

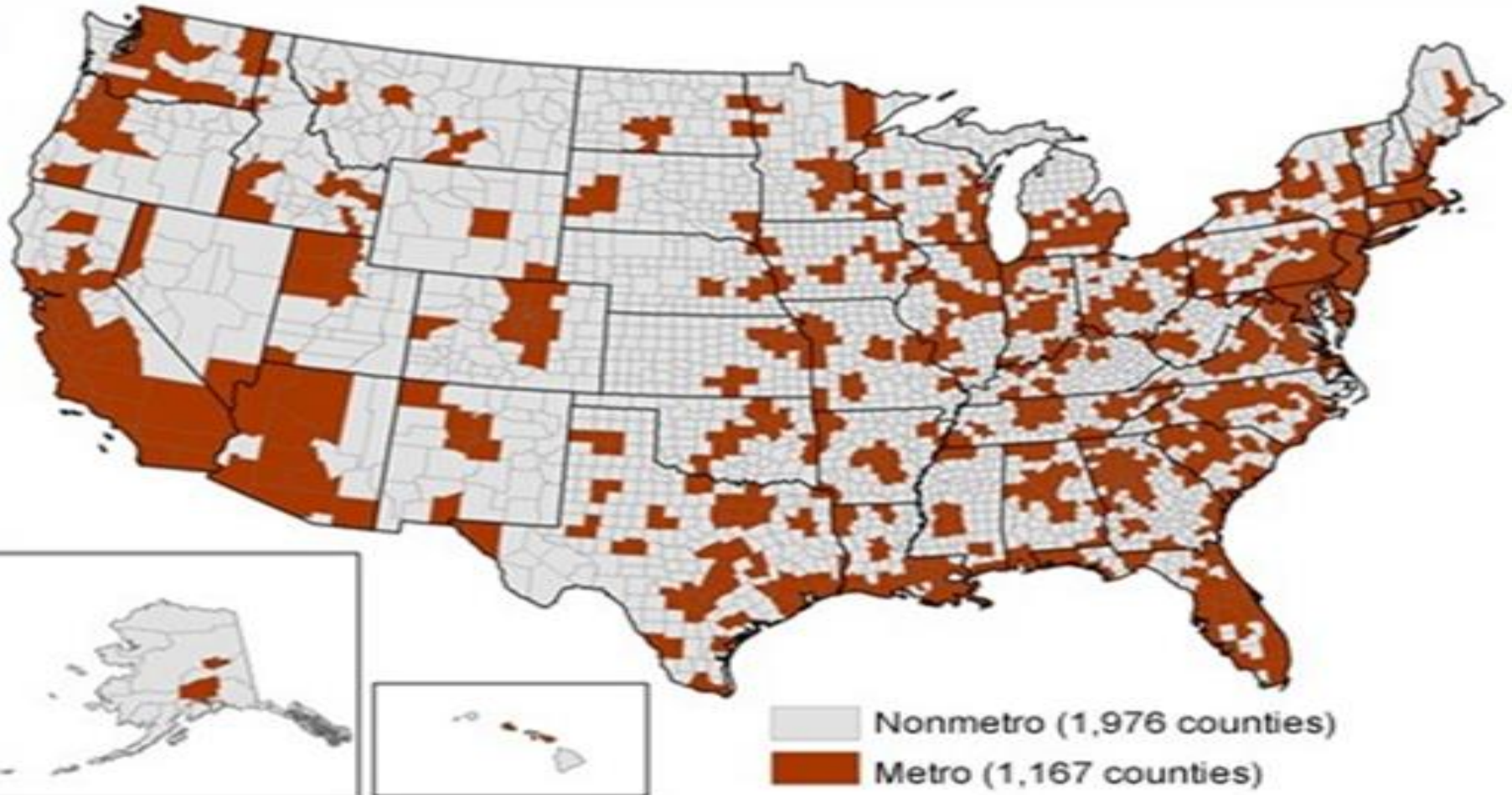
Responding to Behavioral Health Needs Across Rural Places

Paul Force-Emery Mackie, PhD, LISW
Professor of Social Work
Minnesota State University, Mankato

Upper Midwest Agricultural Safety & Health Center (UMASH)
University of Minnesota, Division of Environmental Sciences
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Rural & Urban Counties in US (Rural = 63%)

Metro and nonmetro counties, 2013



Source: USDA, Economic Research Service using data from the U.S. Census Bureau.

ACCESSIBILITY

- **Hiring/retaining rural behavioral health practitioners ongoing problem** (Mackie & Lips, 2010).
- **60% of rural America underserved for behavioral health needs** (New Freedom Commission, 2003).
- **85%+ of designated behavioral health shortage areas rural** (Bird, Dempsey, & Hartley, 2001).
- **90% of psychologists & psychiatrists & 80% of MSW social workers urban** (Mohatt, 2014).
- **65% of rural Americans get behavioral health care from primary care** (Mohatt, 2014).
- **General and specialized access to behavioral health services in rural limited/non-existent** (Mackie, 2012; Wang et al., 2005).
- **Stigma always a challenge** (Carter & Golant, 1998; Mackie, Zammitt, & Alvarez, 2016; Mohatt et al., 2015).
- **The use of tele-technology to “bridge the divide” & increase access to behavioral health care still a problem** (Mackie, 2015).

ACCEPTABILITY

- **Demographics: Rural** = 15-20% of total U.S. population
- **Stigma & Culture.** “Rural culture” continued to be viewed as more closed, isolated, and less accepting of behavioral health services. Is this even accurate today?
- **Limited higher education opportunities = Lower higher ed degree attainment.** (rural = 18.5% bachelor’s and higher whereas urban = 32%) (Marre, 2014)
- **Viability.** Rural areas seen as less “viable” or “desired” places to practice due to limited access to resources, supervision, social & professional opportunities, dual relationships, general challenges associated with geographic isolation (Mackie & Simpson, 2007)
- **Professional Burnout** in rural areas higher, or at least **perceived higher** among potential practitioners (Mackie, 2008)
- **Current Lack of Service Providers.** Too few behavioral health providers in rural (Mackie, 2011)

AVAILABILITY

- PROBLEM: Lack of behavioral health providers
- Rural practitioners more likely to have:
 - Grown up in rural environment, completed clinical internships in rural-based facilities, & received education & training in rural culture, concepts.
- Rural practitioner needs:
 - Improved broadband technology,
 - Preparation & training for rural practice,
 - Expanded rural practicum and internship opportunities,
 - Access to education (online),
 - Develop stronger connections with rural-focused resources

(Sources: Mackie, 2007; 2011, 2012, 2015, Mackie & Lips, 2010)

Recommendations

- Create workforce “pipelines” to behavioral health care positions
 - Selectively recruit from rural areas
 - Develop and advance rural peer support, mentorship
 - Support rural access to online education for select fields of practice
 - State & Federal responses (e.g., grants/scholarships, loan repayment, Farm Bill).
- Improve rural broadband & related technology to support services
 - Guide strategies based on Rural Electrification Act of 1936
- At Fed level, leverage resources in Farm Bill
 - Increase flexibility and application of FB under Titles
 - **4** (Nutrition & SNAP),
 - **6** (Rural Development),
 - **7** (Extension),
 - **12** (Miscellaneous), e.g., outreach programming for socially disadvantaged).

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Doris Mold, Sunrise Agricultural Associates, Sunrise Farm & American Agri-Women
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