents.

An analysis of mental disorders and service utilization among 1,474 rural and urban women reveals that although mental conditions did not differ across rural and urban sites, rural women utilized services significantly less than the urban women (Gehlert et al., 2002). The authors find that perceived and evaluated mental health problems, attitudes toward seeking treatment for psychological problems, distance from providers, and age were significant predictors of mental health services seeking among the sample of rural women.

In many cases, the lower utilization rates of mental health care services among rural residents may be explained in part by the issues that impede accessing care in rural communities. The Surgeon General's 1999 Report on Mental Health Care in the United States defines "access to mental health services" as the ability to obtain treatment from appropriate professionals for mental disorders (US Department of Health and Human Services, 1999). Issues identified by rural residents as barriers to accessing mental health care services include limited knowledge about services or types of services; lack of referrals to mental health facilities by community members and significant others or other health professionals; cultural valuations or stigma of mental illness; and enabling factors such as lack of transportation (Hill, 1988).

Accessing mental health care services may be determined, in part, by a person's ability to afford the costs of treatment. Higher rates of poverty and lower incomes among persons living in rural areas suggest financial barriers to covering the cost of mental health care. Hartley, Quam, and Lurie (1994) find that rural residents are more likely than their urban counterparts to be living in poverty without adequate health insurance. The lack of adequate health insurance coverage among rural residents might be explained by the findings of Fox, Merwin and Blank (1995) that reveal that agriculture and small business employers are less likely to purchase insurance in rural areas. Long and Marquis (1994) find that inadequate health insurance coverage is associated with reduced health service use.

Government funding decisions may impede the provision of affordable mental health care services for rural residents. For example, in a study of spending decisions for mental health services in Iowa, Rholand and Rhorer (1998) find that counties with fewer people, lower proportions of persons with post-secondary educations, higher proportions of rural and elderly residents, higher rates of poverty, and a higher proportion of income from farms spent less money on mental health services.

The availability of mental health care services may be lacking in rural areas. Decreased access to mental health care services in rural areas might account for some of the differences in mental health care service utilization between persons living in rural and urban areas. Merwin, Goldsmith, and Manderscheid (1995) find that rural areas tend to have fewer specialized services and providers of mental health services than urban areas. Therefore, rural residents with mental disorders may go without appropriate care.

A recent study by Rost, Mingliang, Fortney, Smith and Smith (1998) examines the differences in rural-urban depression treatment and suicidality. The authors hypothesize that because there are fewer per capita providers trained to deliver mental health services in rural areas, depressed rural individuals would receive less outpatient treatment and report higher rates of hospital admittance than their urban counterparts. The results of the study reveal that rural subjects made significantly fewer specialty care visits for depression. Depressed rural individuals were 3.06 times more likely to be admitted to a hospital for mental health problems over the course of 1 year than their urban counterparts. Holzer, Goldsmith, and Carlo (1999) find the most limited range of service providers in the least urbanized nonmetropolitan counties. The authors find a shortage of psychiatrists, child psychiatrists, psychologists and social workers in rural nonmetropolitan areas. Most specialty providers were found in more populated areas.

In the absence of specialized mental health providers, rural residents are likely to rely on a primary care physician to provide treatment for their mental health needs. Reiger, Narrow, Rae, Manderscheid, Locke, and Goodwin (1993) discovered that primary care practitioners do provide a substantial portion of mental health care in rural America. Because most primary care physicians do not specialize in mental health care, they might not have the knowledge needed to accurately diagnose and make a referral for a patient's mental health problems. Hartely, Korsen, Bird and Agger (1998) hold that the recognition of a mental illness and a determination to treat or refer patients exhibiting symptoms of mental illness may be determined in part by clinician training, attitudes and beliefs. Heyman and VandenBoss (1989) note that most

training programs for mental health professionals are geared implicitly or explicitly toward urban situations. The authors emphasize that even the fields of psychiatry and community psychology which stress the nature of the community, have evolved around urban models.

Acceptability is an important factor to consider when examining utilization of mental health care services. Rost, Smith, and Taylor (1993) describe the stigma associated with a psychiatric disorder as a powerful barrier to seeking mental health services, particularly in rural areas. Hoyt, Conger, Gaffney-Valde, and Weihs (1997) examine psychological distress and help seeking in rural America and find that persons in rural places expressed significantly higher levels of stigma related to mental health care than residents of urban areas. The authors conclude that persons living in the most rural environments were more likely to hold stigmatized attitudes toward mental health care and that these views were strongly predictive of willingness to seek care. Rost et al. (1993) studied rural-urban differences in stigma and the use of care for depressive disorders and find that rural residents with a history of depressive symptoms labeled people who sought professional help for the disorder somewhat more negatively than did their urban counterparts. Concerns among rural persons with issues of confidentiality might explain some of the stigma attached to seeking mental health care services in rural areas. Merwin et al. (1995) believe that consumers are concerned that everyone knows about their use of the mental health system resulting in their experiencing increased stigma than when receiving other types of primary care services. The stigmatized label that is often associated with receiving mental health care may carry with it a burden too great to bear within one's own community.

FACILITATING CHANGE

As mental health care professionals, we are faced with the evidence that rural populations have a great need for psychiatric treatment but are not utilizing such services. Furthermore, there are considerable barriers to seeking treatment for mental health problems among rural populations. As agents of change, it is our responsibility to tackle these issues and remain forthcoming in our efforts to develop innovative strategies aimed at improving rural mental health care services.

One important way to influence and create change is through involvement in professional organizations whose missions are aligned with our goal of meeting the mental health care needs of rural communities. The National Institute of Mental Health, the National Association of Social Workers and the National Rural Health Association are organizations that focus on

strengthening the safety net and increasing access to essential mental health care services in rural areas. Each of these organizations encourages active involvement at both the student and professional level.

The National Institute of Mental Health (NIMH) supports rural research activities through the Office of Rural Mental Health Research (ORMHR). Acting director, Grayson Norquist, M.D., MSPH, leads the research activities at the ORMHR, which include research on service delivery in rural areas and the dissemination of important research findings related to the unique conditions of rural areas. The NIMH offers grants for persons interested in exploring important questions about rural mental health. These grants can be obtained by clinicians and academics alike.

The National Association of Social Workers (NASW) acknowledges the need for twenty-first century social work to advocate for the empowerment of people in rural areas. The NASW holds that the social work profession must influence the public policies of the federal, state, and local governments that affect the development and reorientation of service delivery in rural areas. Students and professionals can become active members of the NASW, joining advocates for mental health care reform with foci on the unique needs of rural communities.

The NASW supports social work educators' efforts to incorporate rural content into the curricula of schools of social work, within the context of the present or future accreditation requirements of the Council on Social Work Education (NASW, 2002). At The University of Chicago School of Social Service Administration (SSA), the master's program aims to provide a sophisticated understanding of the person-in-environment. However, the rich educational curriculum offered at SSA does not interface the person-in-environment focus with rural mental health. Support from the NASW may open the door for inclusion of rural mental health as an area of human diversity for future study at SSA. A call is made for innovative academic leaders to develop course curricula that place an emphasis on rural mental health, which encourages students to think further and develop ideas about effective mental health service delivery to persons living in rural areas.

The National Rural Health Association (NRHA) is a national membership organization whose mission is to improve the health and healthcare of rural Americans and to provide leadership on rural issues through communication, education, and research. The NRHA's commitment to strengthening the rural health care infrastructure includes a focus on rural mental health issues. The NRHA has made funding requests for several key rural health programs to the Bush Administration for the Fiscal Year 2003 Budget. The NRHA rec-

ommends that the President's Budget allocate $250 million dollars to the National Health Service Corps (NHSC), which plays a critical role in providing primary care services to rural underserved populations. Funding would support the additional clinicians needed to begin eliminating the 740 Mental Health Professional Shortage Areas (MHPSAs). The NHSC has identified clinical psychologists, psychiatrists, psychiatric nurses, clinical social workers, and marriage family counselors as mental health providers eligible for loan repayment in exchange for service in MPHSAs (NRHA, 2002).

OUR PROFESSIONAL RESPONSIBILITY

Whether we hold positions as mental health policymakers, clinicians, educators, or students, it is important to consider the environments that house those we serve. Drawing from a professional knowledge base that provides an understanding of the differing needs of various populations will allow us to develop policies aimed at breaking down the barriers to accessing care created by one's geographic location. When we try as clinicians to understand why a psychiatrically impaired client is not coming in for services, we must take into consideration how his perception of mental illness and mental health care treatment are influenced by his place of residence. As educators, we must inspire students to challenge their conventional ideas about the general application of mental health care services among urban and rural populations. And as students, we must be open to learning about the mental health care needs of populations with which we might not be familiar or to which we have not previously paid interest.

We must remain astute in our roles as policymakers, practitioners, educators, and students, looking beyond the presented problems toward innovative and sound resolutions aimed at improving rural mental health care. It is our responsibility to update ourselves on the current literature that examines the mental health care needs of various populations. Our involvement in professional organizations that utilize the collective action of mental health workers to advocate for policies aimed at improving service delivery in underserved rural areas is imperative. We are already or will soon become the mental health care professionals of the twenty-first century and with that title holds the awesome responsibility of understanding and meeting the unique needs of the populations that we serve. ■

For more information about the aforementioned professional organizations please contact the following sources:

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