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Rural populations amongst the mental health crisis in the United States of America: Implications for counseling professionals

Caylyn Arbogast
James Madison University

Rural Populations Amongst the Mental Health Crisis in the United States of America: Implications for Counseling Professionals

Caylyn Arbogast

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FACULTY COMMITTEE:

Committee Chair: Amanda Evans, Ph.D., LPC

Committee Members/Readers:

A. Renee Staton, Ph.D., LPC

Kelly Atwood, Psy.D. LPC

Dedication

For my husband and two beautiful children who inspire and motivate me every day.

I love you.

Acknowledgments

To always providing growth opportunities both professionally and personally, for supporting my interests and motivating me, and most importantly for providing a strong educational foundation on which I can confidently base my future practice. This is for you Amanda, Renee, and Kelly. Thank you for all you do and who you are.

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Abstract

The United States is currently experiencing a mental health crisis, following the COVID-19 Pandemic. While the United States continues to experience stigma around mental health, the impacts of the mental health and substance use crisis are even more prominent within rural communities. Challenges include lack of funding, transportation, availability, et cetera regarding the access and availability of services. Virginia, being comprised of mostly rural areas increases the likelihood that counselors may encounter a client from this background or directly serve people of these communities. Counselors are challenged to increase accessibility, affordability, acceptability, and availability to decrease barriers to treatment. As a result, this could lead to better client outcomes, coinciding with the counselor's responsibility to first, do no harm. This project examines the mental health and substance use crisis in the United States and Virginia, focusing on rural populations and counselor implications.

Keywords: rural populations, mental health, rural counselors, mental health crisis

Introduction

The decline in healthcare provider availability, accessibility, and the use of healthcare models that disadvantage rural communities are factors contributing to the mental health crisis in rural populations (Probst, et al, 2019). Rural communities may experience more challenges in accessing mental health treatment as evidenced by limited transportation, insurance restrictions, and higher levels of inpatient mental health hospitalization re-entry rates due to a lack of providers (National Alliance on Mental Illness, 2018; Project E3, 2019; U.S. Census Bureau, 2022). The COVID-19 Pandemic has caused additional barriers regarding rural population's ability to access mental health supports such as reduced access to internet services and an increase in negative mental health symptomology in children (Kichloo et al, 2020; Zarra-Nezhad et al., 2023).

Not only has the United States mental health crisis increased in severity, but substance use has also increased possibly as a method to self-medicate and cope with the persistence of a mental health issue (Virginia Department of Health, 2022). Concerns of increased substance use include but are not limited to, opioid addiction, cannabinoids, fentanyl, and increased vaping among teens and adolescents (Paulkin, 2020). In 2021, Virginia experienced more overdose deaths of residents than any other year in the state's history (Virginia Department of Health, 2022). For this project, mental health will be used as an inclusive term to include both mental health and substance use issues as both constructs impact mental wellness and may be conceptualized as contributions to the current mental health crisis (*Substance use and co-occurring mental disorders* 2023).

The purpose of this Ed.S. project is to examine mental health disparities among rural populations, specifically in Virginia, and to provide counselors with suggestions for

serving this population. Counselor implications are discussed and include advocacy, mobile therapy options, examining the integration of theoretical orientations, exploring methods of delivery to meet community needs, maintenance of continued education and training, and advocating for the use of integrated models of healthcare (Peer et al., 2022). These implications suggest if counselors incorporate these into their therapeutic work, disparities experienced by rural populations will decrease and the accomplishment of client goals will be more easily achieved and maintained (Probst et al., 2019).

Mental Health Crisis in the United States of America

The mental health crisis continues to be ever-present in the United States of America (The U.S. Department of Health and Human Services, 2023). Post the COVID-19 Pandemic, the United States' access to mental health resources and services was impacted (Czeisler et al., 2020). The pandemic exposed additional health disparities and access to mental health challenges specifically for historically underrepresented communities including rural populations (Gazmararian et al., 2021). As counselors, understanding the prevalence of people in the United States who have a mental health diagnosis allows one to understand the urgency of resolving this crisis, especially for those who live in marginalized rural communities.

The *U.S. Department of Health and Human Services* (2023) reported in 2021, that more than one in five United States adults, equating to fifty-seven point eight (57.8) million people, had a mental illness. This approximates to twenty-two-point-eight percent (22.8%) of all United States citizens, aged eighteen (18) and over. Mental health diagnoses among women are increasing with twenty-seven-point two percent (27.2%)

reporting a mental health issue compared with men at eighteen-point one percent (18.1%).

Although mental illness is prevalent, examining the receipt of treatment for people with mental illness addresses the gravity of the mental health crisis in the United States. The *U.S. Department of Health and Human Services* (2023) reported that of the fifty-seven-point-eight (57.8) million people with a diagnosis, only forty-two-point-seven percent (42.7%) received mental health treatment. Fifty-one-point-seven percent (51.7%) of those people identified as females and forty percent (40%) identified as males. This leaves fifty-seven-point-three percent (57.3%), or thirty-three point one (33.1) million people, with an untreated mental illness in the U.S. Paulkin (2020) further clarified classifications within mental illness, reporting that less than fifty percent (50%) of people with non-severe mental health disorders received treatment compared to sixty percent (60%) of those with severe mental illness. With less than half of the population of people with mental health diagnoses receiving treatment, identifying females being the highest risk, and non-severe mental health diagnoses being the least treated, assessing the impacts of COVID-19 could provide deeper insight into the mental health crisis.

Sher (2021) acknowledged the impact of post-COVID Syndrome and its increase in mental health disorders. Defined as lingering symptoms after the acute phase of COVID-19, post-COVID Syndrome was found to increase the probability of suicidal ideation and behaviors. These increases are in part due to the person’s exposure to psychiatric and neurological impacts, physical illness, and inflammatory damage to the brain (Sher, 2021). This suggests that there may be a connection between the

physiological impacts of COVID-19 and the increase in mental health needs contributing to the mental health crisis (Sher, 2021).

Mental Health and Incarceration

With the lack of access to mental health resources in the United States, people with mental illnesses may be diverted to jail and prison settings (Kerle, 2015; Majlessi, 2022). Nationwide, people with mental illness comprise approximately fifteen to twenty percent (15% - 20%) of the population incarcerated (Paulkin, 2020). In addition, eighty-three percent (83%) of inmates with mental illness do not receive adequate mental health services, resulting in negative outcomes such as experiencing worsening symptoms, having to remain incarcerated longer than people without a mental illness, and increased risk for victimization (National Alliance on Mental Illness, 2018). Post-release, people with mental illness risk losing access to healthcare and benefits, often have a criminal record impacting access to services, and are at risk for a higher re-incarceration rate (National Alliance on Mental Illness, 2018). This suggests that the U.S. has implemented a punishment for having a mental health disorder instead of a rehabilitative stance. Criminalizing mental health disorders can lead to stigma, increase criminal activity, and perpetuate health disparities (Shrivastava et al., 2012).

Mental Health and Treatment Challenges

On October 12, 2022, the *Center for Drug Evaluation and Research* (2022), collaborated with the *Food and Drug Administration* to announce a nationwide shortage of Adderall. Adderall is a medication comprised of amphetamine mixed salts used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy (*Center for Drug Evaluation and Research*, 2022). The FDA noted they are currently unable to

manufacture the drug at the rates requested to keep up with demand in the United States. Mortiz (2012) reported that non-compliance with medications impacts people's ability to maintain their mental health and stability, causing more risk for a mental health crisis.

The shortage of Adderall directly contributes to the mental health crisis in the United States, as forty-one point four (41.4) million prescriptions for Adderall and its generic counterpart were prescribed in 2021. Assignment of an ADHD diagnosis and prescriptions for Adderall increased during the pandemic due to startup tele-med services that were advertised on the famous social media platform, TikTok. In comparison to the more extensive assessment and diagnostic procedures performed by a psychiatrist to diagnose and treat ADHD, tele-med services provided a quicker, more affordable way for people to obtain a diagnosis. Engagement in this tele-med service correlates to the increase in demand and the nationwide shortage during the COVID-19 pandemic. While the tele-med platform provides more accessibility, ADHD can mimic symptoms of depression and anxiety creating concerns of misdiagnosis and inappropriate treatment. (Pandey, 2022)

In review, the United States of America continues to experience a mental health crisis as evidenced by limited access to mental health resources and services, increase in substance use, physiological impacts of COVID-19 contributing to mental illness, jails and prisons reporting a higher ratio of people with a mental illness, and medication complications. In response, mental health providers are developing new ways to increase access and triage mental health crises to increase access and availability to counseling services.

Mental Health in Rural Populations of the United States

The United States rural populations may disproportionately experience adverse health outcomes due to both private and public healthcare models favoring the service of large populations. This is evidenced by rural communities having higher age-adjusted mortality rates and poorer health outcomes (Probst et al., 2019). This phenomenon was named structural urbanism, which is defined as founding the elements of healthcare models on the treatment of larger populations and providing treatment as a service for the individual, rather than a framework for a population. Further biases of these models expanded into the allocation of funding and systemic standards of implementation (Probst et al., 2019). Considering the intersectionality of healthcare and mental health services, healthcare models of rural communities can influence client mental health outcomes, especially for people who utilize healthcare settings for substance use support.

According to Cucciare et al. (2018), people who live in rural settings and experience impacts on their mental health are less likely to participate in formal substance use treatment than those in urban settings. "It is therefore important to understand how the utilization of potentially more appealing care options, such as outpatient medical care, may affect substance use over time" (p. 78). Rural communities are marginalized populations that require an individualized, community-based healthcare model to address specific rural community needs (Cucciare, 2018; Probst, et al., 2019). Although the concept of structural urbanism may not be fully dismantled, examining and tracking social change within rural communities can assist in decreasing disparities in mental health services.

Social Change and Inequality

Song et al. (2017) discussed the United States' experience of social change and rising inequality regarding rural populations and their mental health treatment. Geographic, social, and cultural characteristics of rural communities, such as the value placed on the resiliency of the individual to overcome mental health difficulties on their own, influence perceptions of mental health which may deter people from seeking treatment. They report that rural populations are not only becoming both racially and ethnically diverse but are also increasing in population. Immigrants and African Americans, who reside in predominately white, rural communities may experience exclusion, resulting in increased mental health disparities among People of Color (Song et al., 2017). This contributes to the increase in rural mental health needs and acknowledges the importance of mitigating inequalities experienced within rural populations (Song et al., 2017).

In addition to the increase of racial and ethnic minorities residing in rural designated areas, rural populations are considered a culture of their own. Not only do minoritized groups, including LGBTQIA+ communities, have to navigate discrimination, but they also have to contend with the compounded disparities that living in rural communities imposes, specifically the lack of access to mental health support (Slama, 2004). Along with accessing care, affordability is another key component in the perpetuation of mental health disparities in rural United States.

According to the US Census Bureau, eight-point-six percent (8.6%) or twenty-eight-million-six-hundred-sixty-two-thousand-seven-hundred-twenty-nine (28,662,729) people in the United States reported not having insurance (2022). In 2021 twenty-one-point one percent (21.1%) of the US population received support through Medicaid and

eighteen-point two percent (18.2%) through Medicare. Kichloo et al, (2020) found the inability to afford care, difficulties in accessing care, lack of providers who accept Medicaid and/or Medicare, provider shortages, and hospital closures as challenges that categorize rural populations in the United States as high-risk populations.

Telehealth Counseling

Due to many of the challenges identified above, telehealth has been identified as a way to extend care to health despair communities including rural communities. The COVID Pandemic led to an increase in how people communicate with one another and their ability to access resources surrounding mental health providers (Kichloo et. al, 2020). Telehealth is one way to increase access to counseling providers without directly possessing an office in the rural community. Telehealth allows for the provision of counseling services within the client's home or location of choice. Telehealth allows the opportunity for providers to serve more patients by extending access, offering specialized care, and even linking to international providers to support rural Americans (Kichloo et. al, 2020). While there is an influx of telehealth and teletherapy services, examining ensuring reliable internet service is an important consideration when examining the impacts of the mental health crisis amongst people in rural communities (Kichloo et al, 2020). Unreliable internet systems that are unable to provide the bandwidth for a streaming counseling session can impair the therapeutic relationship and lead to ethical concerns when a client is in crisis and the counselor is unable to make contact with them (NBCC, 2022)

Currently, the ratio of rural mental health providers is thirteen-point five (13.5) providers per one-hundred thousand (100,000) people compared to fifty-three-point three

(53.3) providers per one-hundred thousand (100,000) people (Kichloo et al, 2020). With rural settings having less access to high-speed internet, residents are at a greater disadvantage in their ability to access support and avoid deterioration regarding their mental health needs. This is especially present when examining the impact of online schooling among rural children and adolescents' mental health, during COVID. Gazmararian et. al., (2021) studied the consequences of COVID-19 on high school students in rural communities. They found that approximately one-fourth of high school students reported being extremely or very worried about the pandemic. Additionally, identifying females, racial/ethnic minorities, and lower socioeconomic status (SES) students reported higher rates of worry and were more likely to experience challenges with mental health. Students also reported increased feelings of anxiety, depression, loneliness, and stress with the possibility of carrying these diagnoses into adulthood, if left untreated. (Gazmararian et. al., 2021)

COVID-19 has impacted most children who reside in rural communities (Chennadi, 2021). Closure of schools and libraries limited access to the internet barring children's ability to fully participate in E-learning settings (Chennadi, 2021). School closures may have also impacted children who were food insecure and relied on the school's federal food programming for nourishment. These challenges increased nutritional deficiencies across rural settings (Chennadi, 2021). In addition, COVID has increased isolation, loneliness, deprivation of peer company, increased misunderstanding within peer groups, and addiction to social media leading to cyberbullying and sexual exploitation (Chennadi, 2021). Thus, while children are returning to schools post-

COVID, they may also be experiencing increased mental health issues because of the challenges and barriers experienced.

Early Intervention

Regarding mental health disorders, early intervention can be imperative to reducing hospitalization rates (Randall et al., 2015). Thus, implementing a prevention-based approach instead of a rehabilitative approach can help to address mental health issues before they become debilitating and decreases healthcare costs. Inpatient hospitalizations for children are increasing, especially for those in rural populations (Bettenhausen et al., 2021). For children aged ten to eighteen years old, suicide is the second leading cause of death and is more common in males and rural settings (Bettenhausen et al., 2021). Approximately twenty percent (20%) of children who live in rural communities receive treatment in a hospital also located in a rural setting due to a lack of providers in these communities. Rural hospitals may experience added challenges such as decreased access to specialized care, staffing shortages, and shorter hospital stays increasing re-admission rates (Bettenhausen et al., 2021).

In summary, rural populations in the United States may experience limitations regarding access and availability of mental health services compared to their urban counterpart (Cucciare et al., 2018). This is evidenced above as rural communities experience, increased substance use, social changes placing people of color at a further disadvantage, increase in need of Medicaid providers and access to insurance, lack of access to internet services, managing impacts of COVID on student's mental health, and increases inpatient hospitalizations. Additionally, urban approaches to addressing mental health needs aren’t appropriate for rural communities due to their composition and

specific community needs. For those reasons, there is a lack of information available for serving the specific needs of rural communities.

Mental Health in Rural Virginia Populations

Virginia is comprised of urban and rural settings. The rural communities in Virginia are distinct for their beautiful communities and contributions to the farming industry. Some rural populations in Virginia are associated with Appalachian populations which is a distinct cultural subset in the United States and others have experienced intergenerational trauma when displaced by Roosevelt's *New Deal* losing access to their family homes and communities. The history of rural communities in Virginia can be traced to the Settlers and include some of the first colonized rural communities in the United States.

Rural Areas Defined

According to *Virginia Rural Health Plan, Defining Rurality in Virginia* (2022) the definition of what is considered rural is complex as it determines qualifications for specialized state and federal funding. Currently, rural areas are defined as the level of access to amenities experienced by those of metropolitan areas, spatial considerations, and social and economic connections (*Virginia Rural Health Plan Defining Rurality in Virginia*, 2022). Consequently, eighty-eight percent (88%) of Virginia is rural maintaining twenty-six percent (26%) of Virginia's population or two million two hundred forty-four thousand one hundred sixty-two (2,244,162) people (*Virginia Rural Health Plan Defining Rurality in Virginia*, 2022). Even though defining rural areas can be complex, the majority of Virginia falls into this definition, further demonstrating the prevalence of rural disparities on issues of mental health.

In Virginia, one-million-one hundred-fifteen thousand (1,115,000) adults were reported to have a mental health condition with three-hundred-eighty-two thousand not receiving treatment, largely due to costs. The experience of mental health is evident as ninety-seven thousand (97,000) adolescents report having depression, two-hundred-sixty-four thousand (264,000) adults report having a serious mental illness and thirty-six-point-nine percent (36.9%) of adults have anxiety or depression. Of this population, one million nine-hundred-forty-three thousand four-hundred-eighty (1,943,480) Virginians live in areas that do not have enough mental health professionals. With high rates of Virginians who experience mental health disparities, reviewing how the lack of services impacts this population emphasizes the importance of the need for intervention, (NAMI, 2021).

Prevalence of Mental Health Impacts

Post-COVID-19 Virginia continues to experience an increase in overdoses, suicides, and mental health crises which are devastating to those Virginians who live in rural areas. According to the Rural Health Information Hub (2021), accessibility, affordability, availability, and acceptability are the biggest barriers experienced by people who live in rural areas and their ability to engage in mental health services. Southwestern Virginia hosts the largest rural population and has the poorest health outcomes. Further, both Southwest Virginia and the northern Shenandoah Valley's Community Services Boards (CSB) serve the most adults with serious mental illness than any of the other forty (40) CSBs in the state of Virginia (Abooali, 2023).

CSBs are the primary approach to providing publicly funded behavioral health services, in Virginia. Because of this, Virginia requires every city and county to join or establish a CSB resulting in a total of forty (40) CSBs serving one (1) to ten (10)

localities within their catchment. Because CSBs are designated as the “single point of entry” (Austin et al., 2022, p. 1) into Virginia’s publicly funded behavioral health services, CSBs are imperative for rural communities to access mental health and substance use support. Virginia’s rural Community Service Boards serve fewer consumers than those in urban areas, having a population density of less than two hundred (200) people per square mile compared to two hundred (200) or more in urban settings (Austin et al., 2022).

Rural CSBs contribute to an increasing role in their communities as evidenced by serving twice as many consumers annually, than CSBs in urban areas (Austin et al., 2022). This is likely due to rural areas having fewer available resources and alternative providers. In addition, forty-three percent (43%) of people who received services from CSBs had Medicaid and nineteen percent (19%) were uninsured. For rural populations, this is important as some CSBs prioritize these groups to offset disparities and staffing shortages. Additionally, people receiving services through CSBs more than doubled between 2012 and 2022. This is likely because of the Medicaid eligibility expansion that began on January 1, 2019, where Medicaid enrollment increased seventy-six percent (76%) between 2018 and 2022. Consequently, this reduced the number of uninsured people from thirty-four percent (34%) to nineteen percent (19%) between 2012 and 2022 (Austin et al., 2022).

Shenandoah Valley’s Community Services Board, Northwestern Community Services Board, is one of two CSBs that serve the highest rate of adults with serious mental illness, in the state of Virginia (Abooali, 2023), with a twenty percent (20%) increase of people receiving services between 2012-2022 (Austin et al., 2022). Due to

Shenandoah Valley's high level of mental illness and substance use, examining Page County, the most rural community within Northwestern's boundaries, helps to conceptualize treatment surrounding mental health needs (Abooali, 2023).

Page County

Unlike other rural communities in Virginia, in 2019 Page County was among one of the highest-ranking rural areas in drug overdose mortality rates (JMATE, 2021). These mortality rates were reported to be twenty-five-point five (25.5) people per one hundred thousand (100,000), ages fifteen to sixty-four. The US Census Bureau reported the population of Page County to be twenty-three thousand seven hundred nine (23,709) people, having a higher mortality rate than the overall average in the state of Virginia, which is reported to be twenty-four (24) people per one hundred thousand (100,000). Shenandoah Memorial Hospital (2019) reported that the most frequently utilized substances in this population consisted of cannabinoids, synthetic opioids, methamphetamines, stimulants, and other pain medications. During the COVID-19 pandemic, Czeisler et al. (2020), found that thirteen-point three percent (13.3%) of surveyed people reported having started or increased substance use to cope with stress and emotions resulting from the pandemic. In addition, JMATE (2021), reported Page County to be experiencing criminal activities consisting of high levels of non-violent offenses committed under the influence of drugs and/or alcohol.

Mental Health of those incarcerated

As previously mentioned, the population of people with serious mental illness who are also incarcerated is increasing. Virginia's jail and prison systems are not exempt from this. Virginia estimates the inmate population, approximately nineteen-point-eight

percent (19.8%) had a known or suspected serious mental illness, and approximately forty-nine-point-nine (49.9%) with a comorbid mental health disorder. Moreover, rural jails and prisons are suffering at greater lengths evidenced by jail settings mimicking the community regarding lack of mental health resources to support inmate stability (JMATE, 2021).

Due to Virginia being compromised of mostly rural areas, it is the counselor's responsibility to be knowledgeable about barriers and disparities surrounding access to mental health services (ACA, 2014). Counselors who serve rural communities could better support rural communities by acknowledging the significance of mental health disparities within Virginia's rural communities, implementing greater flexibility, and incorporating better funding models to address rural mental health disparities (Probst et al., 2019). Another consideration for increasing counselor competency, in the service of rural communities, is examining ethical considerations more prominent in rural areas (ACA, 2014).

Ethical Dilemmas

Ethical dilemmas in rural settings have a higher prevalence than that in metropolitan populations regarding boundary setting and self-care. Roberts et al. (1999), and his team emphasized the importance of relationships, boundaries, and roles in a therapeutic relationship. According to Roberts et al. (1999), "Overlapping relationships [between the counselor and client] are ethically problematic and potentially exploitative of patients because of their impact on treatment boundaries" (p. 499). Furthermore, is important to acknowledge the complexity of balancing the personal motivations of the

clinician, the needs of other patients, and the community contributing to the ethical bind when treating clients. (Roberts et al., 1999)

In rural settings is it common that dual relationships can impact therapeutic boundaries due to the overlap of roles and identities. Having an open discussion about standards of care, identifying potential conflicts, and collaboratively developing solutions to manage changing roles outside of the therapeutic relationship, are ways to strengthen ethical practices (Roberts et al., 1999). Not only do these suggestions support an individualized form of treatment, but the *American Counseling* Association (2014) emphasizes specific guidance regarding overlap and boundaries in ethical practices. These guidelines are A.6.a. Previous Relationships, A.6.b. Extending Counseling Boundaries, A.6.c. Documenting Boundary Extensions (ACA, 2014).

Rural clinicians encounter additional stressors surrounding professional isolation, dual relationships, increased clinical roles and duties, and increased emotional and physical exhaustion (Roberts et al., 1999). Roberts et al. (1999), emphasized the ethical importance and moral duty of the counselor in managing stress to reduce impairment, emphasizing concern surrounding its negative impact on clinical judgment, influenced by injustices and inequities within rural mental health services. With these ethical considerations, there exists guidance on how to navigate these. Roberts et al. (1999), report that "learning to pace one's professional life and striving to find a balance with an enriched personal and family life are key issues for any health profession, but are critically important for the rural clinicians" (p. 502). Furthermore, Roberts et al. (2019), report that ethical practices include the management and recognition of unrealistic personal and professional expectations and stress as fundamental ethical practices for the

rural health clinician. Similar to the above, the American Counseling Association (2014) has identified specific guidance in support of self-care. These guidelines directly link to how self-care influences the ability of the clinician to operate ethically: A.1.a. Primary Responsibility (p. 4), A.4.a. Avoiding Harm, A.12. Abandonment and Client Neglect, and F.5.b. Impairment.

In summary, because Virginia is comprised of mostly rural areas (Virginia Rural Health Plan Defining Rurality in Virginia, 2022), accessibility, affordability, availability, and acceptability were identified as the biggest barriers impacting mental health outcomes (Rural Health Information Hub, 2021). With significant strain being placed on CSBs, particularly those in the northwestern and southwestern parts of Virginia, people of these rural communities experience an even greater disadvantage in their ability to access mental health treatment (Austin et al., 2022).

Page County stands out as a population of concern as it is among one of the highest-ranking rural areas for drug overdose mortality (JMATE, 2021). With jails mimicking mental health barriers experienced by its rural communities (JMATE, 2021), mental health counselors are exposed to higher ethical considerations surrounding the establishment of therapeutic boundaries, dual relationships and roles, and implementation of self-care (Roberts et al., 1999). Finally, it is suggested that counselors broach the duality of relationships and roles with the people they serve and mindfully maintain a healthy work-life balance (Austin et al., 2022).

Counselor Implications

Some counselor training has discussed the impact of providing individualized care, free from the implementation of their own agenda on the people they serve. Because

rural community's access to mental healthcare is disproportionately impacted, the application of this concept to expand past the individual, to include the community, not only benefits the client but also contributes to the overall health of the community (Probst et al., 2019). Below we will examine how integrated behavioral healthcare models impact mental health outcomes and examine ways to increase cultural competence.

Integrated Behavioral Healthcare Model

The Integrated Behavioral Healthcare (IBHC) model is considered a more congruent healthcare model for rural populations as it incorporates both mental health with physical health services, resulting in the production of better client outcomes (Peer et al., 2022). A deeper evaluation regarding the appropriateness of IBHC model in rural communities shows that it increases health equity, patient satisfaction, and acceptability as it focuses on implementing a collaborative approach between the interdisciplinary teams of an individual with mental health concerns (Peer et al., 2022). In addition, this model addresses affordability by providing cost-saving services and increasing accessibility to healthcare (Peer et al., 2022). Because of these impacts, rural mental health professionals may consider this model as a more appropriate fit for providing services in rural communities (Peer et al., 2022).

In addition to the incorporation of the IBHC model, an ongoing examination of different systemic levels surrounding rural mental health creates accountability and identifies areas for improvement. At the policy level, this includes a lack of funding allocated for mental health services and inadequate reimbursement rates (Peer et al., 2022). Further, Peer et al. (2022), discuss the importance of adequate training, attitudes,

and cultural considerations toward serving people impacted by mental health as factors that influence the successful integration of the IBHC model.

Key factors in increasing the longevity of the IBHC model is demonstrated by incorporating a team mentality, adequate electronic medical records, and flexibility to increase availability and quality of rural mental healthcare. In addition to the IBHC model, maintaining a mindset of continuous learning helps to serve the community and client needs. (Peer et al., 2022)

Mobile Therapy Units

The creation and implementation of a mobile therapy clinic creates an opportunity to incorporate the introduced models and can alleviate accessibility, affordability, acceptability, and availability which are the four largest limits experienced by rural mental health communities (Rural Health Information Hub, 2021). Mobile therapy is this writer's concept of an RV converted into a therapeutic space that adequately provides mental health counseling services through maintenance of confidentiality and safety whose mission is to decrease disparities experienced by rural communities.

A mobile therapy clinic could decrease transportation limits, as well as distance, traveled to engage in treatment. In addition, identifying transportation needs, connecting to local transit resources, and working with the client to identify a transport support system are ways to increase access. Additionally, being educated on the community's economic health can overcome the limitations of affordability. By exposing the community's immediate economic needs, it allows counselors to incorporate resources focused on making counseling services more affordable to people in need. Because the mission of mobile therapy is to reduce disparities among rural populations, counselors

should consider offering a sliding scale, a fee waiver or reduced fee, accepting Medicaid, creating free workshops, providing free consultations, or offering bi-weekly or monthly options to reduce costs and increase affordability in rural communities (Project E3, 2019).

The presence of a mobile therapy clinic demonstrates promise for a more viable and effective solution in increasing access to mental health services. (*Resources to Recover*, 2022). It could also increase availability of clinicians to the community due to increased proximal support. Because the unit will be mobile, the ability to park next to clinics or provider offices allows clients to receive services in a more available, way. Providing therapy in rural areas extends the implementation of mobile therapy and the four major limits of affordability, accessibility, acceptability, and availability. The integration of a model of care that supports rural community needs is also what will be needed to provide the best person outcomes.

Trauma and Trauma-Informed Care

Trauma-informed care is an approach that reduces the re-traumatization of a person who has experienced trauma or significant distress in their lives (Doncliff, 2020). This is especially important as identifying women of rural communities report higher rates of ACEs and exposure to trauma (Winstanley et al., 2020). Trauma-informed care is centered around six key principles for counselors to implement. These principles include physical and psychological safety, trustworthiness and transparency around decisions made regarding their care plan, integration of peer support linking people with shared experiences, collaboration and mutuality to reduce power differentials increasing collaborative decision-making efforts, empowerment through implementation of a

strength-based approach, ensuring the individual's voice and choice are validated and a part of care, and cultural, historical, and gender issues being recognized and addressed. Using a trauma-informed care approach can minimize distress and promotes autonomy for the client(s) (Doncliff, 2020). In addition, counselors can incorporate evidence-based theories that allow the ability to serve more clients and maintain progress toward their treatment goals.

Crouch et al. (2019), found that rural children experienced higher exposure to Adverse Childhood Experiences (ACEs) regarding parental separation/divorce, parental death, household incarceration, household violence, household mental illness, household substance abuse, and economic hardship. In 2019 Farrigan (2021) reported the United States' rural populations contained a fifteen-point-four percent (15.4%) poverty rate compared to their urban counterpart who reported an eleven-point-nine percent (11.9%) poverty rate. The experience of poverty directly impacts children of rural communities who fall between 0%-99% below the federal poverty line as they reported experiencing four (4) or more ACEs compared to children who are four hundred percent (400%) above the poverty line. ACEs can impact children's mental health, have long-term effects on their adult health and well-being, and affect families, communities, and even society. As counselors, getting trained in ACEs can help one understand, recognize, and prevent ACEs, reducing negative mental health impacts. (Centers for Disease Control and Prevention, 2018)

In addition to understanding the impact of ACEs, Arbesan et al. (2013) found that early intervention work with children surrounding education, play, leisure, social participation activities, daily living activities, sleep, and rest produced better mental

health outcomes. In addition, consistency of progress was evident as demonstrated by the children's display of progress across different settings such as school, home, community, and a reduction of non-routine health care visits. In addition to counselor training of ACEs and early intervention work, examining theoretical models that best suit rural community needs are of benefit to discuss.

Cognitive Behavioral Therapy

Cognitive Behavioral Therapy is an evidenced-based treatment that is one of the most recognized for treating anxiety and depression, the most common of mental illnesses (Weaver et al., 2017). Studies have found that providing CBT through technology-assisted treatment, the implementation by less experienced and nontraditional providers, and integration of CBT-influenced interactions across the healthcare team can promote client well-being for rural populations (Weaver et al., 2017). Most insurances also recognize CBT as a reimbursable service (Weaver et al., 2017). This consideration is important as rural communities have a higher population of people who depend on providers who accept Medicaid. In addition to researching rural communities and theoretical models that fit their needs, examining the method of delivery of therapeutic services can also impact rural community mental health outcomes.

School-Based Mental Health Services

Gary et al. (2017) reported schools provide more services to adolescents than any other setting. Regarding mental health, schools in rural areas may experience challenges such as small schools, more permeable boundaries between school and community, heightened risk of confidentiality breaches, and shortage of staff causing school counselors to assume other roles within the school (Gary et al., 2017). Although Gary et

al. (2017) examined the impact of group counseling in a rural school setting, the concepts of group cohesion and "sticking together" (p.46) defined as a "'tight bond' or a resilient intragroup bond that [is] characterized by mutual support and trust" (p. 46), could be applied to an outpatient setting as well. The concept of sticking together is based on group counseling's principles of the group structure and process promoting feelings of belonging, positive feelings, making friends, offering open social interactions, and creating lasting connections that are potentially unique to rural contexts. (Gray et al., 2017)

Serious Mental Illness Advisor

Finally, rural counselors may experience limited consultation resources (Roberts et. al, 1999) having to extend their professional support system beyond one that is local. The Serious Mental Illness (SMI) Advisor is a resource that provides support for clinicians by offering education, data, and consultations as well as providing support for non-professionals who may be supporting someone with a SMI. SMI Advisor is funded by the *Substance Abuse and Mental Health Administration* and administered by the *American Psychiatric Association*, whose mission is to implement person-centered care ensuring people with SMI find treatment and support toward wellness (Substance Abuse and Mental Health Services Administration, 2023). With acceptability being a challenge in the provision of mental health services among rural communities (Rural Health Information Hub, 2021), non-professional education, interpersonal contact with stigmatized groups, and public protests as ways mental health providers can also reduce stigma (Daniel et al., 2021).

Conclusion

The United States of America continues to experience a mental health crisis as evidenced by limited access to mental health resources and services, an increase in substance use (Paulkin, 2020), impact of COVID-19 (Sher, 2021), increase in incarceration rates (Kerle, 2015), and medication complications (*Center for Drug Evaluation and Research*, 2022). The United States rural populations may "disproportionately suffer from adverse health outcomes, including poorer health and higher age-adjusted mortality" with a decline in healthcare provider availability and accessibility are contributing factors to these disparities. (Probst et al., 2019, p. 1976).

In Virginia, eighty-eight percent (88%) of the population is classified as rural settings (*Virginia Rural Health Plan Defining Rurality in Virginia*, 2022). In 2019 Page County was among one of the highest-ranking rural areas in drug overdose mortality rates. Shenandoah Valley's Northwestern Community Services Board (CSB) is one of two CSBs that serve the most adults with serious mental illness than any other CSB in the state of Virginia (Abooali, 2023). These stats suggest that more resources are needed to better serve rural populations.

As counselors who may serve rural communities, being culturally competent, identifying the level of impact that accessibility, affordability, acceptability, and availability have on the community, and incorporation of an integrated behavioral healthcare model can decrease disparities (Probst et al., 2019). In addition, counselors should examine ethical considerations that may be more prominent in rural areas to decrease rural mental health disparities (Roberts et al., 1999). The implementation of mobile therapy, catered therapeutic approaches, continued learning, and outreach for

consultation purposes can result in providing individualized care, resulting in more positive client and community outcomes.

References

Abooali, S. (2023, January). *Strengthening Mental Healthcare in Southwest Virginia*. Policy Brief. Retrieved March 30, 2023, from https://www.vdh.virginia.gov/content/uploads/sites/76/2023/01/Strengthening-Mental-Health-Care-in-Southwest-Virginia.pdf

American Counseling Association. (2014). *2014 ACA code of ethics*. https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf

Arbesman, M., Bazyk, S., & Nochajski, S. (2013). Mental Health Promotion, prevention, and intervention with children and youth: A guiding framework for occupational therapy. *Systematic Review of Occupational Therapy and Mental Health Promotion, Prevention, and Intervention for Children and Youth*, *67*(6), 120–130. https://doi.org/10.7139/2017.978-1-56900-470-8

Austin, T. L., Byron, K. J., Carr, B. B., Knight, B. D., Locke, M. E., McPike, J. S., Normet, T. K., Plum, K. R., Spruill, L., Torian, L. E., Ware, R. L., Wilt, T. O., & Henshaw, S. (2022). (rep.). *CSB Behavioral Health Studies* (pp. 1–116). Richmond, VA: Joint Legislative and Review Commission.

Bettenhausen, J. L., Hall, M., Doupnik, S. K., Markham, J. L., Feinstein, J. A., Berry, J. G., & Gay, J. C. (2021). Hospitalization outcomes for rural children with mental health conditions. *The Journal of Pediatrics*, *229*, 240–247. https://doi.org/10.1016/j.jpeds.2020.09.067

Bureau, U. S. C. (2022, January). Explore census data. Retrieved March 30, 2023, from https://data.census.gov/profile/United_States?g=010XX00US

Carpenter-Song, E., & Snell-Rood, C. (2017). The changing context of Rural America: A call to examine the impact of social change on mental health and Mental Health Care. *Psychiatric Services*, *68*(5), 503–506. https://doi.org/10.1176/appi.ps.201600024

Centers for Disease Control and Prevention. (2018, October 19). *Preventing adverse childhood experiences*. We All Have A Role in Preventing ACEs. Retrieved April 3, 2023, from https://vetoviolence.cdc.gov/apps/aces-training/#/

Center for Drug Evaluation and Research. (2022, October 12). *FDA announces shortage of adderall*. U.S. Food and Drug Administration. Retrieved March 30, 2023, from https://www.fda.gov/drugs/drug-safety-and-availability/fda-announces-shortage-adderall#:~:text=Amphetamine%20mixed%20salts%2C%20including%20Adderall,disorder%20(ADHD)%20and%20narcolepsy.

Chennadi, A. (2021). Covid 19 pandemic and its impact on children. *Perspectives in Medical Research*, *8*(3), 1–1. https://doi.org/10.47799/pimr.0803.01

Crouch, E., Radcliff, E., Probst, J. C., Bennett, K. J., & McKinney, S. H. (2019). Rural-urban differences in adverse childhood experiences across a national sample of children. *The Journal of Rural Health*, *36*(1), 55–64. https://doi.org/10.1111/jrh.12366

Cucciare, M. A., Kennedy, K. M., Han, X., Timko, C., Zaller, N., & Booth, B. M. (2018). Utilization of outpatient medical care and substance use among rural stimulant users: Do the number of visits matter? *Journal of Substance Abuse Treatment*, *86*, 78–85. https://doi.org/10.1016/j.jsat.2018.01.004

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. M. W. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic — United States, June 24–30, 2020. *MMWR. Morbidity and Mortality Weekly Report*, *69*(32), 1049–1057. https://doi.org/10.15585/mmwr.mm6932a1

Daniel, M., Maulik, P. K., Kallakuri, S., Kaur, A., Devarapalli, S., Mukherjee, A., Bhattacharya, A., Billot, L., Thornicroft, G., Praveen, D., Raman, U., Sagar, R., Kant, S., Essue, B., Chatterjee, S., Saxena, S., Patel, A., & Peiris, D. (2021). *An Integrated Community and Primary Healthcare Worker Intervention to Reduce Stigma and Improve Management of Common Mental Disorders in Rural India: Protocol for the Smart Mental Health Programme*, *22*(1), 1–13. https://doi.org/10.1186/s13063-021-05136-5

Doncliff, B. (2020). Trauma-informed care – What is it? Why is it important?, *26*(8), 30–33.

Farrigan, T. (2021, August 23). Data show U.S. poverty rates in 2019 higher in rural areas than in urban for racial/ethnic groups. Retrieved April 3, 2023, from https://www.ers.usda.gov/data-products/chart-gallery/gallery/chart-detail/?chartId=101903#:~:text=Data%20show%20U.S.%20poverty%20rates,urban)%20areas%20at%2011.9%20percent

Gazmararian, J., Weingart, R., Campbell, K., Cronin, T., & Ashta, J. (2021). Impact of covid -19 pandemic on the mental health of students from 2 semi-rural high schools in Georgia*. *Journal of School HealthImpact of COVID-19 Pandemic on the*

Mental Health of Students From 2 Semi-Rural High Schools in Georgia, *91*(5), 356–369. https://doi.org/10.1111/josh.13007

Gray, T. M., & Rubel, D. (2017). "Sticking together": The adolescent experience of the cohesion process in rural school counseling groups. *The Journal for Specialists in Group Work*, *43*(1), 35–56. https://doi.org/10.1080/01933922.2017.1370049

Kathryn, E. (2020, January 21). *How to: Ways therapists can make therapy more affordable & accessible: Inclusive therapists: BIPOC LGBTQ affirming therapists & counseling near you for Queer, trans, nonbinary people of color*. Inclusive Therapists. Retrieved April 3, 2023, from https://www.inclusivetherapists.com/blog/how-to-ways-therapists-can-make-therapy-more-affordable-accessible

Kerle, K. (2015). The mentally ill and crisis intervention teams. *The Prison Journal*, *96*(1), 153–161. https://doi.org/10.1177/0032885515605497

Kichloo, A., Albosta, M., Dettloff, K., Wani, F., El-Amir, Z., Singh, J., Aljadah, M., Chakinala, R. C., Kanugula, A. K., Solanki, S., & Chugh, S. (2020). Telemedicine, the current COVID-19 pandemic and the future: A narrative review and perspectives moving forward in the USA. *Family Medicine and Community Health*, *8*(3). https://doi.org/10.1136/fmch-2020-000530

Majlessi, S. (2022, November 17). *Study reveals lack of access as root cause for mental health crisis in America*. National Council for Mental Wellbeing. Retrieved March 31, 2023, from https://www.thenationalcouncil.org/news/lack-of-access-root-cause-mental-health-crisis-in-america/

Moritz, S., Favrod, J., Andreou, C., Morrison, A. P., Bohn, F., Veckenstedt, R., Tonn, P., & Karow, A. (2012). Beyond the usual suspects: Positive attitudes towards positive symptoms is associated with medication noncompliance in psychosis. *Schizophrenia Bulletin*, *39*(4), 917–922. https://doi.org/10.1093/schbul/sbs005

National Alliance on Mental Health. (2021). *Mental Health in Virginia*. Arlington, VA; NAMI.

National Alliance on Mental Illness. (2018). *Navigating a mental health crisis*. NAMI. Retrieved March 31, 2023, from https://www.nami.org/Support-Education/Publications-Reports/Guides/Navigating-a-Mental-Health-Crisis

Page county jail mat enhancement (JMATE). (2021, December 22). Bureau of Justice Assistance. (n.d.). Retrieved April 9, 2022, from https://bja.ojp.gov/funding/awards/15pbja-21-gg-04587-coap

Pandey, E. (2022, November 15). *Adderall shortage puts U.S. on brink of public health crisis*. Axios. Retrieved March 30, 2023, from https://www.axios.com/2022/11/15/adderall-shortage-adhd-diagnosis-prescriptions

Peer, Y., & Koren, A. (2022). Facilitators and barriers for implementing the integrated behavioural health care model in the usa : An integrative review. *International Journal of Mental Health Nursing*, *31*(6), 1300–1314. https://doi.org/10.1111/inm.13027

Plakun, E. R. I. C. M. (2020). The Mental Health Crisis in America: Recognizing problems; working toward solutions: Part 1. defining the crisis. *Journal of Psychiatric Practice*, *26*(1), 52–57. https://doi.org/10.1097/pra.0000000000000438

Probst, J., Eberth, J. M., & Crouch, E. (2019). Structural urbanism contributes to poorer health outcomes for Rural America. *Health Affairs*, *38*(12), 1976–1984. https://doi.org/10.1377/hlthaff.2019.00914

Project E3: Educate. Empower. Employ. (2019, May 6). *Identifying and overcoming transportation barriers: A 7-step guide*. Identifying and Overcoming Transportation Barriers: a 7-Step Guide. Retrieved April 2, 2023, from https://projecte3.com/transportation-barriers-step-guide/

Randall, J. R., Vokey, S., Loewen, H., Martens, P. J., Brownell, M., Katz, A., Nickel, N. C., Burland, E., & Chateau, D. (2015). A systematic review of the effect of early interventions for psychosis on the usage of inpatient services. *Schizophrenia Bulletin*, *41*(6), 1379–1386. https://doi.org/10.1093/schbul/sbv016

Resources to Recover. (2022, October 11). *Improving mental health care in rural America: Are Mobile Health Clinics the answer?* Improving Mental Health Care in Rural America: Are Mobile Health Clinics the Answer? Retrieved April 6, 2023, from https://www.rtor.org/2022/07/22/improving-mental-health-care-in-rural-america-are-mobile-health-clinics-the-answer/

Roberts, L. W., Battaglia, J., & Epstein, R. S. (1999). Frontier ethics: Mental health care needs and ethical dilemmas in rural communities. *Psychiatric Services*, *50*(4), 497–503. https://doi.org/10.1176/ps.50.4.497

Rosso, R. J. (2023). *U.S. Health Care Coverage and Spending*, 1–3.

Rural Health Information Hub. (2021, October 20). *Rural Mental Health*. Rural Mental Health Overview. Retrieved April 3, 2023, from https://www.ruralhealthinfo.org/topics/mental-health

Top 4 things to know about the counseling compact. ACA(WEBusage). (n.d.). Retrieved March 28, 2023, from https://www.counseling.org/news/news-detail/2023/03/28/top-4-things-to-know-about-the-counseling-compact

Sher, L. (2021). Post-covid syndrome and suicide risk. *QJM: An International Journal of Medicine*, *114*(2), 95–98. https://doi.org/10.1093/qjmed/hcab007

Shrivastava, A., Bureau, Y., & Johnston, M. (2012). Stigma of mental illness-1: Clinical reflections. *Mens Sana Monographs*, *10*(1), 70–84. https://doi.org/10.4103/0973-1229.90181

Slama, K. (2004). Rural Culture is a Diversity Issue. *Dimensions of Diversity*, 10–13.

Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the American Psychiatric Association (APA). (2023, March 23). *A Clinical Support System for Serious Mental Illness*. About this Initiative. Retrieved April 3, 2023, from https://smiadviser.org/about

SuperAd, G. (2019, May 6). *Identifying and overcoming transportation barriers: A 7-step guide*. Project E3. Retrieved April 2, 2023, from https://projecte3.com/transportation-barriers-step-guide/

Virginia Department of Health. (2022). *Virginia Rural Health Plan Defining Rurality in Virginia*. Defining Rurality in Virginia. Retrieved March 30, 2023, from https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/Virginia-Rural-Health-Plan_2-Defining-Rurality.pdf

United States Census Bureau. (2021). *U.S. Census Bureau quickfacts: Page County, Virginia*. Shenandoah County, VA. Quick Facts. Retrieved February 27, 2023, from https://www.census.gov/quickfacts/pagecountyvirginia

U.S. Department of Health and Human Services. (2023, March). *Mental illness*. National Institute of Mental Health. Retrieved March 30, 2023, from https://www.nimh.nih.gov/health/statistics/mental-illness#:~:text=Mental%20illnesses%20are%20common%20in,mild%20to%20moderate%20to%20severe.

U.S. Department of Health and Human Services. (2023, March). *Substance use and co-occurring mental disorders*. National Institute of Mental Health. Retrieved April 6, 2023, from https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health#:~:text=Substance%20use%20and%20SUDs%20can,to%20develop%20a%20mental%20disorder.

Weaver, A., & Himle, J. A. (2017). Cognitive–behavioral therapy for depression and anxiety disorders in rural settings: A review of the literature. *Journal of Rural Mental Health, 41*(3), 189–221. https://doi.org/10.1037/rmh0000075

Winstanley, E. L., Mahoney, J. J., Lander, L. R., Berry, J. H., Marshalek, P., Zheng, W., & Haut, M. W. (2020). Something to despair: Gender differences in adverse childhood experiences among rural patients. *Journal of Substance Abuse Treatment, 116*, 1–7. https://doi.org/10.1016/j.jsat.2020.108056

Zarra-Nezhad, M., Pakdaman, F., & Moazami-Goodarzi, A. (2023). The effectiveness of child-centered group play therapy and narrative therapy on preschoolers' separation anxiety disorder and social-emotional behaviours. *Early Child Development and Care*, 1–13. https://doi.org/10.1080/03004430.2023.2167987