

# Educating Providers and Community on Rural Mental Health

National Rural Health Association, Annual Conference

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration

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## Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



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# Disclaimer and Funding Statement

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At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Dr. Shawnda Schroeder and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

HEALING-CENTERED/ TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: [https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\\_2019ed\\_v1\\_20190809-Web.pdf](https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf)

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# OBJECTIVES

1. Describe how the mental health needs, and barriers to behavioral health care prevention and treatment, are unique for person living in rural communities.
2. Identify and share where rural communities can find freely available training and technical assistance for individuals who serve persons with mental illness to include teachers, primary care providers, spiritual advisors, as well as licensed behavioral health specialists.
3. Identify how the training needs of individuals serving rural persons with mental illness changed in response to COVID-19 to include new concerns for k-12 educators, new barriers to care related to tele-therapy, and an increased need to address heightened rates of anxiety and depression.

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## Purpose of the MHTTC Network

- The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.
- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.
- Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals.
- Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

[mhttcnetwork.org](http://mhttcnetwork.org)

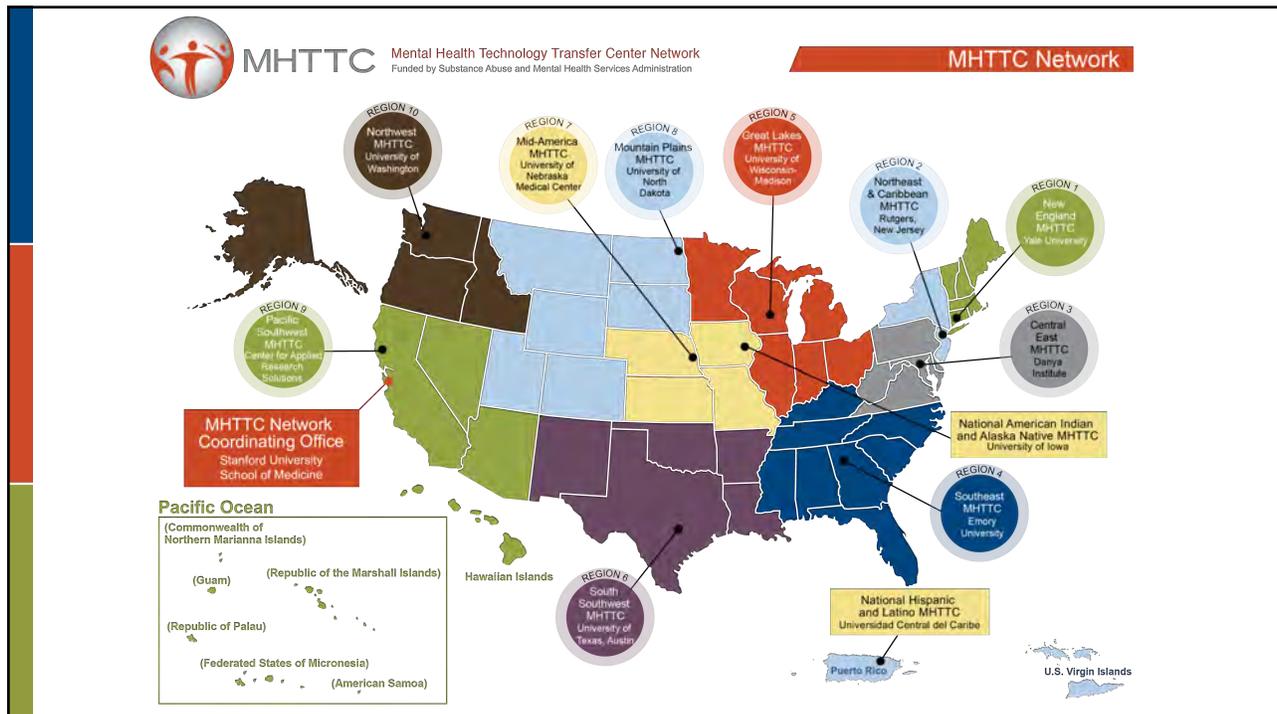
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# Goals of the MHTTC Network

- Accelerate the adoption and implementation of mental health related evidence-based practices across the nation.
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of individuals living with mental illness.
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, family members, and consumers of mental health services.
- Ensure the availability and delivery of publicly available, free of charge, training and technical assistance to the mental health field.

[mhttcnetwork.org](http://mhttcnetwork.org)

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## Mountain Plains Mental Health Technology Transfer Center

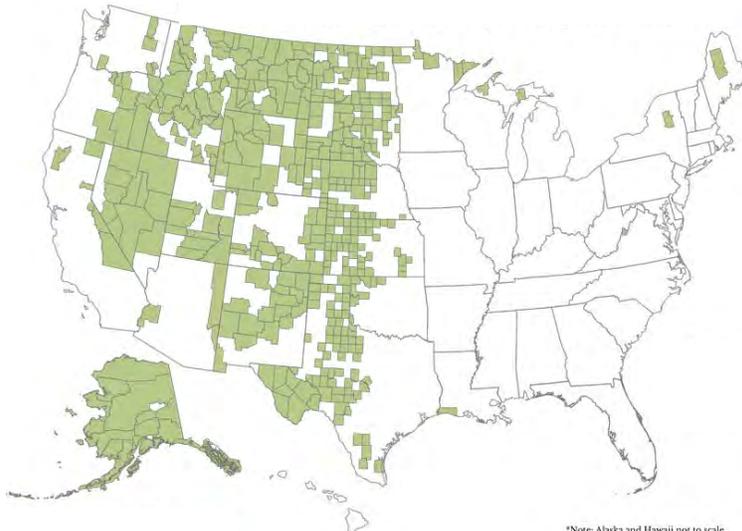
Provide free training, resources,  
and technical assistance to  
individuals serving persons with  
mental health disorders in HHS  
Region 8.

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



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Region 8 has a large proportion of “Frontier” counties  
Frontier Counties as defined by Public Law 94-171 are those counties with a population density of fewer than 7 people per square mile.



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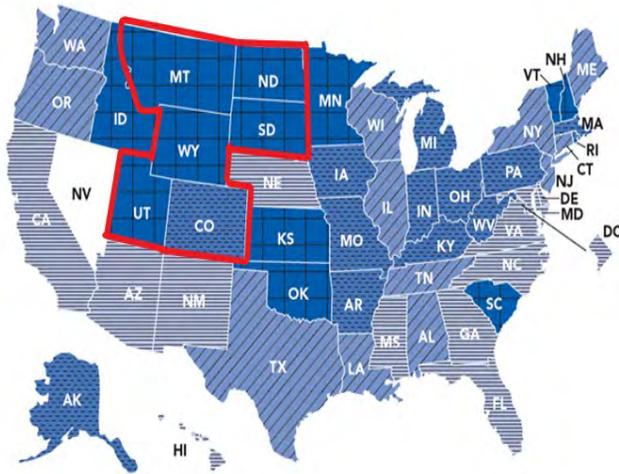
# Death by Suicide in Rural States

5 of 6 states in Region 8 recorded an increase in suicide rate of 38% or more

Suicide rates rose across the US from 1999 to 2016.



SOURCE: CDC's National Vital Statistics System; CDC Vital Signs, June 2018.



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## RURAL MENTAL HEALTH & FARM STRESS

### Focus Area for the Mountain Plains MHTTC

The rural mental health vision for the Mountain Plains MHTTC is to support increased access to providers of mental health services for the more than 60 million Americans living in rural communities. To achieve this, the Center develops and promotes training and technical assistance which supports the rural mental health workforce and reduces barriers to mental health treatment for rural residents.

The Center also recognizes that the agricultural community encounters unique challenges related to the accessibility, availability, and acceptability of mental health services. Specific training and resources have been developed to address mental health and suicide among agricultural workers and their families. Unless otherwise specified, "farm" and "farmer" refer to ranchers, farmers, farm managers/owners, and agricultural workers.

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## Mental Health in Rural Communities

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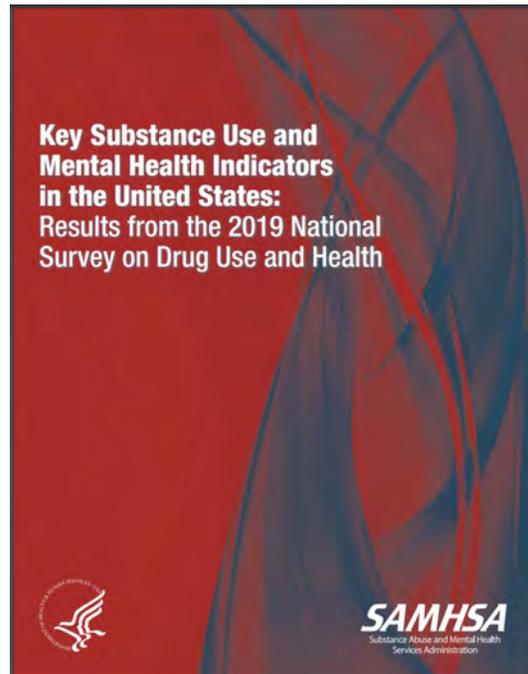
### Data and Resources

- Rural Health Information Hub (RHlhub)
- Rural Health Research Gateway
- Substance Abuse and Mental Health Services Administration
- Centers for Disease Control and Prevention
- Health Resource Service Administration
- PEW Research Center
- Western Interstate Commission for Higher Education – Behavioral Health Program
- National Council for Behavioral Health

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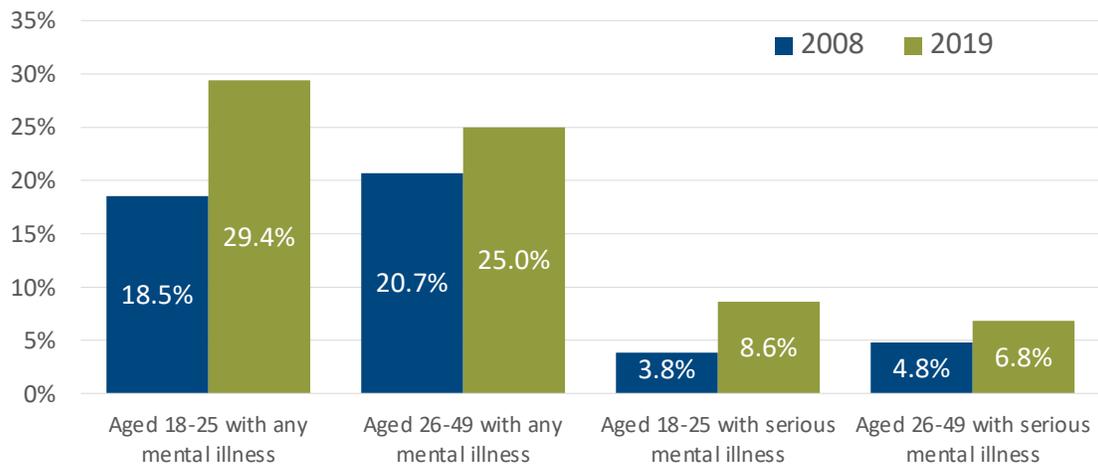
No rural and urban comparison in the report

[samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFRPDFWHTML/2019NSDUHFR1PDFW090120.pdf](https://www.samhsa.gov/data/sites/default/files/reports/rpt29393/2019NSDUHFRPDFWHTML/2019NSDUHFR1PDFW090120.pdf)



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### Percentage of adults with any mental illness and serious mental illness: 2008 and 2019



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## Major Depressive Episodes (MDE) have increased more among youth than adults

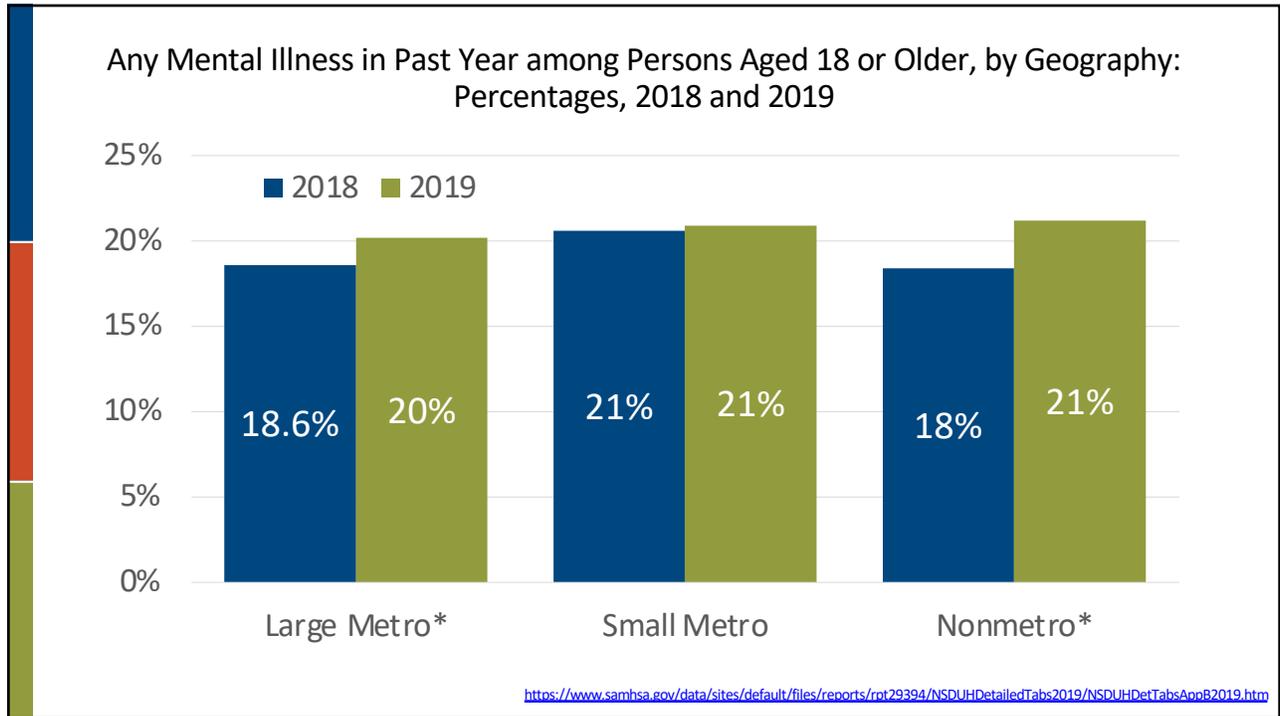
	2004	2019
Persons aged 12 to 17 with a past year major depressive episode (MDE)	9%	15.7%
Persons aged 12 to 17 with a past year MDE with severe impairment	5.5%	11.1%
	2005	2019
Persons aged 18 to 25 with a past year MDE	8.8%	15.2%
Persons aged 18 to 25 with a past year MDE with severe impairment	5.2%	10.3%
	2005	2019
Persons aged 26 to 49 with a past year MDE	7.6%	8.9%

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## Need

- Among the 51.5 million adults aged 18 or older in 2019 with past year AMI, 26.0 percent (or 13.3 million people) perceived an unmet need for mental health services in the past year, which was higher than the percentage in each year from 2008 through 2018.
  - Not significantly variable by Large Metro and Nonmetro areas
- Among the 13.1 million adults aged 18 or older in 2019 with past year SMI, 47.7 percent (or 6.2 million people) perceived an unmet need for mental health services in the past year, which was higher than the percentages in most years from 2008 through 2018.

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## Rural Barriers to Mental Health Services

- Availability
- Accessibility
- Acceptability

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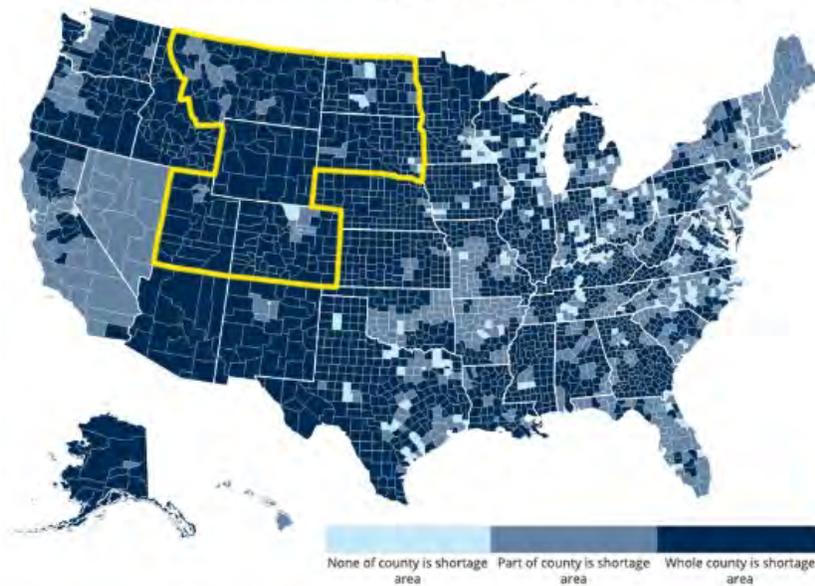
# Rural Barriers to Mental Health Services

## Availability

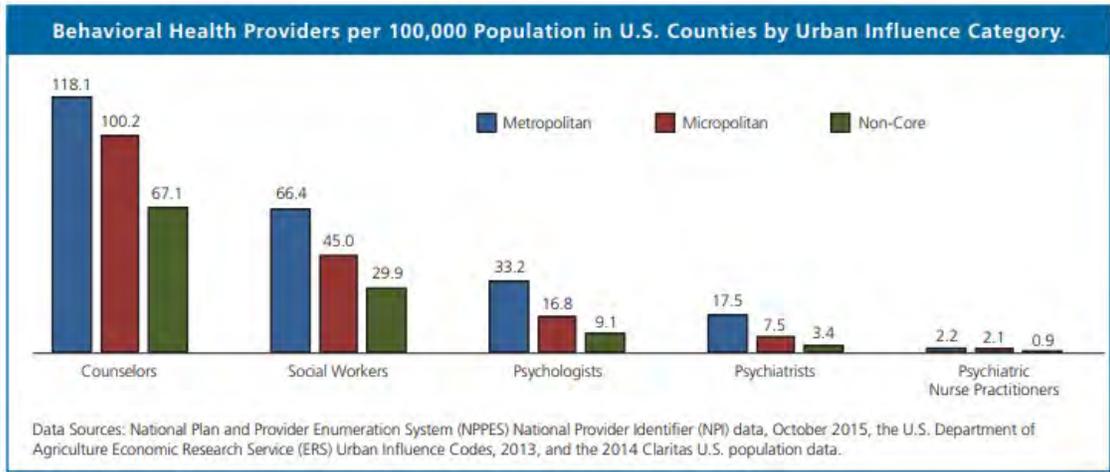
County-Level Estimates of Mental Health Professional Shortage in the United States reports that higher levels of unmet need for mental health professionals exist in counties that were more rural and had lower income levels.

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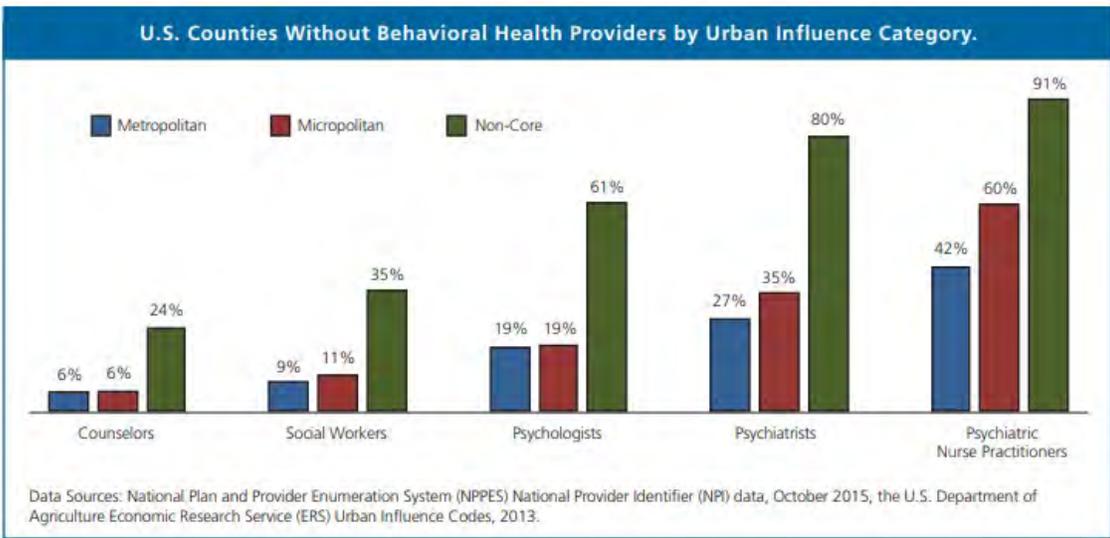
Health Professional Shortage Areas: Mental Health, by County



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## Rural Barriers to Mental Health Services

### **Availability: During a Global Pandemic (COVID-19)**

- Fewer providers working, or working fewer hours/home schooling children, adapting to work from home.
- Increased need and demand which impacts availability.
- CDC guidelines influencing how in-person visits need to occur and time spent with patient(s) which impacts availability.

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## Rural Barriers to Mental Health Services

### **Accessibility**

Rural residents may have limited access to mental healthcare due to cost of services, insurance coverage, lower behavioral health literacy which allows mental health concerns to go unrecognized and/or untreated, and the remote nature of living rural may require residents to travel long distances to receive services.

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## Rural Barriers to Mental Health Services

### **Accessibility: During a Global Pandemic (COVID-19)**

- At-risk patients concerned about visiting available providers or traveling to see providers limits accessibility.
- Tele-mental health not an accessible option for all rural residents due to limited broadband access.
  - 58% of rural residents believe access to high speed internet is a problem in their area – in contrast to 13% in urban areas and 9% in suburbs
- Need to be mindful of the myriad of changes to tele-health practices and billing

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## Rural Barriers to Mental Health Services

### **Acceptability**

Rural residents are likely to experience self-stigma, fear or embarrassment related to seeking out mental healthcare due to internal beliefs. When implementing rural mental health programs, community members and mental health care providers should consider how stigma may impact access and use of mental health services among rural residents. Lower health literacy and not recognizing the signs of various mental health issues can also serve as barriers to behavioral healthcare access in rural areas.

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- Low stigma overall
- Gender and age variation in stigma
- Individuals with mental illness or who have an immediate family member with mental illness held less stigma

### Measuring Stigma around Mental Illness in North Dakota

Shawnda Schroeder, PhD  
Thomasine Heitkamp, LICSW  
Chih Ming Tan, PhD

#### Introduction

The World Health Organization has stated the "single most important barrier to overcome in the community is the stigma and associated discrimination towards persons suffering from mental and behavioural [sic] disorders."<sup>1</sup> This problem may be more difficult in rural communities. Three out of four people diagnosed with mental illness report experiencing stigma, which can subsequently impact adherence to treatment, utilization of services, and self-esteem.<sup>2,3</sup> Stigma may be felt more acutely in small rural and frontier areas because of the lack of anonymity. As a result, it is imperative to measure levels of stigma in rural and urban areas in an effort to tailor education and to create a safe environment for accessing treatment in North Dakota.

#### Key Findings

- More than half of respondents indicated they either had a mental illness (21%) or had an immediate family member (spouse, parent, child, sibling) with a mental illness (31%).
- Overall levels of stigma for each measured topic were low across all demographic categories. The seven topics included treatability, relationship disruption, hygiene, recovery, anxiety, visibility, and professional efficacy. There was significant variability between an individual's relation to someone with mental illness and their level of stigma associated with treatability, recovery, hygiene, anxiety, and relationship disruption. Those without lived experience or family members struggling with mental illness reported greater stigma, though average levels of stigma were low overall.
- Although there was low anxiety overall, rural residents reported greater anxiety when being with people with mental illness than did urban respondents.
- Individuals with college degrees were more likely than those with no four-year degrees to believe effective treatments exist for mental illness, symptoms can be controlled, and with treatment, individuals can return to normal and productive lives. However, all respondents illustrated high perceptions of treatability.
- Individuals with college degrees were more likely than those with no four-year degrees to perceive psychiatrists and psychologists as knowledgeable and able to provide effective treatment for mental illness; however, all respondents illustrated high perceptions of professional efficacy.

#### Background

It is predicted that by 2020, worldwide, mental and substance use disorders will surpass all physical diseases as a major cause of disability. In 2014, 91,912 or 16.1% of North Dakotan adults (ages 18 and older) reported any mental illness in the past year; 4% of the state's population (22,835 residents) reported serious mental illness in the past year.<sup>4</sup> Untreated mental illness may also lead to suicide.

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## Rural Barriers to Mental Health Services

### Acceptability: During a Global Pandemic (COVID-19)

- Not recognize symptoms as mental health concern, but result of quarantine or physical distancing.
- May downplay feelings and concerns.
- Ongoing experience of self-stigma, fear or embarrassment related to seeking out mental healthcare due to internal beliefs.

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# Rural Resources and Models for Addressing Mental Health

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Depression, Alcohol and Farm Stress:  
Addressing Co-Occurring Disorders in  
Rural America





## CASE SCENARIO

**JOHN'S STORY: THE SCENE**  
(SCENARIO)

*A hypothetical case scenario is included to address some of the barriers and challenges faced by farm families seeking care for co-occurring disorders in rural communities.*

- It is the end of June and raining in this farm community. It has been a very wet spring and early summer. As a result, many farmers have had difficulty getting into the field to plant their crops.
- Farm stress levels are high in this rural community just as they are equally high in many farming communities across the nation. Farmers, agricultural producers and farm workers have all been affected by the weather this season.
- They are now looking ahead to harvesting and expressing concern about the probability of getting their agricultural products out of the ground before winter.

**WHAT ARE STRESSORS?**

The stress on farmers is significant and has an impact on their well-being. A stressor is "a chemical or biological agent, environmental condition, stimulus, or event that triggers stress in an organism." The reaction to that stress is collectively referred to as the "fight or flight" response. Almost anything has the ability to trigger stress.<sup>15, 16, 17</sup>

**FARM STRESS**

"Farm Stress" is similar and yet very different. Many resources interchange farm stress with financial concerns, however, while financial concern is very real, it is not the only contributing factor. Farm stress can be experienced by farmers, agricultural workers and farm families. Farm stress is the "stress experienced by farmers and their families as a result of the unique agricultural work environment."<sup>18</sup>

<https://mhttnetwork.org/centers/mountain-plains-mhttc/product/depression-alcohol-and-farm-stress-addressing-co-occurring>

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Mountain Plains (PHS Region 8)  
**MHTTC** Mental Health Technology Transfer Center Network  
 Funded by Substance Abuse and Mental Health Services Administration

**Promoting Positive Mental Health  
 in Rural Schools**

THOMASINE HEITKAMP, L.C.S.W.  
 SARAH HEISEN, Ph.D., OTS  
 SHAWNDA SCHROEDER, Ph.D.

**SAMHSA**  
 Substance Abuse and Mental Health  
 Services Administration

**SUICIDE** DECREASING

*Eric discloses to his parents that his feelings of inability to cope have resulted in thoughts about attempting to take his own life by putting his father's shotgun (used for hunting) to his head.*

He does not want one of his siblings to find him in the plane to "kill himself" away from the home in a rural ditch. He has these thoughts on at least a weekly basis and the consideration intensifies the pressure of his feelings of loneliness and isolation. His feelings of worthlessness are enhanced by his worries about not completing grade 9; he believes there are more reasons to die than to live.

**KEY ISSUES AND TOOLS FOR IMPLEMENTATION**

- Suicide is a serious public health challenge. When developing an overall mental health plan, school personnel must consider best practices for prevention, early intervention, immediate response, and long-term recovery.
- Rural populations have experienced persistent increases in suicide, with suicide being the first leading cause of death for 10- to 14-year-olds and the second leading cause of death for 15- to 19-year-olds.<sup>11</sup>

**SUICIDE RISK FACTORS**

**Risk factors for suicide include:**  
 previous suicide attempts, history of mental illness, limited social support, feelings of hopelessness, stressful events, witnessing suicide, and access to lethal means.

Information regarding school mental health supports is available through the Mountain Plains MHTTC School-Based Project to include readiness response and recovery resources.<sup>12</sup>

A number of suicide prevention and early intervention programs and resources are available for the elementary, middle, and high school levels through Suicide Prevention Resource Center - Schools.<sup>13</sup>

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<https://mhttcnetwork.org/sites/default/files/2019-08/promoting-positive-mental-health-in-rural-schools.pdf>

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**PANDEMIC RESPONSE**

The Mountain Plains Mental Health Technology Transfer Center recognizes the challenges posed by the current global health pandemic (COVID-19) situation and is providing the following mental health training and resources to assist individuals, providers, communities, and states.

**Our Products**

2021

- [Understanding Anticipatory Anxiety](#)

2020

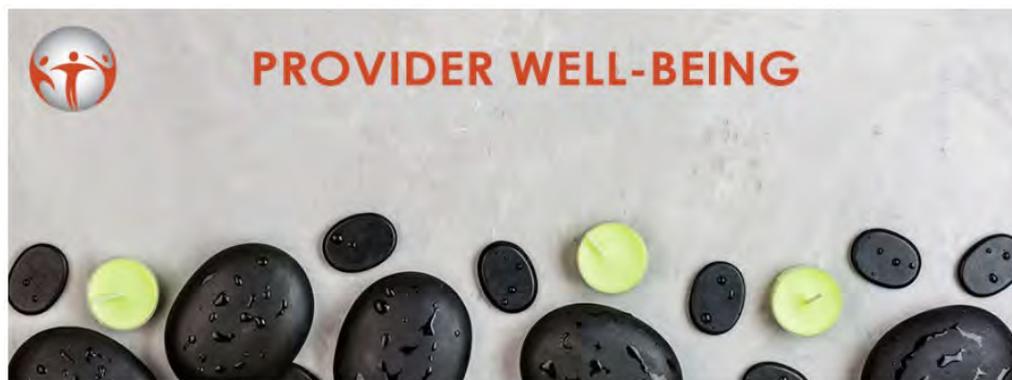
- [Building Telehealth Capacity: A Website of Resources, Products, and Training Events](#)
- [Mental Health Resources for College and University Faculty and Staff to Support Student Mental Health During COVID-19](#)
- [Mental Health Resources for K-12 Educators During COVID-19](#)
- [Mental Health Resources for Parents and Caregivers During COVID-19](#)

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## Past Training Events

- [Managing Behaviors in the Classroom During Challenging Times](#)
- [Tips for Educators: Supporting Parents During this Pandemic](#)
- [School Community of Practice Connections and Conversations: Adapting to COVID-19](#)
- [Telehealth Learning and Consultation \(TLC\) Tuesdays: Telehealth Basics](#)
- [Telehealth Learning and Consultation \(TLC\) Tuesdays: Telehealth Billing](#)
- [Telehealth Learning and Consultation \(TLC\) Tuesdays: Telehealth Tools](#)
- [Telehealth Learning and Consultation \(TLC\) Tuesdays: Telehealth with Children and Adolescents](#)
- [Telehealth Learning and Consultation \(TLC\) Tuesdays: Telehealth Troubleshooting](#)
- [Campus Mental Health: How do we Come Back to the New Normal?](#)
- [Changing the Conversation about Mental Health to Support College Students During a Pandemic](#)
- [Tips for Educators: Supporting Parents During this Pandemic](#)
- [Psychosocial Impacts of Disasters: Assisting Community Leaders](#)

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Providers of all occupations render crucial care to individuals in high-stress environments while routinely experiencing secondary traumatic stress and compassion fatigue in the course of delivering care. Unaddressed secondary traumatic stress, compassion fatigue, and occupational stress can lead to provider burnout and a diminished capacity to provide highly effective care. The ongoing COVID-19 global pandemic has increased the stress and challenges that mental health providers face and place them at greater risk of experiencing burnout. The Mountain Plains MHTTC is committed to supporting and promoting provider well-being, self-care, and resiliency practices to ensure a functional mental and physical health workforce that can effectively respond to the needs of individuals and communities.

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## Free Online Courses with Continuing Education

- [Compassion Fatigue On-Demand](#)

## Our Products

- [Blog Series: Voices from the Field](#)
- [Understanding Anticipatory Anxiety](#)

## Our Past Training Events

- [Riding the Wave of Stress and Trauma to Enhance Self-Care](#)
- [Responding to Provider Stress and Burnout - Cultivating Hope and Compassion](#)
- [Compassion Fatigue: Farm Stress and the Mental Health Provider](#)

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## CASE SCENARIO

Dr. Elizabeth Patel is a 40-year-old, female, primary care physician who works in a rural family medical center.



Mountain Plains (HHS Region 8)

2021

MHTTC

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Building Resilience Among Medical and Behavioral  
Healthcare Providers During a Global Health Pandemic

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## Voices from the Field: A Blog Series

### Valuing Community Connectedness

"Hello again." To get to know Robe Walker and how he serves his community, simply ask him for his name. The answer won't be as straightforward as you think, but it will certainly be insightful. "When I was little, I was called by 'Baa's tsii'h ii'h hii'h (Bass-tse-eh-he), which means 'a lot about a bird' or 'big bird' for short," said Walker, when recently asked. "And I took that name to heart because, well, I'm interested in a lot of things."

To learn his name is also to learn about where he's from, and the reasons why he has dedicated his career to helping others. Many titles could be applicable to his career, from teacher to counselor to frontline emergency medical responder to artist/poet, and so on. Walker, who holds a bachelor's degree in industrial arts and a master's degree in counseling and education, isn't someone to settle on merely one title.

"The answer is always yes," he remarked – a key component of his nature. By understanding where he's from, you would learn why his focus throughout the coronavirus pandemic has been in bolstering the strength and resilience of those around him.

Walker lives in the Fort Belknap Indian Community made up by the A'aninin and Nakoda tribes of northern Montana. He is A'aninin, and of a society that has been "hammered" over generations of encroachment, war, disease, and cultural denigration. "We have been pounded down to a small number by lots of different things," Walker said. "We've been hammered not just by COVID, but by the 1918 flu, smallpox, and warfare."



| "We've been through this before, we have our history," he said of the pandemic.

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## Evaluation Information

The MHTTC is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's presentation please take a moment to complete a **brief** survey.



<https://ttc-gpra.org/P?s=309901>

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# Thank you!

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