

## **Mental Health Disparities in Rural Communities**

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### **Background:**

Across the United States, one in twenty-five adults have a serious mental health diagnosis (National Alliance on Mental Illness, 2023). A serious mental health diagnosis is often an invisible disability that has a serious impact on an individual's life. Serious mental illness is defined as a diagnosis of psychotic disorders, bipolar disorder, or depression with psychotic symptoms. Serious mental illness can also include anxiety disorders, eating disorders, and personality disorders if they have a high level of functional impairment (Evens et. al., 2016). Unfortunately, those who need treatment for their mental health needs have limited access to services (Edwards et. al., 2023). Limited access to services often means there are no providers near the individual or very few providers that are accepting new clients. One population in particular, individuals who live in rural areas, are impacted more by these disparities. In the United States, one in five individuals, or 30 million people, live in rural areas (Burke, 2023). Rural populations have a similar prevalence of mental health disorders to those that live in urban areas. It is estimated that 23% of residents in rural areas have mental health concerns. This means that in 2022, 7.7 million people living in rural communities struggled with a mental health condition (Rural Mental Health Hub, 2024). Individuals in rural communities are less likely to receive treatment for their mental health concerns. Because of this, suicide rates are almost doubled in rural areas when compared to urban areas (Morales et. al., 2020). Suicide rates are 18.9 per 100,000 people in rural areas verse 13.2 per 100,000 people in urban areas (Rural Mental Health Hub, 2024).

### **Objective:**

The first objective of this research project was to highlight the health disparities that individuals with mental health problems face in rural areas. Attention was focused on highlighting access to mental health services, prevalence of mental health disorders, and the stigma surrounding mental health. Our second objective was to investigate current challenges rural communities face when dealing with mental health issues. Our third objective was to discuss current interventions rural communities are doing to help individuals with mental health issues.

### **Method:**

A literature review was conducted using psychINFO, Google Scholar, EBSCOhost, PubMed, and InfoHawk+. Key words used included: Rural AND Mental Health or Severe Mental Health, Rural Mental Health AND Stigma OR Outcomes. Supporting information was retrieved from the 2020

Census data, the National Alliance on Mental Illness (NAMI), and the Rural Information Hub (RHIhub).

## **Conclusion:**

### **Current challenges**

The challenges faced by people with mental health problems and especially those who are in acute mental health crisis is one that is faced by most Americans but is an even more acute and pressing problem in rural communities. Research shows that most counties, 96% to be exact, in the USA have a shortage of psychiatrists and  $\frac{3}{4}$  of counties have what is described as a severe shortage. Rural counties have more significant shortages including all aspects of mental health professionals (Thomas et al., 2009.) A major issue that professionals in these communities run into is that individuals in rural communities are more likely to be under/uninsured. This leads to a cyclical issue of low pay and reimbursement and fewer professionals wanting to move to/work in more rural communities. In rural communities travel ability and travel distance can also have significant impacts upon outcomes for patients. A recent study showed that for every hour of travel time a man lives from a general hospital their risk for suicide doubles (Barry et al., 2023.) This is a troubling statistic when also paired with the fact that in 2010-2021 there were 136 rural hospital closures with 19 hospital closures in 2020 alone (American Hospital Association, 2022.) As people are losing their access to care and treatment closer to home and having to travel longer distances for care due to losses of medical professionals in their area, the crisis in these communities continues to widen.

Another challenge that is facing rural areas is the reliance of generalists for treatment of people who have a serious mental illness. Research has shown that individuals in rural communities suffer from mental illness at similar rates as individuals in urban areas. Research has shown that in rural areas PCPs are the primary prescriber of psychiatric medications with them prescribing 70% psychiatric medications where in urban areas that number is 50% (Muench et al., 2022.) While it is important to have people being diagnosed and getting treatment in rural areas, there always is the possibility of misdiagnosis or missed diagnosis. Primary care is essential for overall health of an individual and looking at the person is important, but professionals who specialize in mental health disorders such as Psychiatrists, Psychologists, Social Workers, and other specialists are focused and trained on this one part and have a better fundamental understanding of different diagnoses. Research has shown that while filling the gap is important there is also a large margin of error, it is estimated that the misdiagnosis rate for common mental disorders in primary care is 66-98% (Yom-Tov et al., 2022.) When misdiagnosis happens treatment, through both medication and therapy, cannot be accurately achieved and poorer outcomes for the patient ensue. This gap in health care that is being shouldered by general health professionals and not specialists may possibly have some farther-reaching impacts than are currently known.

Another primary challenge facing individuals in rural communities is the intersectionality of various domains that affect access to care. People in rural communities are more likely to have increased barriers to care and other stressors that have influences on outcomes. These influences can have varying degrees of how they affect individuals in these areas in various ways. Specific points known to be increased barriers to care are lower socioeconomic status, lower levels of educational attainment, and reluctance due to discrimination/stigmatization.

Stigma often contributes to individuals not seeking help for their mental health issues. In rural communities, stigma can be particularly pronounced due to various factors, such as close-knit social networks where privacy may be limited, cultural beliefs that discourage seeking help for mental health issues, and limited education about mental health. Cultural beliefs and attitudes toward mental health play a significant role in perpetuating stigma in rural areas. Traditional beliefs may view mental illness as a personal failing or punishment, rather than a medical condition requiring treatment. This cultural stigma can prevent individuals from seeking help and may even discourage families from acknowledging or discussing mental health issues within their communities (Herron et. al., 2020). Additionally, there is often a perception that mental health problems are a sign of weakness or moral failing leading to reluctance to seek treatment or disclose struggles. These factors can contribute to individuals experiencing isolation, fear of judgment, and barriers seeking support for their mental health concerns.

One study conducted in 2016 found evidence of negative mental health beliefs. The study consisted of a survey that looked at perceptions of mental health in non-urban areas. The survey found that participants viewed individuals with mental health issues as “faking it” or “pretending” to have a problem. Participants in the survey thought individuals with mental illnesses were trying to get attention instead of having an actual problem. Survey participants thought people who struggled with mental illnesses should be able to “get over it.” Another theme that arose in the survey responses was that people should seek out guidance from “God” to help them (Crumb et. al., 2019). The same survey found that one reason individuals don’t seek treatment for mental illness is because others will perceive them to be weak. They also felt that by seeking help, their friends or family would look down on them. The negative stereotypes and stigma that surround seeking help for mental illness is a major contributing factor to the disparities in rural communities.

### **Current Interventions**

There are several interventions in place to address health disparities in rural areas. Examples of these include increasing workforce capacity and offering telemedicine services. To increase workforce capacity in rural areas, there has been an increase in the number of available first year residency positions in psychiatry (AMA, 2015). Despite the increase in positions, there remains a shortage of psychiatrists in rural areas as most of them tend to aggregate in urban areas. Over the last decade, there has been a movement to educate and encourage primary care providers to treat common mental health illnesses. This system of care is known as a

collaborative care model, which allows primary care providers to work alongside psychiatrists in a clinic setting. They have the opportunity to learn from psychiatrists and ask for guidance on more complex patient cases (Olfson, 2016). The goal is for primary care physicians to become comfortable treating mental health illnesses and take these skills into their future careers. This would in turn increase the workforce treating mental health illnesses.

The COVID-19 pandemic brought forth swift change in the medical system. One of those changes is the recognition that telemedicine is a useful tool, particularly for patients with lack of access to care. The use of telemedicine in rural areas has increased significantly over the last several years, allowing patients to receive services that were once unattainable. In addition to increasing access to mental health care, telemedicine has also shown benefit in reducing appointment waiting times and decreasing travel time and costs for patients (Di Carlo et al, 2020). These benefits make all the difference for patients who live in rural communities that are commonly 1-3 hours away from major medical centers. Fortunately, telemedicine has been incorporated into many psychiatric practices post-pandemic increasing accessibility to care in rural communities.

Despite the efforts discussed above, there continues to be a gap in mental health access in rural communities. Future considerations for increasing access should include focused recruitment of mental health providers to rural areas and advocacy to increase Medicaid reimbursement for mental health providers.

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