

What Behavioral Health Providers Need to Know about Clients from Rural Areas, and Why

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Learning Objectives

Goal 1: Participants will be able to list distinct attitudes, cognitions, and behavior of people living in a rural culture.

Goal 2: Participants will be able to state how rural culture may influence the ways that behavioral health services are viewed and used by people raised in rural communities.

Goal 3: Participants will be able to state why both urban and rural providers need to understand the distinct characteristics of rural culture.

Goal 4: Participants will be able to customize their work to rural seniors experiencing mental health problems.

Why Important to Urban Practitioners?

- Patients and referrals From Rural Areas
 - Services scarce in rural area
 - Reluctant to see local practitioner due to stigma or dual relationships
 - Payor network coverage issues
- Migration to urban area
 - Bring their inherent culture with them
- Telehealth services to rural area
 - Important due to shortage of rural BH professionals
 - But may do harm if not oriented to rural culture

Cultural Competence

- A set of attitudes, skills, behaviors, and policies that enable effective work in cross-cultural situations
- Goals:
 1. Understand patient behavior
 2. Communicate to ensure best clinical outcome
 - a. Clinical information
 - b. Treatment adherence

Culture of the Behavioral Health Provider

- Rooted in urban areas--Influenced by own culture
- May cross with Socio-economic differences
- Education emphasizes emotion & verbal communication
- Important to
 - Avoid biases and assumptions
 - Evaluate our own level of cultural competency

The hard facts

- More than 60% of rural Americans live in mental health professional shortage areas
- More than 90% of all psychologists and psychiatrists, and 80% of MSWs, work exclusively in metropolitan areas
- More than 65% of rural Americans get their mental health care from their primary care provider
- The mental health crisis responder for most rural Americans is a law enforcement officer

Dennis Mohatt [Rural Mental Health: Challenges and Opportunities Caring for the Country](#)

- Little training for rural practice
- Service systems are metro-centric
- Digital economy barriers

Rural Behavioral Health

- Chronic MHP shortage
 - Few specialty providers
 - More paraprofessional services
- Harder to provide comprehensive services
- Less knowledge & acceptance of MH services
- Poor training for rural professionals
- Equal or poorer average rural MH
 - But poor data

MH HPSAs

**Health Professional Shortage Areas (HPSA) - Mental Health
HPSA Clinician Priority Scores**

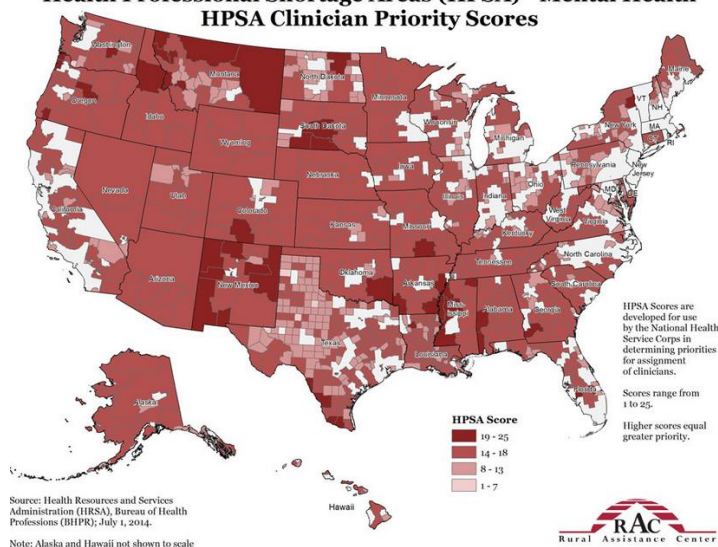
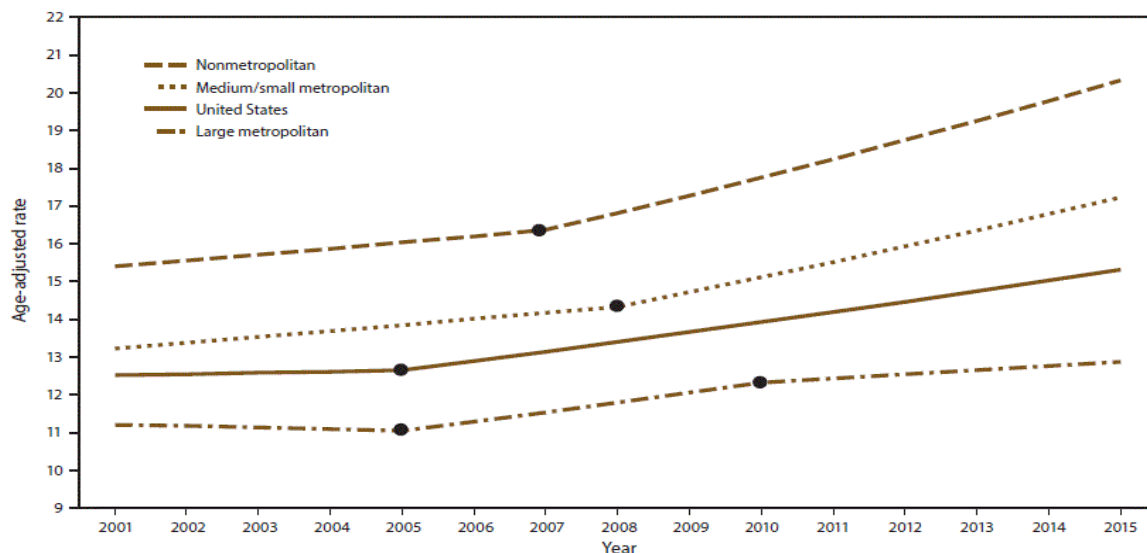
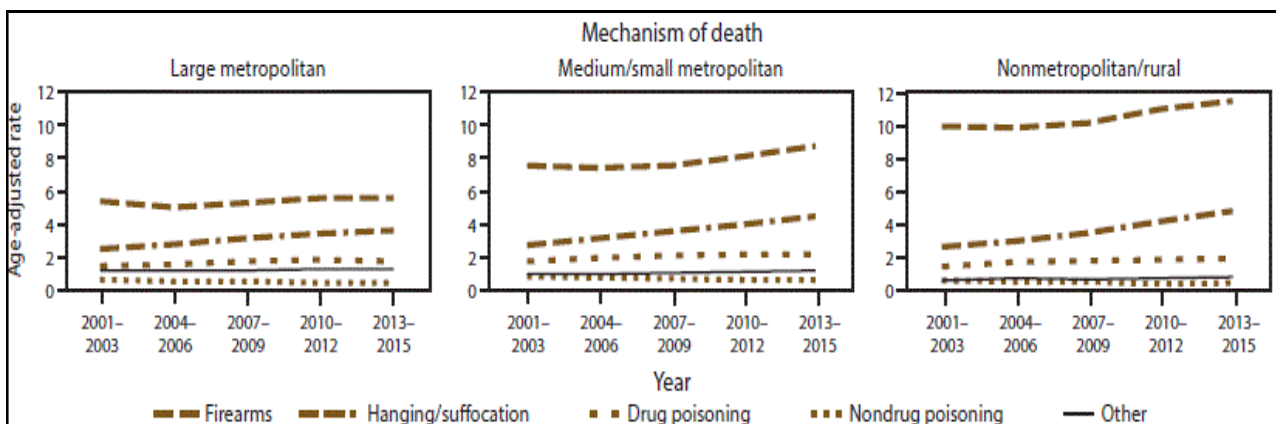


FIGURE 1. Suicide rates* among persons aged ≥10 years, by county urbanization level† — United States, 2001–2015



Ivey-Stephenson AZ, Crosby AE, Jack SP, Haileyesus T, Kresnow-Sedacca M. Suicide Trends Among and Within Urbanization Levels by Sex, Race/Ethnicity, Age Group, and Mechanism of Death — United States, 2001–2015. MMWR Surveill Summ 2017;66(No. SS-18):1–16. DOI: <http://dx.doi.org/10.15585/mmwr.ss6618a1>



Abbreviations: AI/AN = American Indian/Alaska Native; NH = non-Hispanic; PI = Pacific Islander.
 * Per 100,000 residents aged ≥10 years, age adjusted to the 2000 U.S. standard population.

Conservative Approach to Life

- Survival value of independence and self-reliance
- Goldfish bowl effect :
 - more likely to know each other
 - lack of privacy
 - pressure to conform to conventional expectations
 - less open about nonconventional characteristics & opinions
 - less likely to admit behavioral health problems
 - more difficult to ask for behavioral health assistance

Isolation

- Distance to services
 - use less skilled “natural listeners”
- Keep it in the family
 - isolates individuals
 - greater family enmeshment
 - constricts change options
- Fewer social and activity options
 - sex and drug activities more likely

Poverty

- Fifteen percent of people in rural areas live below the poverty level, compared to 12% of people in urban areas (DeNavas-Walt, Proctor and Smith, 2008)
- Income issues
 - Transportation & communication difficult
 - Unpaid labor
 - Multiple part-time jobs
- Higher risk: The fatality rate of all people engaged in agriculture was 30 per 100,000 in 2006 (NIOSH, 2008)
- Fewer people are insured

Rural Family Structure

- Depend more on selves and each other
 - “Keep it in the family”
- More likely to be multigenerational
 - Family farm/business
 - Intergenerational caregiving
- More traditional gender roles
- Averse to expressing emotions, conflict
- Practical, resilient
- Farm/small business role in family

Rural Marriages

- Older ones more stable than average
- Hardest for daughters-in-law
 - Especially if no rural background
- Farm marriages most often have one/both partners working off-farm
- Communication may not acknowledge specific role of farm
- Unsalariated work
- Roles gradually blending/equalizing

Effects of Rural Culture

- Awkwardness of dual relationships
- Traditional gender and generational role expectations
- Practical, resist abstraction and emotion
- Respect for authority
 - makes self-advocacy difficult
 - want professionals to make decisions
 - demand to “fix” them
- Self-abnegation affects self-esteem work

Assessing Acculturation

- To know how much to tailor services
- Demographic factors
- Cultural geography--local customs
- Client's presentation, body language
- Speech
- Openness to emotion, religion
- Perception of ability to change
- NEED RESEARCH!

Structure of Clinical Services

- Transitions into/out of meetings
 - offer beverage
 - begin and end with weather, local event, etc.
- Boundaries
 - take care expressing own beliefs and values
 - help them make choices and decisions
- Discuss other shared activities
 - decide how to interact in those settings
 - Helbok (2003)--ethical decision-making

Structure (cont.)

- Self-disclosure
 - modeling
 - reducing social desirability issues
- Concrete therapy procedures
 - present as self-management skills
 - psychoeducation--clear descriptions, why useful
- Emotional expression--validate, teach
- Work with somatic symptoms

Rural Suicide

- One of the most difficult areas of clinical work
- Careful and ongoing assessment, more stress on:
 - Impulsivity
 - means
- Removal of means
- Verbal contract/promise
- Hospitalization
- Gun safety

Community Collaboration

- Medical providers
- Hospice
- Public Health
- Social services
- Schools
- Ministerial groups
- Nursing homes
- MH facilities
- DD services
- Churches
- Legal services
- Domestic violence
- Law enforcement
- Employment service
- Libraries
- Business groups
- Higher education
- Community efforts

If you Provide Tele-BH Services to a Rural Area

- Coordinate with the spectrum of related local services
- Set up local backup
- Talk with local informants

Agricultural Behavioral Health

- The most rural of the rurality continuum
- $\leq 2\%$ of American population
- Resilient: Winnowed by multiple farm crises
 - Selected against serious MI and addictions
 - But still high depression and anxiety rates
 - Longer work hours, much stress

Agricultural Risk Factors

- Drunken Cowboy Syndrome (Rosmann, 2009)
 - Tendency to use alcohol and drugs to manage pain, both physical and emotional
- Effects of farm pesticides
 - may mimic depression or anxiety
 - May worsen when administer antidepressants
- Seasonal alcoholism syndrome

Rural Women's Stressors

- 40-41% of women using rural primary care clinics were clinically depressed, 13-20% urban. But tend to present with somatic sx, only detected half as often as urban, only 5% referred. 30-40% higher teen births, higher alcohol and other drug abuse
- Role overload for farm women, "third shift"
- Multigenerational caregivers
- Family conflict and finance managers
- More poverty in households headed by rural women
- Stress even higher for minorities, including lesbian

Intimate Partner Violence (IPV)

- Greater in rural areas
- Vulnerability factors: Income dependence, family stress, weapon availability, isolation
- Rural norms may censure victim
 - Confidentiality fears are greater
- Attachment to farm and animals may make leaving more difficult
- Distance to shelters may require leaving job, loss of child care, change of schools, loss of social support sources

Intimate Partner Violence in Rural America. Policy Brief March 2015 National Advisory Committee on Rural Health and Human Services, HRSA. <http://www.hrsa.gov/advisorycommittees/rural/publications/partnerviolencemarch2015.pdf>

Clinical Work with Rural Men

- Understand local rural masculine culture
 - Harder to seek behavioral health help
- Assess adherence to rural masculinity culture
- Adapt style to rural male
- Build therapeutic alliance on trust and respect
- Use problem-solving and skill-building approaches
- Use rural male values of self-reliance, achievement

Special Rural Populations

- Ethnic minorities, immigrants, migrant workers
- Indigenous peoples
- Military
- Incarcerated and released
- GLBTQ
- Homeless
- Disabled

Aging in Rural Areas

- Higher elderly population
- Most culturally rural
- Effects of “Left Behind”
- Cognitions may worsen from several causes
- Side effects of medications may worsen due to brain changes and metabolic changes – dosages may need adjustment

Life Burdens of Primary Caretakers

- Getting Through Crises While Meeting Needs of Well Family Members and Yourself
- Trying to make life decisions in the face of an uncertain future concerning financial worries and plans for future care
- Coping with loss of an intimate confidant and household co-worker
- Dealing with anger, emotional silence, and sexual distance
- Being target for anger from your children
- Coping with stigma, social isolation, loss of “couples” friends

Dementia Co-morbidities

- Diabetes
- Metabolic Syndrome
- Alcoholism
- Arrhythmia
- Syncope
- Heart Failure
- Stroke
- TIAs
- Hypothyroidism
- COPD
- Hepatitis C
- Nicotine dependence
- Obesity
- Depression and anxiety

Dementia risk Factors

- Diabetes
- Hypertension
- Alcoholism
- Hyperlipidemia
- Smoking
- Head Injury
- Genotype (ApoE4)
- Chemical exposure
- Lower educational level
- Oxidative stress
- Inflammation
- Falls
- Depression and anxiety

Working with Rural Elders

- Encourage exercise, healthy diet, and social activities
- Assessment
- Individual and family therapy
 - Cognitive and behavioral work as indicated
 - Family support and interventions
- Life review work, often in groups
- Support rural nursing homes and provide them services
 - Education and behavioral interventions
- Advocate for appropriate community activities and services
 - Caretaker groups

Culture of Patient Can Influence

- How people communicate their symptoms
- How syndromes manifest
- Meanings of symptoms
- Stigma attached to mental illness
- Coping styles and social supports
- Help-seeking behaviors
- Response of the service system

Cultural Competency Knowledge

- Values/belief systems
- Family structure/dynamics
- Effects of education, religion, social structure
- Cultural strengths/assets/resiliencies
- help-seeking behaviors/practices
- Meaning of development and life events
- Particular issues: violence, abuse, pregnancy, drug abuse, poverty, unemployment, homelessness, literacy

Culturally Competent Services

- Assess acculturation
- Nonverbal interaction/cues
 - Differences by gender, age
- Verbal interaction, same differences
- Best interview and diagnostic approaches
- How to modify treatment approaches
- Practices to avoid
- Community resources, collaboration

How to Educate Yourself about Rural Culture

- Smalley, K.B., Warren, J.C., & Rainer, J.P. (2012). *Rural mental health: Issues, policies, and best practices*. New York: Springer.
- Stamm, B.H. (2003). *Rural behavioral health care: An interdisciplinary guide*. Washington DC: APA.
- Professional Assns: Peer consultation, Ethics Committee
- Journal of Rural Behavioral Health
- Rural Behavioral Health Practice Conference
<http://www.mnpsych.org/rural-conference>

Resources for Rural Clients

- NAMI Minnesota, 651-645-2948, www.namihelps.org
 - Family psychoeducation and Grey Matters programs
- Dealing with Stress Workshops
 - <https://www.extension.umn.edu/family/live-healthy-live-well/healthy-minds/dealing-with-stress/education-series/workshops/>
- Mental Health First Aid class, rural version
 - www.mentalhealthfirstaid.org

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