

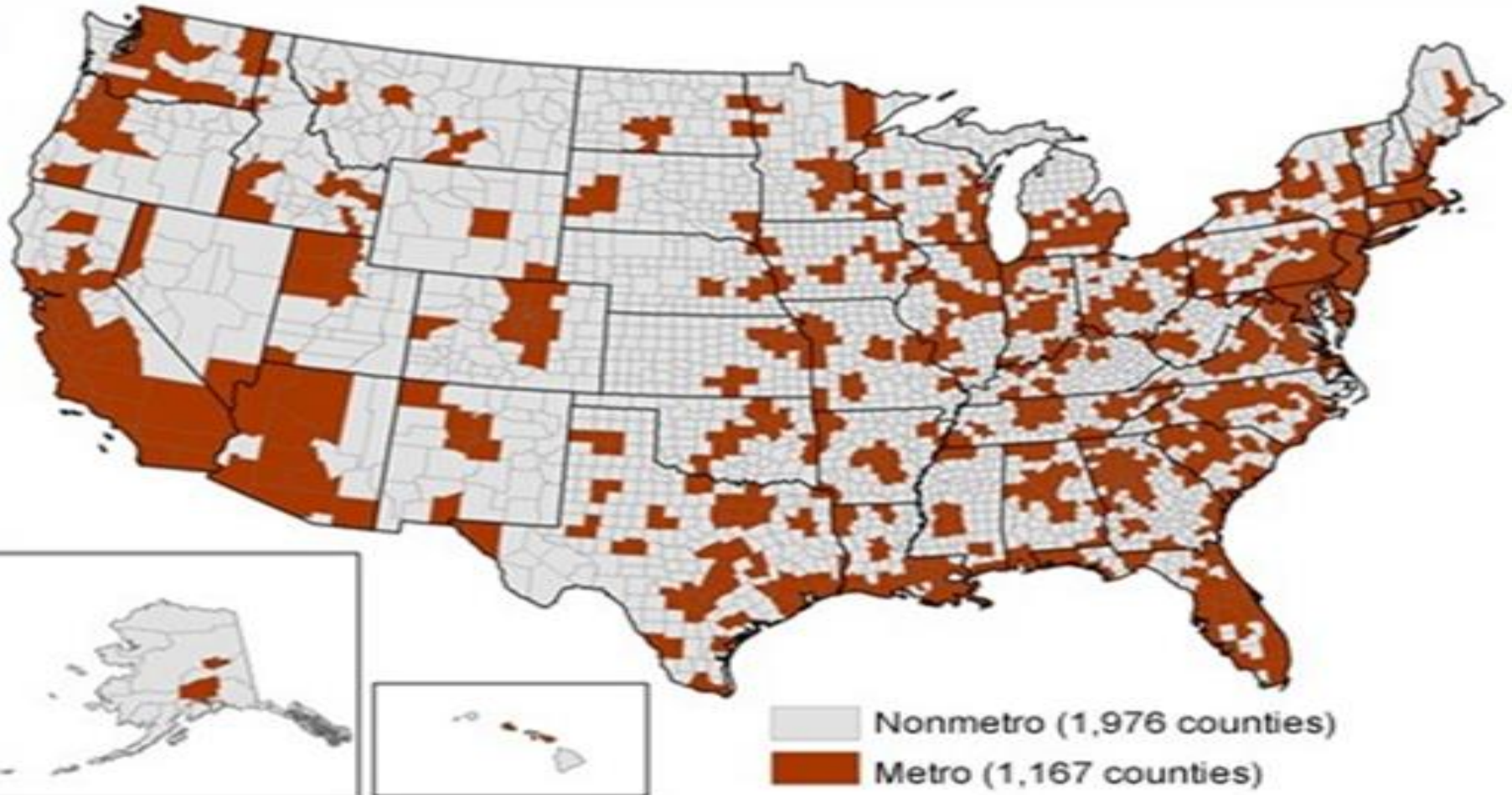
# Responding to Behavioral Health Needs Across Rural Places

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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).

# References

- Bird, D.C., Dempsey, P., & Hartley, D. (2001). *Addressing mental health workforce needs in underserved rural areas: Accomplishments and challenges*. Portland, ME. Maine Rural Health Research Center, Muskie Institute, University of Southern Maine.
- Carter, R. & Golant, S. (1998). *Helping someone with mental illness: A compassionate guide for family, friends, and caregivers*. New York, Three Rivers Press.
- Mackie, P.F.E. (2015). Technology in rural behavioral health care practice: Policy concerns and solution suggestions. *Journal of Rural Mental Health* (39), 5-12. doi:10.1037/rmh0000027
- Mackie, P.F.E. (2011). Rural social work recruitment and retention challenges: Why is it so difficult to fill rural social work positions? In L. Ginsberg (Ed.), *Social work in rural communities*, (5th ed). Alexandria, VA: CSWE Press.
- Mackie, P.F.E., Zammitt, K., & Alvarez, M. (2016). *Practicing Rural Social Work*. Chicago, IL: Lyceum Books.
- Mackie, P.F.E. (2012). Social work in a very rural place: A study of practitioners in the Upper Peninsula of Michigan. *Journal of Contemporary Rural Social Work*, 4, 63-90.
- Mackie, P.F.E. & Lips, R.A. (2010). Is there really a problem with hiring rural social service staff? An exploratory study among social service supervisors in rural Minnesota. *Families in Society*, 91(4), 433-439. doi: 10.1606/1044-3894.4035.
- Mackie, P.F.E. (2008). Are social workers really burned out? An analysis between rural and urban social workers. *Journal of Rural Mental Health*, 32(2), 3-18.
- Mackie, P.F.E. (2008). *Burnout and job satisfaction among rural and urban social workers: An investigation of differences between groups*. Saarbrücken, Germany: VDM Verlag Aktiengesellschaft & Co.
- Mackie, P.F.E. (2007). Understanding educational and demographic differences between rural and urban social workers. *Journal of Baccalaureate Social Work*, 12(3), 114-128.
- Mackie, P.F.E., & Simpson, C.L. (2007). Factors influencing undergraduate social work students' perceptions about rural-based practice: A pilot study. *Journal of Rural Mental Health*, 31(2), 5 – 21.
- Marre, A. (2014). Rural areas lag urban areas in college completion. Amber Waves, U.S. Department of Agriculture Economic Research Service. Retrieved from <http://www.ers.usda.gov/amber-waves/2014-december/rural-areas-lag-urban-areas-in-college-completion.aspx>
- Mohatt, D.F., Adams, S.J., Bradley, M.M., & Morris, C.D. (2005). *Mental health and rural America: 1994 – 2005 an overview and annotated bibliography*. Rockville, MD. U.S. Department of Health & Human Services, Health Resources & Services Administration, Office of Rural Health Policy.
- Mohatt, D.F. (2014). Rural mental health: Challenges and opportunities caring for the country. Family Impact Seminar, Utah State Legislature. Presented February 10, 2014.
- Sullivan, J.R., (2018, January 23). America's farmers are in crisis, and they are looking to Trump for relief. *The New Yorker*. <https://www.newyorker.com/news/news-desk/americas-farmers-are-in-crisis-and-theyre-looking-to-trump-for-relief>
- Wang, P.S., Lane, M., Olfson, M., Pincus, H.A., Wells, K.B., & Kessler, R.C. (2005). Twelve-month use of mental health services in the United States: Results from the national comorbidity study replication. *Achieves of General Psychiatry*, 62, 629-640.

# Building Resilient Agricultural Communities

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