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The Global Impact of Rural Mental Health Advocacy

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Abstract

Understanding and responding to the unique mental health needs of rural populations and communities as a society and nation can potentially have global implications. Unlike the United Kingdom and other European partners, healthcare in the United States differentiates health and mental health as if there is a disjuncture between the two. According to the Scottish Government Mental Health Strategy (2017), Scotland's National Health Service includes mental health holistically within the realm of health services. If there is to be any substantive resolution to the mental health crisis here in the United States, there must be open, purposeful, and resolute dialogue to identify and address mental health as a fundamental component of health and wellbeing.

Americans have witnessed the worst acts of violence in the nation's history. Yet federal, state, and local governing bodies continue to vacillate over proactive measures related to mental health such as developing policy, committing financial support, and treatment initiatives. The deadly scenes in Parkland, Florida, Las Vegas, Nevada, and Sutherland Springs, Texas are stark gauges of the mental health crisis in both urban and rural regions. The National Institute of Mental Health (2019) reported that nearly one out of five Americans live with a diagnosable mental illness. In rural America, issues related to mental illness tend to be even more problematic due to higher rates of diagnosis and provider shortages, leading many experts to believe mental health in rural America is at a crisis stage (Latzke, 2017). According to the 2020 National Survey on Drug Use and Health: Detailed Tables (Rural Health Information Hub, 2021a), "approximately 7.7 million nonmetropolitan adults reported having any mental illness (AMI) in 2020, accounting for 20.5% of nonmetropolitan adults" (para. 1). The report also asserts the provision of mental health services in rural areas are complicated by factors such as accessibility, availability, and stigma related to receiving treatment for mental health issues (Rural Health Information Hub, 2019, para. 2). On a global scale, rural inhabitants make up 46% of the world's population (Pendse & Nugent, 2017) resulting in significant numbers suffering from mental illnesses and treatment shortages. This article will review four critical questions related to rural mental health advocacy, examine what the literature reveals concerning major challenges to advocacy for rural populations, propose provisional suppositions, and conclude with a review of opportunities for Texas A&M University-Kingsville in relation to rural mental health.

Crucial Questions

Because of the dynamic forces, challenges, and changes associated with rural mental health, the critical call for decisive and definitive advocacy, education, service, and research is paramount. For the purpose of this inquiry, four salient questions are critical to understanding and developing effective responses toward rural mental health and advocacy efforts.

Why are Rural Communities Important?

Rural communities are important as they have long since been an integral part of the original fabric of American life. Rural communities are also extremely important to the economic, social, and cultural well-being of our state, nation, and the world. They exemplify resilience, demonstrate ethnic diversity, and contribute to the economic health of the nation by way of agriculture, natural resources, farming, and energy production resources (Zwagerman, 2017). From an economic perspective, farming and agriculture within rural America contribute to 10% of the national employment. Additionally, “Americans spend less of their income on food than any other country” (Zwagerman, 2017, p. 3). From a social perspective, rural communities provide a graphic view of change in America. From an educational view, rural schools are continuing to outpace non-rural schools in terms of growth trends. Strange et al. (2012) conducted a longitudinal analysis on all fifty states from 2006 through 2011. Their conclusions stated the complexity of rural education is often impacted by “increasing rates of poverty, diversity, and special needs students” (Strange et al., 2012, p. 21). They concluded that issues related to rural education are now part of the overall national educational landscape, something that can no longer be ignored by legislation geared to primarily urban education.

How Does the Absence or Presence of Rural Mental Health Advocacy Affect Society on a National and International Basis?

Many rural constituents and communities feel disregarded by federal policies (Zwagerman, 2017). Legislation and policy often view rural issues (particularly health issues) as a contextual problem. However, many specialized rural populations such as veterans and the elderly are often negatively impacted by cuts and revisions in national health care programs such as Medicaid and Medicare according to the National Rural Health Association (as cited in Wilson et al., 2015). Rural health is an integral part of the national health outlook and rural mental health must not be seen as just another form of health care. Without rural mental health advocacy, those interested in improving the mental health condition of our society are overlooking and ignoring the rural communities, often the measure for overall social wellbeing in American culture and the world (Wilson et al., 2015). Collins and Saxena (2016) advocated for global cooperation and collaboration in relation to mental health:

> Now, clinicians, patients, caregivers and researchers need to learn from each other. The knowledge gained in all countries must be evaluated, disseminated, and adapted for local use everywhere. Crucially, everyone involved must start with the same mindset: when it comes to mental health, all countries are developing countries. (p. 26)

According to the National Institute of Mental Health (2019), “In 2019, there were an estimated

$1.5 million adults aged 18 or older in the United States with AMI. This number represented 20.6% of all U.S. adults" (para. 5). The Department of Health and Human Services (as cited in Wilson et al., 2015) estimated that approximately 20% of rural residents aged 55 and older have a mental disorder and rural communities report significantly higher suicide rates than urban areas for both adults and children" (p. 1). Zwagerman (2017) effectively stated the difficulty in defining the needs of rural communities was because there is not one voice that speaks for all rural areas. Appreciating both the uniqueness and similarity of rural populations both here and across the globe will ensure a more successful capacity to bring help to millions of people worldwide (Murthy, 2016). Global networking and collaboration is vital for community-based approaches to address shortages in rural mental health services (National Institute of Mental Health, 2018). Contextually, care must be given not to understate the significance of unique challenges to rural wellbeing. This philosophy should not be mistaken as supporting an "us/them" mentality, but rather addressing the geographic, social, political, ethnic, and economic uniqueness of vital populations across the nation and world.

How can a More Holistic Approach to Health and Well-Being be Developed and Sustained?

By not embracing a holistic approach to health and wellbeing in American culture, mental health has often been seen as an add-on or afterthought to the concept of health. This tendency focuses primarily on the physical wellbeing of an individual, group, or culture and ignores the totality of the human being. As Lane (2016) avowed, "Mental health is an integral and essential component of health, but it is also notoriously difficult to define narrowly or universally" (para. 2). Defining mental health is both a critical need and a seemingly illusive venture, particularly as it relates to legislation. At the time of this writing, congress is grappling with a strategy to thwart the plague of mass shootings and gun violence. At the center of the discussion is mental health. Erroneously, the terms "mental health" and "mental illness" have been used interchangeably as if they mean the same. Historically, mental health has been given a type of Hippocratic nuance focusing on the absence of pain, sadness, hurt, and personal discomfort. Even the World Health Organization's definition of mental health as "a state of well-being" (WHO, 2004, p. 10) is fraught with difficulty. This definition overly emphasizes positivity and an absence of abnormality (Lane, 2016). Mental health is not the equivalent of mental illness. In addition, mental health does not mean the absence of sadness and the constancy of happiness. Because of this universal misunderstanding of mental health, prescription-based interventions have abounded. Lane (2016) cited "overly broad definitions of mental disorders" as contributing to "over-diagnosis, overmedication, and overtreatment" related to the excessive and addictive use of antidepressants and opioids (para. 5). Galderisi et al. (2015) quoted a proposed re-definition of mental health put forth by a group of European psychiatrists:

> Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium. (pp. 231-232)

This definition allows for an understanding that mentally healthy people undergo crises, personal setbacks, life changes, grief, and emotional upheavals. However, mentally healthy people have the internal resources to achieve a state of equilibrium and homeostasis through the good times and the bad.

How Does Rural Mental Health Advocacy Enhance and Preserve Cultural Diversity Within the Contemporary Generation?

Rural communities are becoming more and more diverse with each passing generation. Phillips and McLeroy (2004) have long advocated rural communities must be seen in both a compositional and contextual perspective. In regards to rural health issues, they maintained, "Health problems in rural areas are compositional when they derive from the characteristics of people residing in rural settings, and rural health issues are contextual when they derive from the special characteristics of rural areas" (p. 1662). Rural communities have varying degrees and types of mental illness, capricious degrees of community acceptance, and restricted ranges of treatment availability and accessibility (Gamm et al., 2003). Bradley et al. (2012) caution about pathologizing people in rural settings and maintain the need for understanding the uniqueness of both rural populations and small communities in an effort to bolster advocacy efforts. One may conclude rural communities in the United States have much in common with countries around the world in terms of lack of mental health resources, professionals, and policy development (Hann et al., 2015). Addressing the global perspective, Hann et al. (2015) declared, "it is estimated that 30% of countries do not have mental health programmes, whereas 40% do not have mental health policies to inform service delivery" (p. 2). Rural mental health advocacy indicates a societal concern and commitment to rural populations and reveals the counseling profession's willingness to assist a changing part of our own American fabric, which may provide the impetus to effect global awareness, collaboration, and change.

Challenges: What the Research Reveals

Mental Health Disparities

Research over the past two decades has demonstrated rural populations and communities in the United States have higher levels of mental illnesses than urban settings. Smalley et al. (2010) concluded: "Rural residents have been shown to have higher levels of depression, substance abuse, domestic violence, incest, and child abuse than residents of urban areas" (p. 480). In their review of the literature, Gamm et al. (2003) established the following distinctions related to mental health issues within both urban and rural settings:

- Mental health and mental disorders were the fourth most often identified rural health priority.

- Psychoses tied cancer as the fourth most frequently first-listed diagnoses for hospital discharges nationally.

- Suicide rates among rural males was higher than their urban counterparts across all four regions of the nation.

- In rural counties with populations 2,500 to 20,000, three-fourths lacked a psychiatrist and ninety-five percent lacked a child psychiatrist.

- Access to mental health care and concerns for suicide, stress, depression, and anxiety disorders were identified as major rural health concerns among state offices of rural health. (p. 97)

Similar findings continue to persist according to the Rural Health Information Hub (2019):

> Rural Americans are a population group that experiences significant health disparities. Health disparities are differences in health status when compared to the general population, often characterized by indicators such as higher incidence of disease and disability, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socio-economic status, higher rates of health risk behaviors, and limited job opportunities. Higher rates of chronic illness and poor overall health are found in rural communities when compared to urban populations. (para. 1-2)

Mental health disparities in rural communities continue to be a challenge for local, national, and international agencies grappling with mental health needs. James et al. (2017) reviewed ethnic/racial health (including mental distress) disparities in rural areas and found "regardless of race/ethnicity, all rural populations experience health problems and the nature of those problems differs" (p. 5). This supports the need to address the unique mental health needs of each rural community.

Availability

The NRHA policy brief (as cited in Wilson et al., 2015) identified "availability, accessibility, affordability, and acceptability" as the four key issues for rural behavioral health reform (p. 1). Mental health care availability is an issue for rural peoples in South Texas, the United States, and across the globe. Often rural communities experience economic decline that can cause an increase in mental health stress and concurrently reduces the availability of resources. This results in the lack of adequate mental health insurance coverage for families in rural areas (Goodyear, 2018). Research shows many mental health professionals do not want to work in rural areas. Those who were raised in rural settings often do not remain living and working in rural areas in spite of the fact they are often the most effective and qualified to address the unique mental health needs of rural society. The need for specialists (particularly mental health specialists) in rural areas has also been shown to be critical. While the number of mental health specialists has increased across the country, an increase has not been realized in rural areas (Texas Department of State Health Services, 2014; Gamm et al., 2003).

Accessibility

According to the Texas Department of State Health Services 2014 report (see Figure 1),

"207 of Texas' 254 counties had whole or partial county Mental Health HPSAs (Health Provider Shortage Area) and 241 counties had whole or partial county designation or at least one site-designated HPSA" (p. 7). This meant 47 counties did not report any shortage areas for mental health professionals. As of 2021, that number has declined to only one county where none of the county is considered a HPSA Mental Health shortage area (see Figure 2). On a national scale, it is evident other states and regions are experiencing more instances of mental health professional shortages when comparing 2017 to 2021 (See Figures 3 and 4). Depending on the specialization, the shortage of mental health professionals within rural counties seriously complicates the issue of accessibility. Across the globe, the critical shortage of mental health providers is of great concern in that it affects people at all economic levels and is "exacerbated by maldistribution and unequal access to service" (Robeznieks, 2015, para. 1). Many studies on a global scale have found similar issues with the lack of provision of mental health services (Gray, 2011). These call for a greater international dialogue and forum to address mental health needs and interventions for rural populations (Collins & Pringle, 2016). In rural settings, the inability to identify, locate, or navigate to those places where services can be a crisis in itself. An impoverished single parent may live only forty minutes from a mental health professional or services for her autistic child, but without adequate transportation, childcare for her other children, or the finances to simply put gasoline in the car, she may as well be living in another state or another country.

Figure 1

HPSAs in Texas (2017)

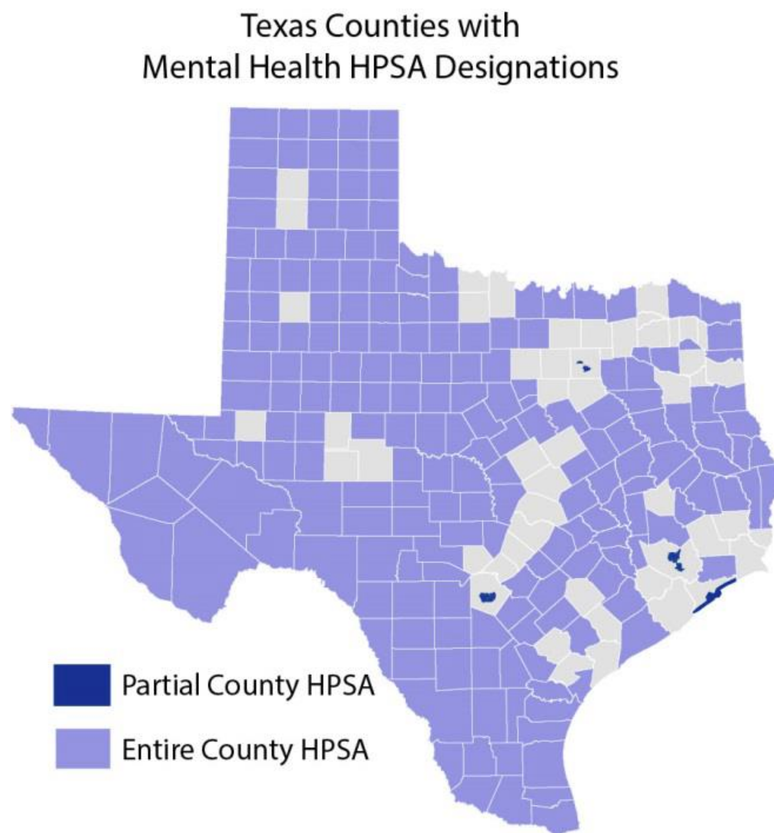


Figure 2

HPSAs Mental Health in Texas (July 2021)

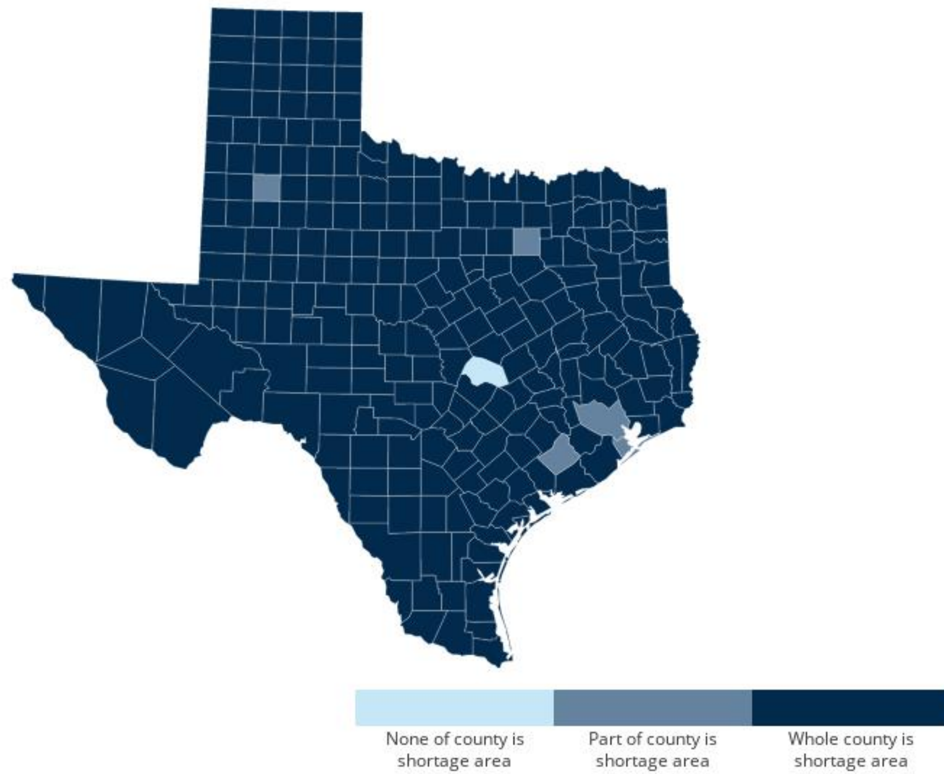


Figure 3

HPSAs Mental Health on a National Scale (2017)

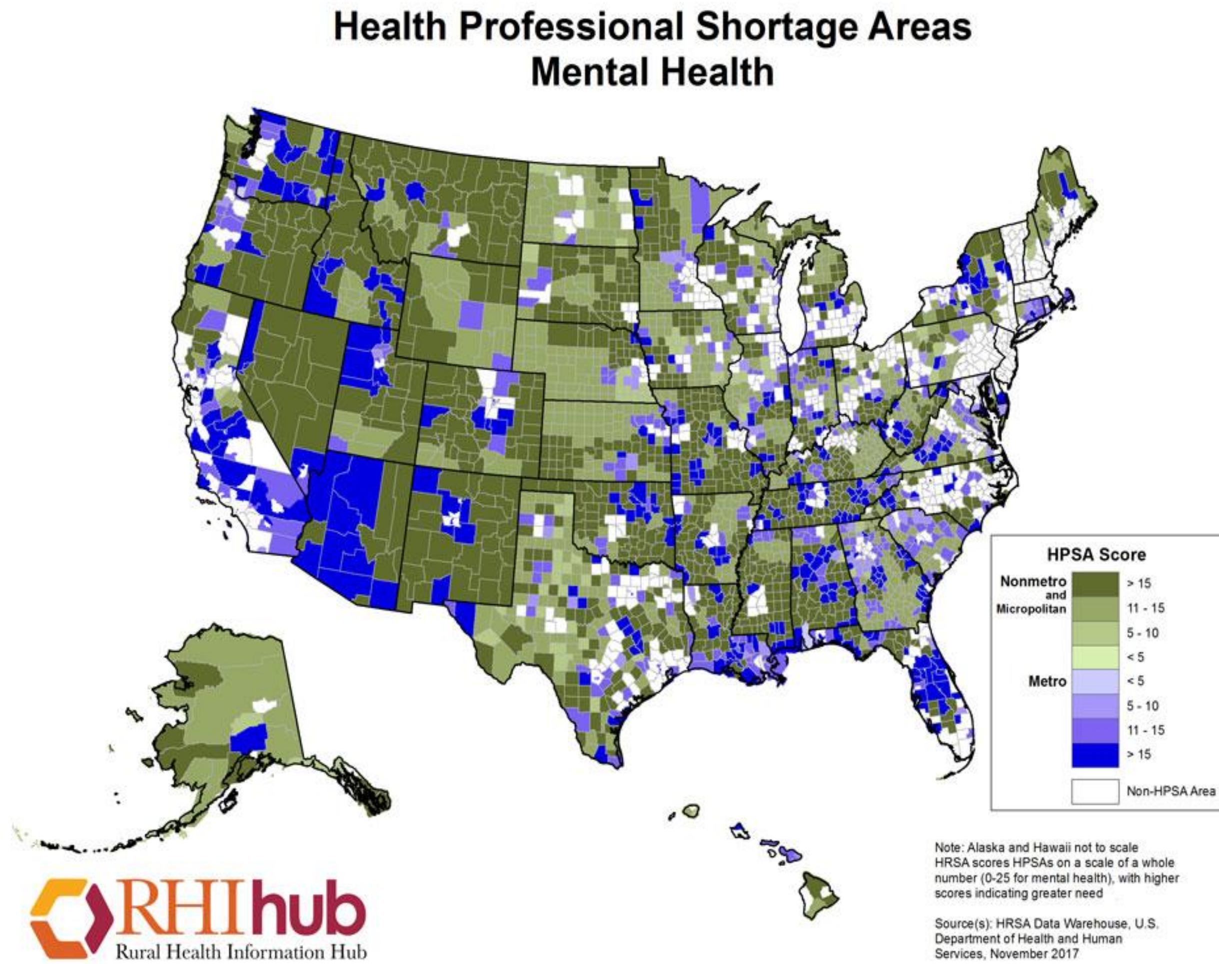
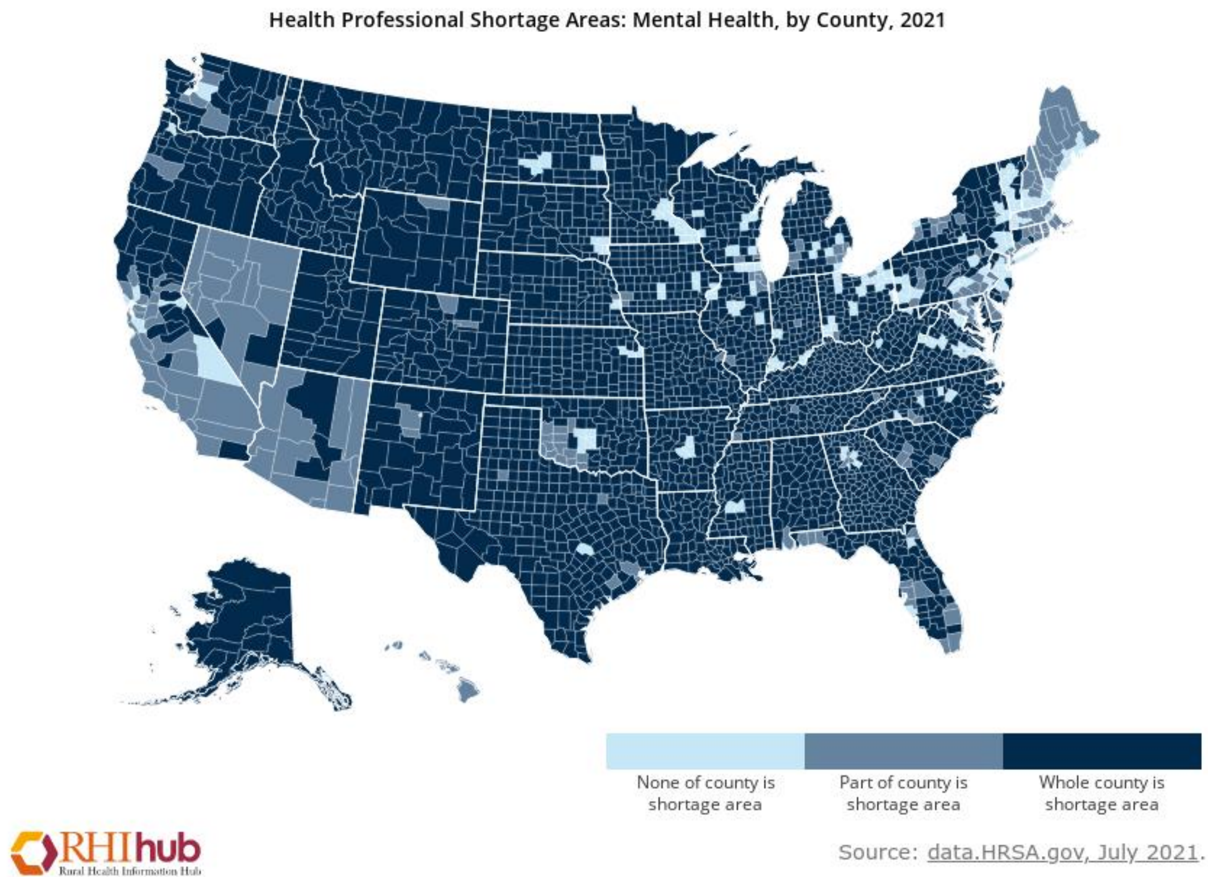


Figure 4

HPSAs on a National Scale (July 2021)



Affordability

Affordability is another factor for rural citizens seeking mental health care. In terms of health insurance costs alone, rural areas often pay higher rates than their urban counterparts (Wilson et al., 2015). Phillips and McLeroy (2004) maintained the importance of resisting a "repackaging" of urban health policies and programs and to build "upon the positive aspects of rural life while addressing the health, public health, infrastructure, and economic needs of rural areas" (p. 1663). Addressing affordable options for mental health care in rural areas must be seen as a legislative priority (Wilson et al., 2015). This further underscores the importance of advocacy for rural communities in order for meaningful change to occur (Rainer, 2012). For most rural communities, availability, accessibility, and affordability issues related to mental health care have remained at a dismal constant for the past two decades and changes are needed to address the mental health of rural people particularly as many rural populations are experiencing an economic downturn.

Acceptability

Advocates for rural mental health must address issues related to acceptability in light of a rural community's potential negativity and stigma regarding mental health (Wilson et al., 2015). Often, positive qualities such as independence and determination get in the way of wellness resulting in perceptions of stigma associated with mental illness (Gamm et al., 2003; Latzke, 2017). Sadeghi (2017) noted, "Rural areas also often have higher rates of stigmatization concerning mental health, which can amplify symptoms and decrease willingness to seek treatment" (p. 7). Some international studies such as Handley et al. (2013) indicate the use of internet delivered services for mental health treatment might help reduce stigma for those people in rural communities who are suffering from mental illness. However, the use of technology will depend on community receptivity, costs and reliability of the technology/internet services, and effective education and communication. Limited research exists which evaluates the impact of technology-driven mental health interventions on the reduction of stigma for rural populations (Handley et al., 2013). From a positive perspective, mental health stigma can be mitigated by providing understanding and knowledge related to mental illness, addressing fear and uneasiness, providing opportunities for frank and open dialogue, and taking measures to ensure confidentiality within rural communities (Rural Health Information Hub, 2021).

Rural and remote communities are faced with challenges of finding the services or professionals essential to addressing mental health needs, determining how accessible these services are, how much will they cost, and the community-specific stigma that may or may not be associated with receiving specific mental health services. Even when resources are found and utilized, the efficaciousness of the resources must be evaluated. It is important to note that while there is an abundance of research that describes the issues in rural mental health, there is a need for contemporary studies focusing on initiatives, interventions, and models that work. These in-depth research agendas are often adversely impacted and limited by factors such as the changing landscape of rural communities, the ongoing resistance in federal healthcare to a holistic approach to wellbeing (which includes mental health), and the lack of funding for a robust research agenda focusing on contemporary rural populations.

Provisional Suppositions

Based on the current literature, scientific inquiry, government reports, and rural community needs analyses, there are at least four major suppositions which may be made, each designed to advocate for rural mental health both nationally and across the globe. These include the definition of rural, unique populations, mental health challenges and solutions, and research. These continue to be critical points of discussion related to rural mental health.

Definition of Rural

The definition for "rural" must be accurately articulated. In a June 8, 2013 article, *The Washington Post* reported, "the U.S. government has at least 15 different official definitions of the word 'rural,' including 11 at the Agriculture Department alone" (para. 1). In 2011, this author concluded there must be a new definition of "rural" especially in regards to mental health that might be referenced as "neo-rustico" (Bain et al., 2011, p. 7). They said:

> Perhaps "neo-rustico" would better define rural districts in regards to their community resource needs, particularly mental health resource needs. This new rural definition would help comprehend the scope of the problem. In fact, while families, schools, and communities may be within 30 minutes of a major city or population area, specific mental health resources may still not be available or accessible. This creates a new paradigm for understanding "rural." (p. 7)

Smith et al. (2013) found the Census Bureau and Office of Management and Budget (OMB) had two variant definitions of rural in Texas. They concluded the Census Bureau defined rural based on "population density and population clusters" while the OMB based its definition on "population of cities within counties and the counties' proximity to other metropolitan counties" (p. 2). Galderisi et al. (2015) argued for a definition designed to "overcome perspectives based on ideal norms or hedonic and eudaimonic theoretical traditions, in favor of an inclusive approach, as free as possible of restrictive and culture-bound statements" (p. 232). This type of definition would also take into account remoteness, access to services/professionals, lack of financial resources, and inclusive in its recognition of life experiences.

Unique Populations

Each rural community/population is socially and culturally distinct with unique challenges related to mental health. It is both unfair and unwise to thrust each rural community and population into a general category and under an all-encompassing title such as "rural." Rural populations living in South Texas may experience the same issues related to mental health illness and lack of resources, but each region has unique populations within the rural contexts. This article will provide some specific examples of that uniqueness.

Mental Health Challenges and Solutions

Rural communities must be seen as microcosmic representations of both mental health challenges and solutions for national and global populations. Rural areas have identifiable social factors, which contribute to overall positive health outcomes. These include "dense social networks, social ties of long duration, shared life experiences, high quality of life, and norms of neighborliness, self-help, and reciprocity" (Phillips & McLeroy, 2004, p. 1663). Pendse and Nugent (2017) argue for more culturally equipped mental health professionals who are capable of relating to the existing (and expanding) ethnic and culture diversity reflective of rural populations.

Research

New, innovative, and dynamic research should be conducted that supersedes the typical urban-based methods of inquiry and usual enumerations of challenges and resources. In reviewing global mental health research strategies, Collins and Saxena (2016) suggested "identifying which interventions to scale-up, training scientists to translate research findings, using the community's knowledge, sustaining effective mental health treatment, evaluating the outcomes of treatments, and disseminating successes and failures" (p. 27). Additionally, the value of practitioner-focused research must be included as a key component as these are the

professionals who have firsthand experience with rural clients. Phillips and McLeroy (2004) concluded the importance of viewing rural health from an international context, attesting to how something that happens in America can potentially have implications on a global stage.

Conclusion

Throughout this discourse, the critical need for clear, intrepid, and immediate advocacy in regards to rural mental health has been established. Legislation and health policies must be put forth which will assert the importance of: a) incorporating mental health into the basic understanding of health, b) holistically seeing and treating the whole person, c) working toward a consolidated and yet mindful definition of "rural," and d) supporting immediate and robust research designed to address the unique needs of rural populations. For Texas A&M University-Kingsville, the advocative opportunities to make a difference on a local, national, and global scale abound. Geographically, TAMUK is located within the South Texas region, which (historically and currently) encompasses a variety of rural counties, most of which have little to no mental health professionals or adequate services. Academically, TAMUK is one of the leading educational institutions in both Texas and the United States preparing students in the fields of psychology, sociology, social work, and clinical mental health counseling from rural perspectives. With graduate programs in both the College of Education and Human Performance and the College of Arts and Sciences geared to rural mental health, the university is best suited to prepare mental health professionals to address these contemporary issues. Empirically, TAMUK boasts of a number of cross-disciplinary research initiatives either directly or indirectly associated with rural mental health. The Department of Educational Leadership and Counseling (within the College of Education and Human Performance) is actively engaged in a global research initiative related to rural mental health. This initiative involves a collaborative arrangement with the University of the Highlands and Islands in Inverness, Scotland, a university equally committed to rural and remote mental health research. Texas A&M University-Kingsville is strategically poised to make a dramatic difference for rural South Texas (as well as rural and remote international populations and communities) by encouraging initiative-driven policy reforms, evidence-based intervention research, and implementation, adaptation, and assessment of effective rural mental health models garnered from collaborative entities across the world.

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