RURAL ISOLATION AND ITS MENTAL HEALTH IMPACT: EFFECTIVE COUNSELING STRATEGIES FOR CHANGE

PAIGE SEYMOUR, LPC-MHSP
PH.D. CANDIDATE
TENNESSEE TECHNOLOGICAL UNIVERSITY

INTRODUCTION & OBJECTIVES

Purpose: Understand the unique challenges rural isolation presents to mental health and explore effective counseling interventions for change

Objectives:

- Define rural isolation and its contributing factors

- Examine the mental health consequences of rural isolation

- Identify barriers to accessing mental health care in rural communities

- Apply culturally appropriate counseling strategies for rural populations

WHAT IS RURAL ISOLATION?

- Limited geographic access to resources and services
  - Hospitals, emergency services, youth programs

- Physical and social separation from larger communities
  - Natural barriers such as mountains, rivers, or harsh weather
  - Services and programs are often unavailable or underfunded

- Can be structural (infrastructure) or emotional (loneliness, disconnection)
  - Poor roads, bridges, or public transit
  - Fewer community events, recreational facilities, and entertainment

CONTRIBUTING FACTORS

- Geographic distance and lack of transportation

- Sparse population density

- Limited healthcare and mental health services

- Economic hardship and employment scarcity

- Cost, lack of insurance, or underinsurance

- Poor broadband/internet access

SOCIAL AND CULTURAL DIMENSIONS

- **Culture:** Communities value self-reliance, which can discourage individuals from seeking mental health support

- **Stigma:** Often stronger in rural areas, limiting open discussion and help-seeking behavior

- **Lack of anonymity**
  - Close-knit communities can both support and isolate due to fear of judgment or lack of privacy
  - Can make individuals hesitant to access local counseling services
  - Overlapping personal, professional, and social roles can create ethical and confidentiality concerns for both clients and counselors
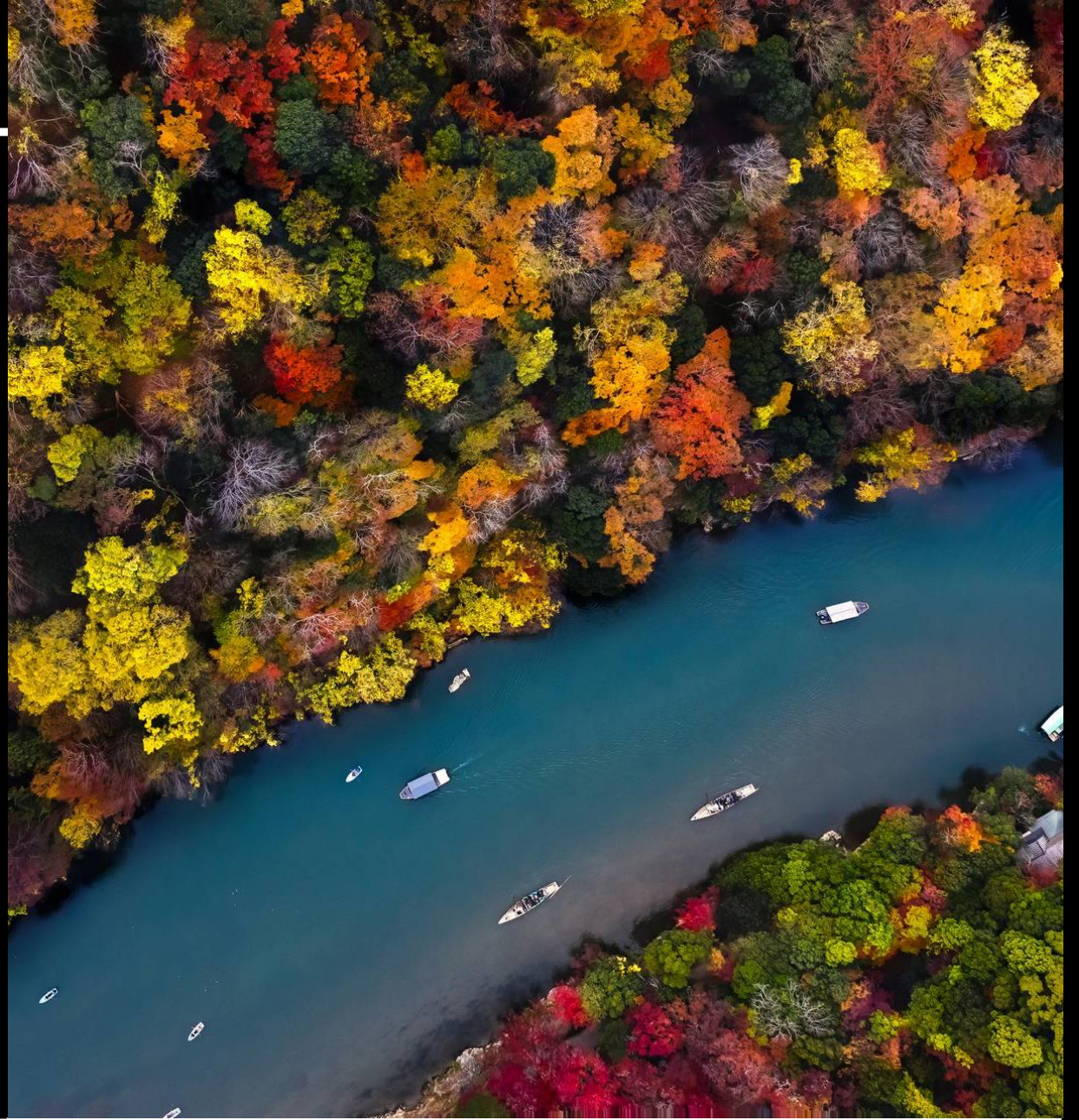
CASE EXAMPLE

- John, a 52-year-old farmer reports persistent feelings of anxiety, low mood, and social withdrawal

- Despite recognizing his distress, John is hesitant to seek counseling due to concerns about community stigma and being perceived as weak

- The nearest mental health provider is over 45 miles away, and limited transportation options make regular visits nearly impossible

- John has no access to high-speed internet, making telehealth an unreliable option

- He also expresses discomfort with the idea of local providers knowing his family and personal history, fearing a breach of privacy

- These factors leave John feeling isolated and stuck, highlighting the systemic barriers in rural areas

MENTAL HEALTH IMPACT

ISSUES IN RURAL AREAS

Depression

- High rates, particularly among farmers and individuals facing chronic stress from economic instability or isolation

Anxiety/PTSD

- Farming-related accidents and economic pressures can exacerbate symptoms

- Other factors include military service, domestic violence, and limited resources

Substance Use

- Alcohol, opioid, and methamphetamine use
  - Often tied to economic despair, unemployment, and limited treatment options

Suicide

- Risk factors: Social isolation, access to firearms, stigma related to seeking help, fewer mental health resources

SUICIDE STATISTICS

- CDC data (2000-2020)
  - 46% increase in suicide rates in non-metro areas
    - 27.3% increase in metro areas during the same period
  - Rural individuals have 1.5x more emergency room visits for non-fatal self-harm

- TN (2023)
  - Suicide was among the top 8 leading causes of death among individuals aged 10-64
    - 2nd leading cause of death for ages 10-14 & 25-34
    - 3rd leading cause for ages 15-24

PROVIDER STATISTICS

- 87.7 non-metro mental health counselors per 100,000 people (2021)
  - Metro areas: 131.2

- 135,662 counselors within the labor workforce (2022)
  - 1,022,394 total providers of mental health or substance use services
    - Over 50% are social workers

- Only 14.4% of the HPSA need within the state of TN is met (2024)

Percentage of U.S. Rural and Urban Counties Without Behavioral Health Providers, 2021

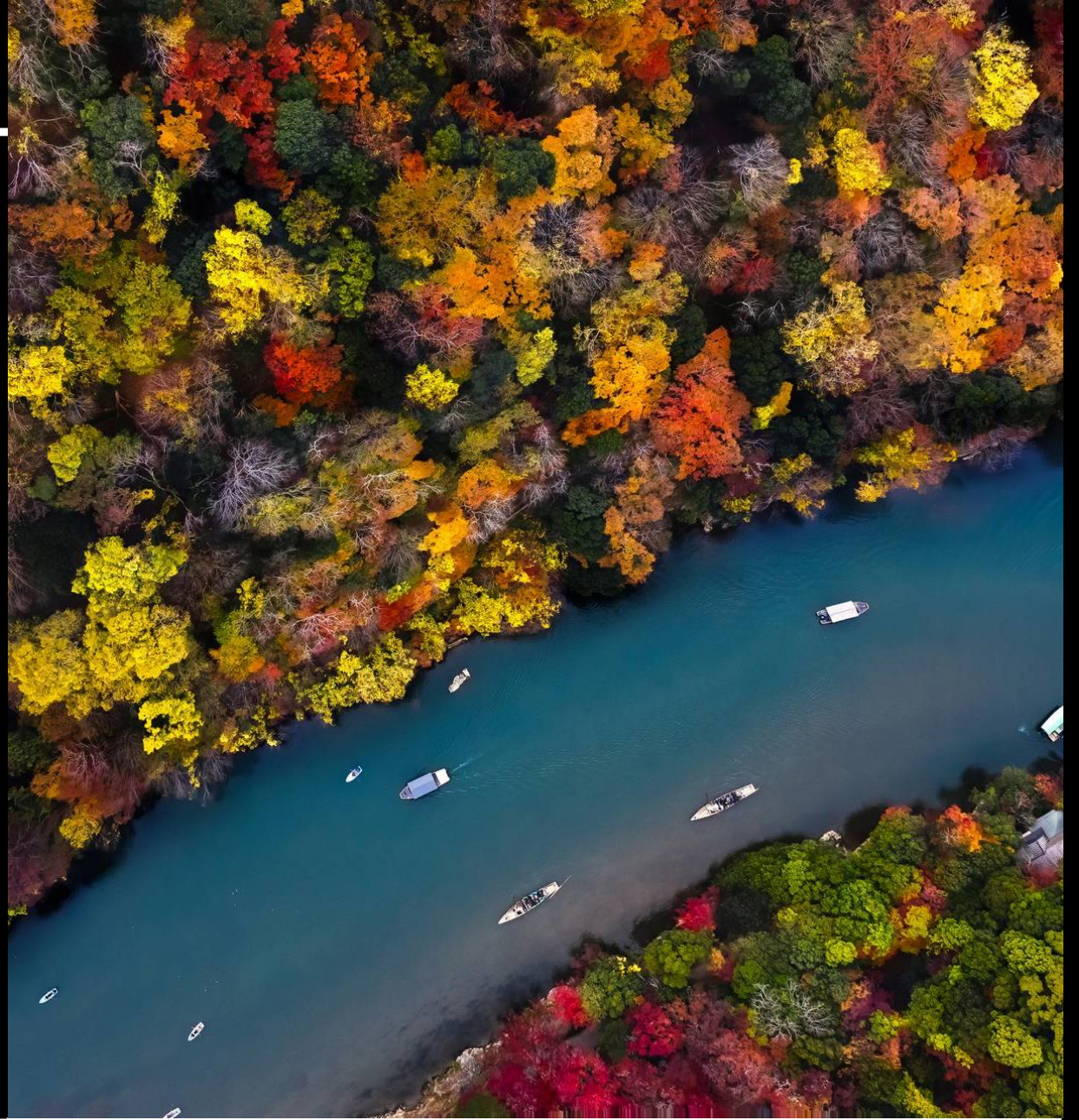| Profession	Rural Counties	Urban Counties
Psychiatric mental health nurse practitioner	69%	31%
Psychologist	45%	16%
Social worker	22%	5%
Counselor	18%	5%

COUNSELING CHALLENGES IN RURAL SETTINGS

ETHICAL AND LOGISTICAL ISSUES

- Dual relationships
    - Can make it harder to maintain traditional counselor-client boundaries

- Confidentiality concerns
    - Counselor and client may know each other personally through church, school, or community events

- Limitations in referrals
    - Lack of availability of options increases pressure on counselors to address a wide range of issues beyond their specialties
    - May need to take on a more generalist role

    - Travel time and unpredictable weather may lead to missed sessions or inconsistent treatment

TELEHEALTH CONSIDERATIONS

- **Benefits:**
  - Reduces travel burden and increases flexibility for clients and counselors
  - Text-based or asynchronous counseling
    - Secure messaging therapy for clients with inconsistent internet or privacy concerns
    - Flexibility for individuals working long or irregular hours

- **Limitations:**
  - Internet access can vary significantly in rural areas
  - Lack of privacy even in clients' homes
  - Clients may prefer in-person interaction
  - Cultural beliefs
    - Authenticity, sincerity, respect
  - Decreased comfort level with technology or video calls

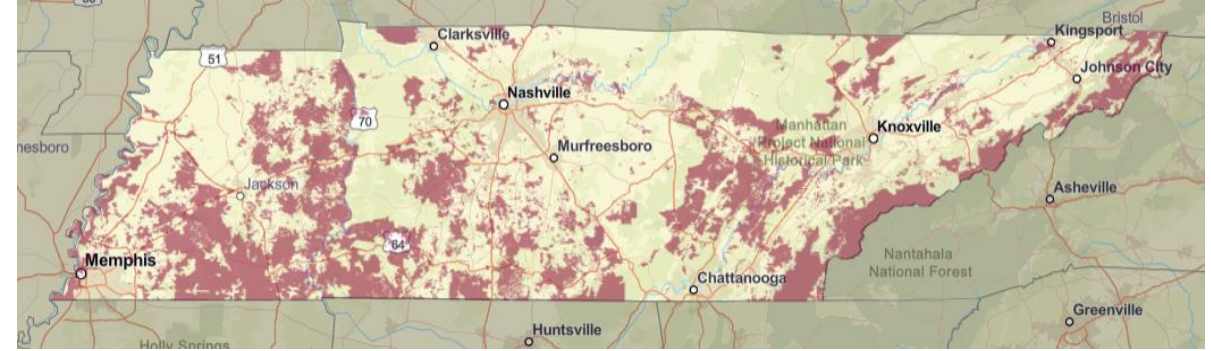# TENNESSEE BROADBAND ACCESSIBILITY MAP (Last updated 11/2022)
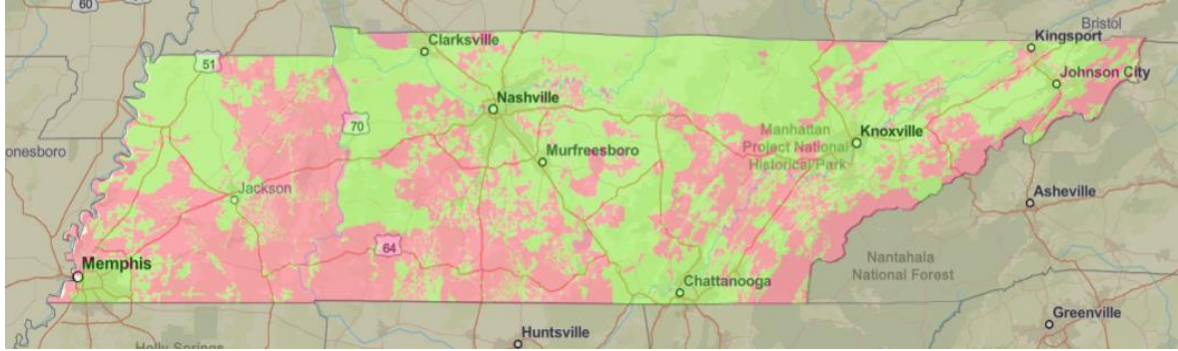
Served Broadband at 100 Mbps Download/20 Mbps Upload
Served at 100M/20M

Unserved at 100 Mbps Download/20 Mbps Upload
Unserved (Lacking 100M/20M)

Unserved Areas at 25M/3M (Census 2020)

Unserved (Lacking 25M/3M)

CULTURAL COMPETENCY AND BUILDING TRUST

- Rural individuals may be skeptical of the counselor
  - Particularly if not a member of the local community
  - Indirect conversations often occur before direct therapeutic work

- Understanding local values such as independence, faith, and tradition can help to build rapport

- Engagement can be improved by using culturally appropriate language and avoiding clinical jargon

- Credibility can be enhanced by partnering with trusted community members and institutions and by showing genuine respect for rural values and experiences
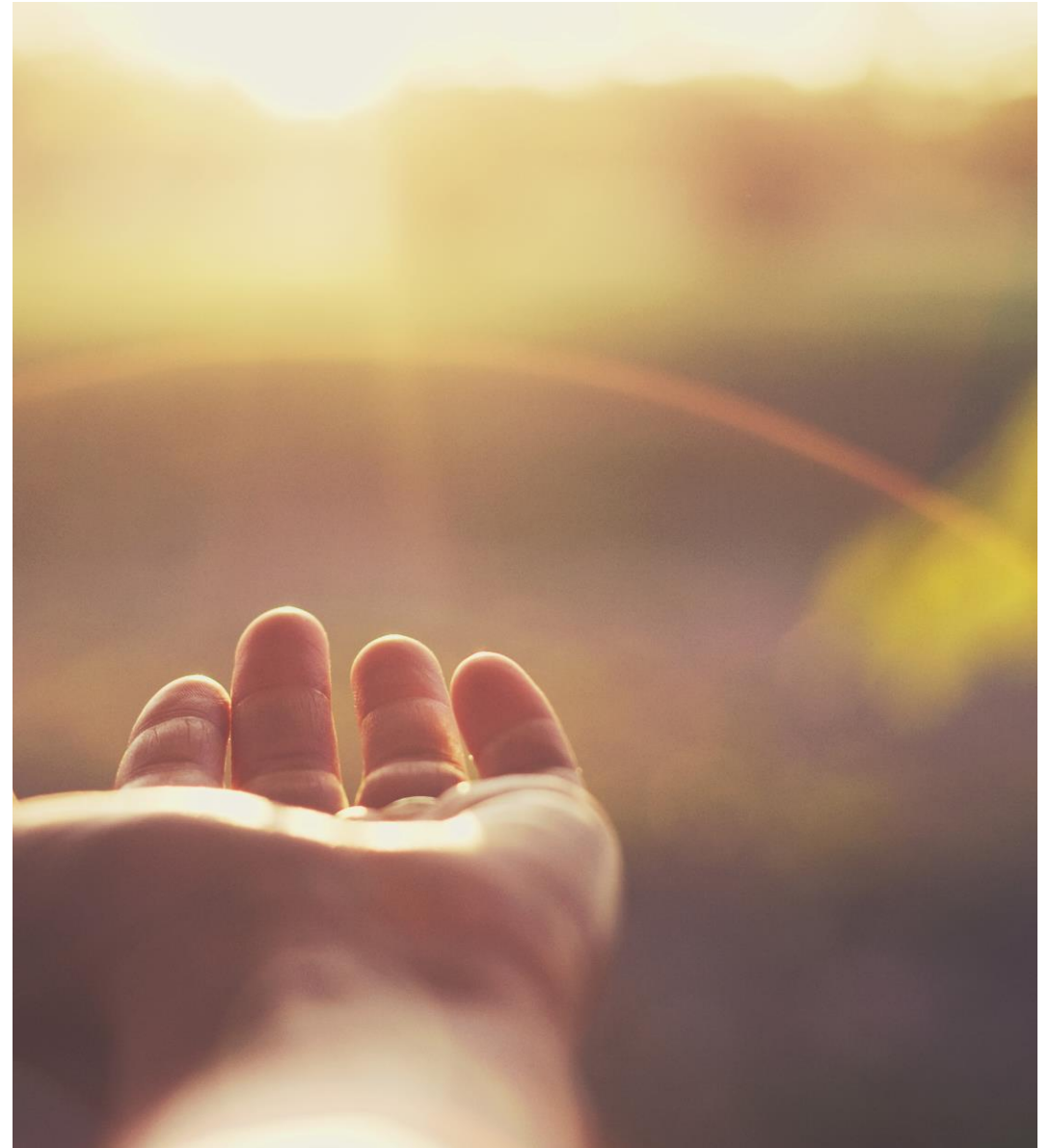
EFFECTIVE STRATEGIES FOR CHANGE
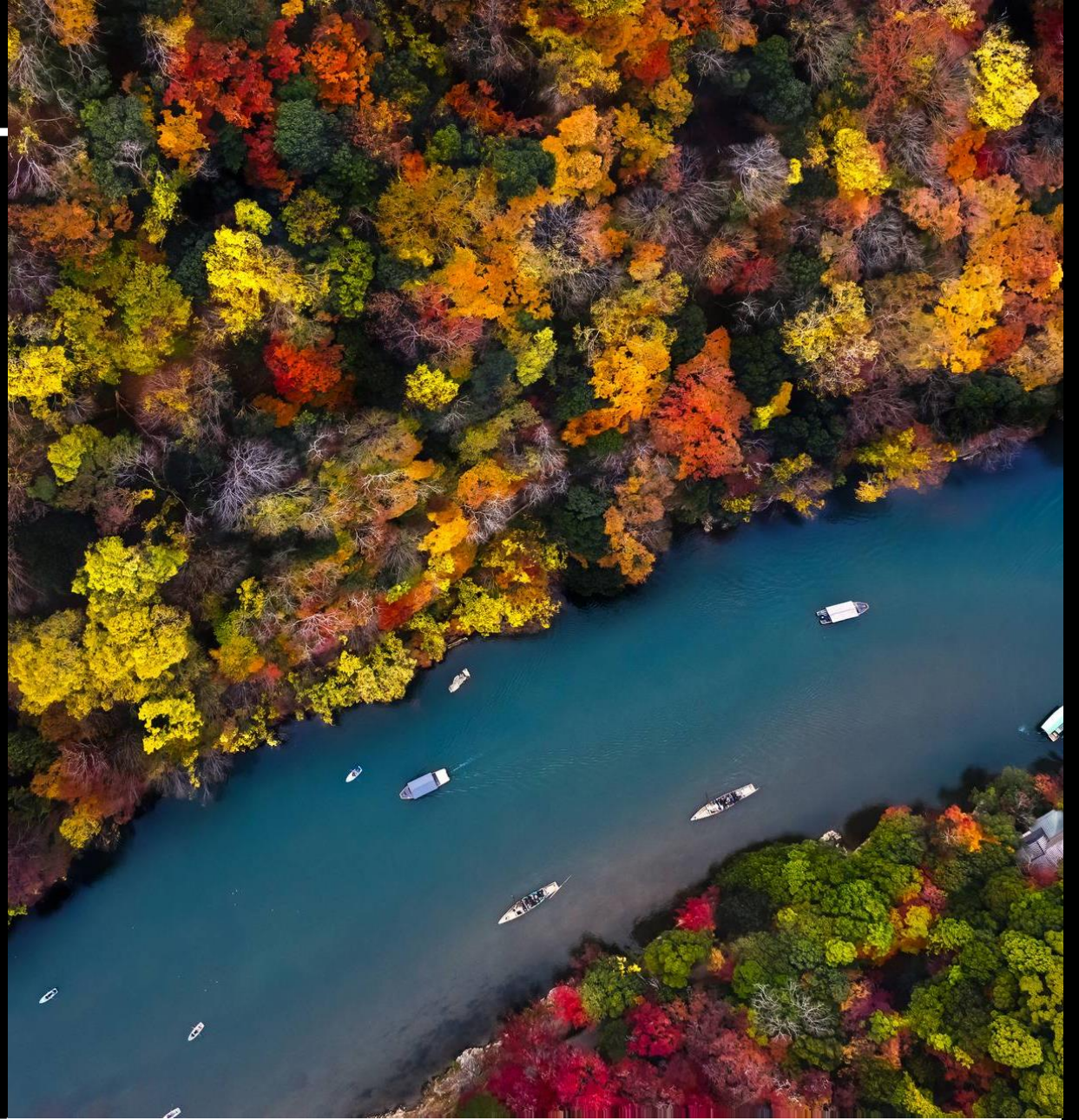
COMMUNITY-BASED APPROACHES

Embed
Mental health services within familiar, trusted community settings
- Co-locate within primary care medical clinics

Offer
Flexible service models
- Mobile counseling units can bring services directly to remote areas
- Drop-in days or hours can reduce scheduling and transportation barriers

Provide
Psychoeducation at community events such as health fairs and farmers' markers
- Can reach people informally
- Normalize mental health discussions

ADAPTING COUNSELING TECHNIQUES

- Use strengths-based approaches
  - Highlight resilience, family bonds, and community pride

- Integrate faith-based perspectives or agricultural metaphors as appropriate
  - Tending the soil: Creating a safe, nurturing environment where growth is possible
  - Planting seeds: Introducing new ideas, habits, or coping strategies that take time to grow
  - Pulling weeds: Identifying and removing harmful thoughts, behaviors, and influences

- Be sensitive to issues of privacy and tailor interventions that respect the client's need for discretion

- Incorporate nature-based or ecotherapy practices
  - Nature walks, gardening, or animal-assisted therapy to engage clients in familiar settings
  - Encourages participation among individuals who prefer action-based or non-traditional therapy formats

LEVERAGING LOCAL RESOURCES

- Partner with schools, veterans' centers, and churches to coordinate care
  - Co-lead workshops with clergy members

- Train local gatekeepers to identify signs of distress and make referrals
  - Teachers, pastors, farmers' association leaders
    - Can act as community mental health ambassadors to advocate for mental wellness and serve as liaisons

- Promote peer support networks and mentoring programs
  - Creating community-based peer groups with structured support and supervision can foster connection and universality

- Utilize extension services and rural health coalitions for outreach and education

THANK YOU

Paige Seymour
jpseymour42@tntech.edu

REFERENCES

- *CDC WISQARS - Web-based Injury Statistics Query and Reporting system*. (n.d.). Centers for Disease Control and Prevention. https://wisqars.cdc.gov/

- KFF. (2025, February 4). *Mental Health Care Health Professional Shortage Areas (HPSAs) | KFF*. https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/

- National Center for Health Workforce Analysis. (2024). *State of the Behavioral Health Workforce, 2024*. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf

- *Rural Mental Health Overview - Rural Health Information Hub*. (n.d.). https://www.ruralhealthinfo.org/topics/mental-health#statistics

- *Suicide in rural America*. (2024, May 16). Rural Health. https://www.cdc.gov/rural-health/php/public-health-strategy/suicide-in-rural-america-prevention-strategies.html

- *Tennessee Broadband Accessibility Map*. Tennessee Department of Economic and Community Development.(n.d.) https://www.tn.gov/ecd/rural-development/tennessee-broadband-grant-initiative/tnecd-broadband-accessibility-map.html