Responding to Behavioral Health Needs Across Rural Places

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Rural & Urban Counties in US (Rural = 63%)

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

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).
References


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