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## Book Review: Rural Mental Health: Issues, Policies, and Best Practices

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**Book Review**  
***Rural Mental Health: Issues, Policies, and Best Practices***

K. Bryant Smalley, Jacob C. Warren, and Jackson P. Rainer (Eds.)

2012

New York, NY: Springer Publishing

368 pages

Paperback, \$65.00.

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Even though the editors are a clinical psychologist, epidemiologist, and psychotherapist, this book is written primarily from the perspective of counseling psychology rather than clinical psychology or social work. *Rural Mental Health* attempts “to summarize the current status of rural mental health and to individually examine the many complex subcomponents of improving mental health throughout rural regions” (p. 4). The 21 chapters are grouped into four broad sections addressing introductory considerations relevant to rural mental health needs, modalities of rural mental health service delivery, specific populations and issues in rural mental health, and a short concluding chapter that addresses future considerations. Social workers and human service workers who may be attracted by the title should note that none of the 52 contributing authors holds the MSW credential, although some of the suggestions for improving the delivery of rural mental health services embrace concepts resembling wrap-around systems of care and community capacity building. The inclusion of *best practices* in the subtitle is almost unwarranted since best practices are only rarely addressed and never in sufficient detail to allow the reader to critically assess the claim.

Despite the large number of contributors, the writing is consistently strong. Only a few of the chapters refer to primary research conducted by the authors; accordingly, this as a series of brief literature reviews addressing rural mental health issues. I believe it is better to think of this book as a reference tool rather than a textbook because of the high degree of repetition in the chapters. The content presented in the first 11 chapters that address rural mental health in general are basically repackaged by topic in the 9 chapters that follow addressing specific populations (men, women, children and youth, racial and sexual minorities, veterans, seniors, and frontier communities) and issues (substance abuse and suicide). Relatively extensive reference lists accompany each chapter and comprise approximately 20 percent of the pages, citing over 1,000 sources. The index is comprehensive and useful. Because the last two sections of the book merely repackage the content of the first eleven chapters, this review will focus on the first eleven chapters.

The first section of eight chapters contains the most substance for readers. The first chapter summarizes the presuppositions throughout the book. These presuppositions include the barriers to mental health treatment in rural areas, comorbidity issues in rural areas, and the potential solutions for dealing with these barriers. Barriers are presumed to be accessibility (higher rural poverty and transportation barriers), availability (85 percent of counties with a shortage mental health providers are rural), and acceptability (higher rates of rural stigma and decreased anonymity in receipt of services). Comorbid conditions presumed to exacerbate mental health problems in rural areas include higher rates of substance abuse and suicide. Presumed

solutions include the integration of primary care and mental health care, telehealth delivery of mental health services, and preventive services in school settings.

Chapter two is a history of federal policies that have developed over the last 20 years to address the challenges of health and mental health in rural areas and summarizes the policy issues hindering expansion of telehealth and integrated health care centers. Because the implementation of the Affordable Care Act is ongoing, this chapter does seem to be a work in progress as well.

The third chapter may be the most controversial and the most valuable in the book. It argues that rural culture has developed in unique ways producing an under-recognized diversity issue. Mental health practitioners will need to develop specific cultural competencies to address the independence, self-reliance, and sense of personal responsibility that has developed due to rural remoteness and the agricultural work ethic. Poverty, a mistrust of public services, and southern religious beliefs also contribute to a rural resistance to mental health treatment. Permissive attitudes toward substance use, smoking, and sedentary lifestyles influence the need for mental health services. Practitioners may need specific training to cope with the rural cultural stigmatization of mental health issues. Evidence in chapter four suggests there are higher levels of rural stigma toward those with mental health needs which produce reluctance by those in need to pursue treatment, but this evidence is not addressed critically or exhaustively. Some readers may find themselves wishing that the studies cited were described more fully so that an independent assessment of the findings could be made.

Chapter five is about loneliness as a mental health issue, but there is no evidence presented that suggests that loneliness is more common in rural areas than in urban areas. The discussion is fairly interesting if the reader is not offended by equating mental illness with problems in adjustments to living. Chapter six is a relatively friendly account of the interactions between religion, spirituality, and mental health. Care is taken to note the strong regional influence of different ways that religion influences rural life, from the integration of religion and civic life in some areas to the more ideological and experiential in other areas. Practitioners are encouraged to remove any self-bias against religion, become familiar with evidence-based spiritually oriented therapies, and collaborate with clergy in developing faith-based community psychological approaches. Ethical challenges in rural practice (chapter seven) are addressed through an imaginative case study examined from the perspective of the American Psychological Association's Code of Ethics (2010). The concluding chapter of this first section (chapter eight) discusses self-care for the rural practitioner. Blending insights of Maslach with career sustaining behaviors (i.e., sense of humor, perceiving clients as interesting, renewing and relaxing leisure, and consultation with peers), and Bowen's family system theory, this chapter suggests a useful way to understand self-care in the context of rural professional isolation.

The second section defines three models of service delivery that may be useful in rural areas. Chapter nine explains integrated care using the Four Quadrant Model (a low-to-high severity matrix contrasting physical health and mental health) while acknowledging that current trends toward patient-centered medical homes and reverse integration are hampered by state funding limitations. Chapter ten summarizes evidence that mental health services provided through technology (telephone, computer, and mobile interventions) are as effective as face-to-face services; however, these studies are encouraging without being particularly rigorous.

Chapter eleven presents school-based mental health services as a public health multi-tiered problem solving model for prevention and intervention.

The eight chapters in the third section repackages content from the first eleven chapters in a relatively formulaic manner, first documenting the under-delivery of mental health services, then more extensively discussing barriers to delivery of services for that issue or population, then concluding with either a brief suggestion of solutions (e.g., telehealth, increasing community capacity for holistic services, or school-based services). A few chapters provide a case study of a local program that seems promising for replication. The concluding six-page chapter reaffirms the need for improvement in access, availability, and acceptability of mental health services in rural areas, notes the need for more extensive research related to rural mental health, and calls for advocacy to increase funding for rural mental health services.

As a social worker, I was somewhat distressed by the authors' unrelenting deficiency orientation. The possibility that there might be strengths associated with rural living receives no more than an offhand mention in a subordinate clause or two. The authors seem not to realize that rural poverty qualitatively differs from urban poverty, that the pace of rural life might be a substantial buffer against contemporary stressors, or that the interconnectedness of rural relationships might represent an untapped potential for addressing mental health needs. Even with this critique, however, I believe I will find this book useful when addressing mental health policy with my students. I expect to regularly consult the chapter on rural culture and stigma. Social work educators working in rural areas and interested in mental health issues may be well advised to keep a copy on hand for consultation.

### **Reviewer Information**

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