Behavioral Health Workforce Policy Issues: A Rural Perspective

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The Problem

- **60% of rural America underserved for behavioral health needs** (New Freedom Commission on MH, 2003).
- **85%+ of US behavioral health shortage areas are rural** (Bird, Dempsey, & Hartley, 2001).
- **90% of psychologists & psychiatrists and 80% of MSW social workers located urban** (Mohatt, 2014).
- **65% of rural Americans get behavioral health care from primary care providers** (Mohatt, 2014).
- **Access to behavioral health services in rural too often limited or non-existent** (Mackie, 2012).
- **When access to rural behavioral health services is available, too often quality of care is less than typically accessible in more urban areas** (Fortney, Rost, & Zhang, 1999).
- **Rural access to specialized behavioral health care is limited, often non-existent** (Wang et al., 2005).
- **Stigma associated with accessing services continues to be a serious and pervasive challenge, which creates additional challenges for providers** (Carter & Golant, 1998; Mackie, Zammitt, & Alvarez, 2016; Mohatt et al., 2015).
- **Hiring & retaining rural behavioral health practitioners continues to be a ongoing problem as identified by rural-based supervisors and hiring officials** (Mackie & Lips, 2010).
- **The use of tele-technology to "bridge the divide" - increase access - to behavioral health care continues to present challenges** (Mackie, 2015).

Answering the "Why"

Several explanations have been posited, including:

- **Demographics:** Rural = 15-20% of total U.S. population,
- **Lower higher ed degree attainment** (rural = 18.5% bachelor's and higher whereas urban = 32%) (Marre, 2014),
- **Lower higher ed degree attainment** = reduced pool of potential indigenous providers,
- Rural areas seen as **less "viable" or "desired"** places to practice due to limited access to resources, supervision, social & professional opportunities, dual relationships, general challenges associated with geographic isolation (Mackie & Simpson, 2007),
- **Burnout** in rural areas higher, or at least **perceived higher** among potential practitioners (Mackie, 2008),
- State & federal responses (e.g., National Health Service Corp, grants/scholarships, loan repayment programs). **All respond to workforce needs, but lack long-term sustainability.**

The Research

Research suggests rural behavioral health professionals are more likely to have grown up in a rural area & the further one moves from urbanized areas, the more difficult it is to hire rural behavioral health practitioners.

- **For every 10 miles we move from an urban center, difficulty in hiring increases by 3%.**
  - 30 miles = 10% more difficult
  - 115 miles = 35% more difficult
  - 180 miles = 54% more difficult

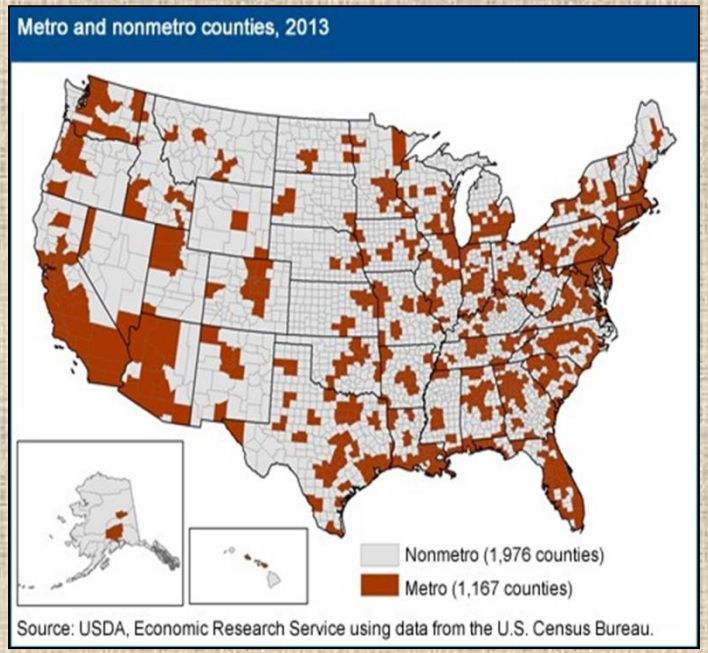
- **Rural providers surveyed and interviewed - main reasons for practicing in rural:**
  - They have rural roots (grew up where they are), want to be close to family/friends,
  - They have rural roots (but not from where they are), want to be in rural environment generally,
  - Understand rural culture and people, want to help others with similar background (familiarity),
  - See living rural as safer, more enriching, more “family” friendly, more aligned with personal values,
  - Generally more comfortable living rural than urban.

- **Predictors to hiring and retaining rural providers based on the following three key elements:**
  - Provider grew up in a rural area,
  - Provider education focused on rural concepts,
  - Provider completed internship in rural location.

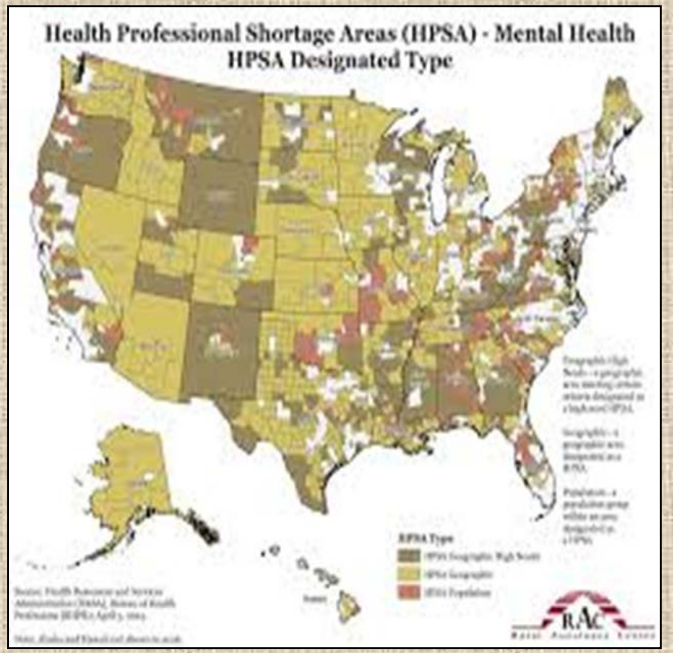
Illustrations

Example: 10 miles = 3%

2013 U.S. Metro/Non-Metro Counties



Health Professional Shortage Areas



Recommendations

***Growing Our Own* rural behavioral health providers – How:**

- **Focus recruitment** in rural areas toward youth and **target** populations more likely to become rural behavioral health providers.
- **Create viable introductory pathways** beginning with entry-level positions that can lead to higher practitioner levels.
- **Develop advanced educational pathways** through collaborations with higher education institutions, includes:
  - Online & extended education, focused rural internships, and infusion of rural-focused knowledge, skills, & curriculum development.
- **Develop mentorship programs** to support rural practitioners,
- **Create funding opportunities** to support pathways concept,
  - Grants, scholarships, support for internships, educational advocacy, outreach.

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