



Mental Health Trends in Rural Schools  
and Communities and Factors That  
Underlie the Trends

# Agenda

- What is Mental Health and Why it is Important?
- Disclaimer
- Trends in Adults and Adolescents
- Effects of the COVID-19 Pandemic
- Factors
- Implications
- Conclusion



# What is Mental Health and Why it is Important?

- According to the CDC, “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act.”
- Mental health is important because it impacts everything in our life. It impacts our interaction with others and with the world. It affects how we feel and what we do. Our mental health also impacts our physical health as well. Some mental illnesses have been shown to lead to negative physical illness such as heart disease, diabetes, and more (CDC).



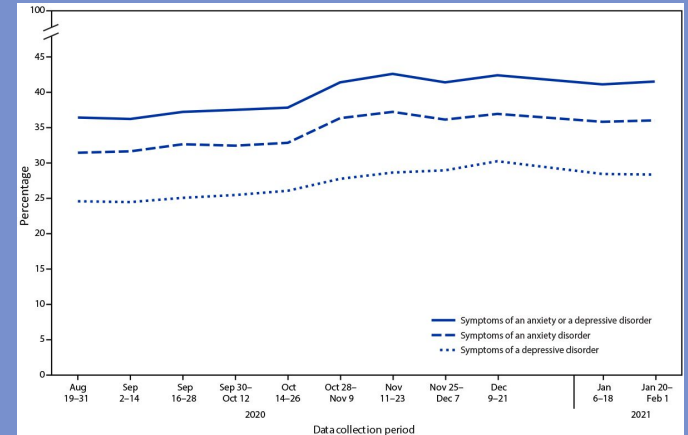


# Disclaimer

- This presentation will look at data regarding mental health in rural schools and communities. The research shows there is no significant difference between metropolitan and nonmetropolitan areas regarding some mental health trends, therefore some research used in this presentation encompasses the overall trends.

# Trends in Adults

- Currently, approximately 21% of the rural population reports having a mental health condition, this is equivalent to approximately 7.6 million people (The Rural Health Information Hub).
- It is hypothesized that 10%-25% of people in the rural community have a mental illness but they go undiagnosed as a result of inaccess (Morales et al.).
- According to the National Alliance on mental illness, anxiety is the most prevalent mental health struggle in adults. Followed by:
  - Depression
  - PTSD
  - Bipolar
  - OCD



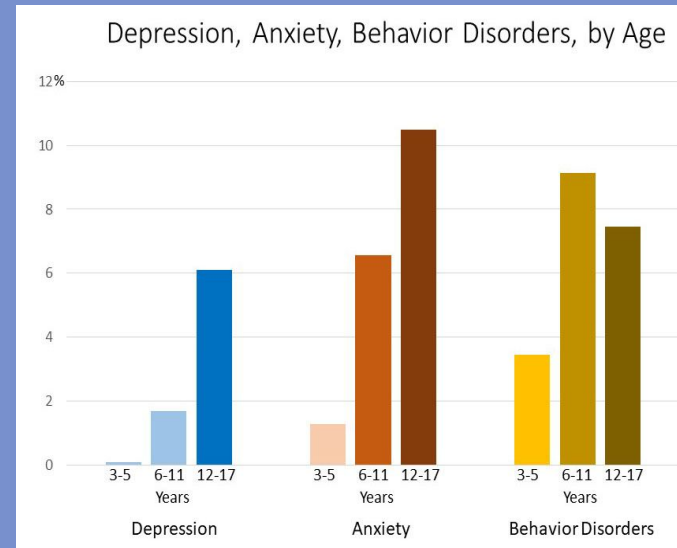
Source: CDC

# Trends in Adolescence

- Anywhere from 13%-20% of adolescence report having mental health issues in a given year (Shelton 2021).
- According to the National Alliance on mental illness, depression is the most prevalent mental health struggle in adults.
- According to HRSA, children between the ages of 3-17 have slightly higher rates of depression, behavior problems, and anxiety when compared to their urban counterparts:
  - Depression: 4.5%
  - Behavior problems: 9.2%
  - Anxiety: 9.4%

## Most Prevalent Mental Health Disorders in Adolescence:

- Depression
- Bipolar
- Anxiety Disorders
- Psychotic disorders such as schizophrenia
- 





# Mental Health Trends Seen in Rural Schools and Community

When school personnel and individuals in the community were asked about specific mental health challenges students today are facing, these themes arose:

- Increased depression and anxiety
- History of trauma
- Behavioral issues
- Substance use
- Identity crisis
- Loneliness
- Broken homes
- COVID-19 aftermath
- Overstimulation
- Higher number of ADD, ADHD, ODD, and Bipolar cases
- Undiagnosed disorders
- Self-esteem issues

# Effects of COVID-19 on Mental Health

- According to CDC:
  - Based on self-reports in 2020 about 30% of people in the rural community reported having feelings of anxiety and depression
  - About 10% of people in the rural community said that within the last month they considered suicide
  - Almost half of all adolescents in schools reported having feelings of anxiety and other mental health struggles.

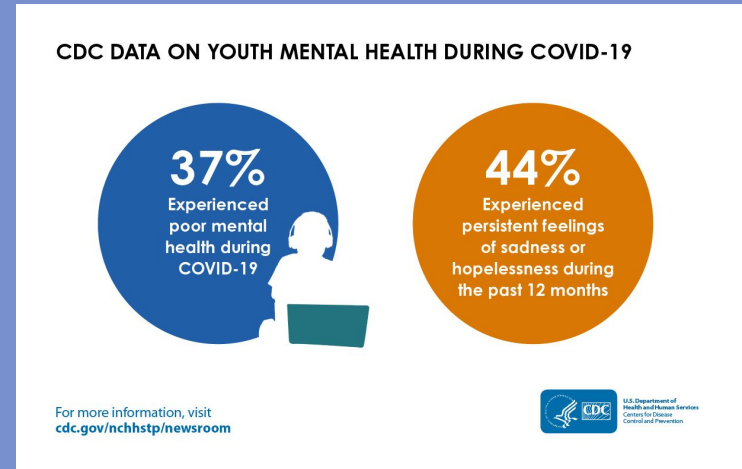


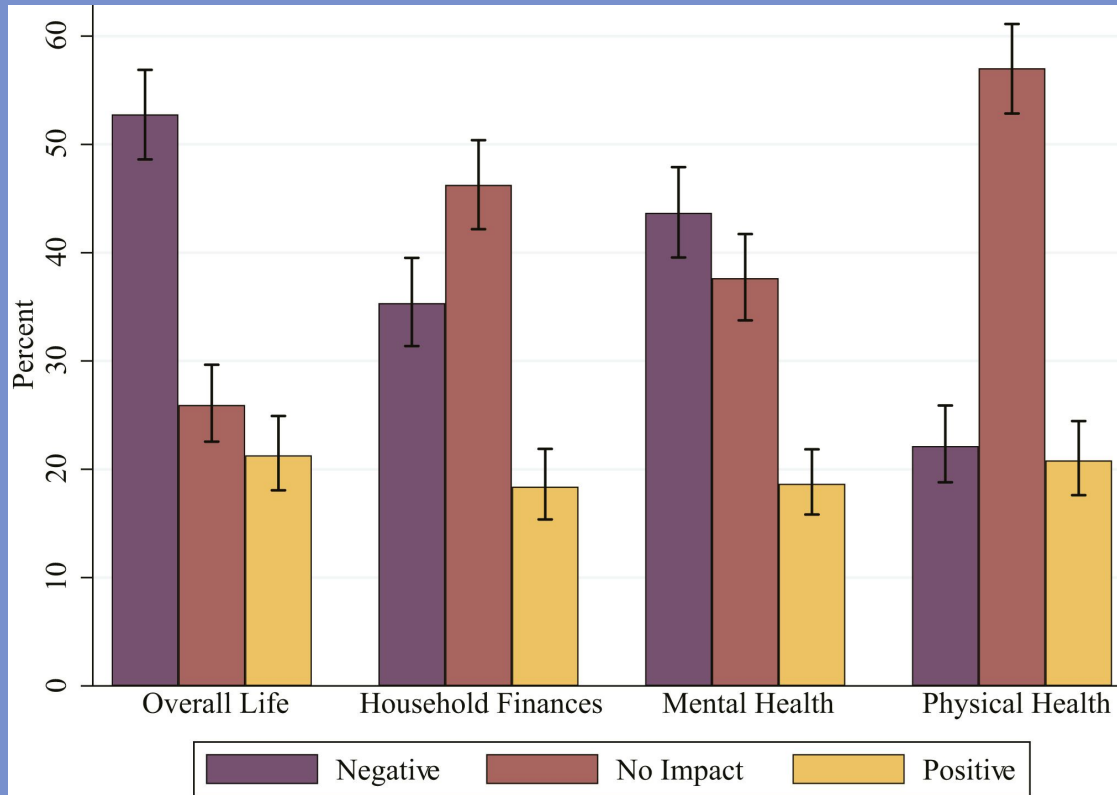


TABLE 1. Respondent characteristics and prevalence of adverse mental health outcomes, increased substance use to cope with stress or emotions related to COVID-19 pandemic, and suicidal ideation — United States, June 24–30, 2020



Characteristic	All respondents who completed surveys during June 24–30, 2020 weighted* no. (%)	Weighted %*						
		Conditions				Started or increased substance use to cope with pandemic-related stress or emotions <sup>¶</sup>	Seriously considered suicide in past 30 days	≥1 adverse mental or behavioral health symptom
		Anxiety disorder <sup>†</sup>	Depressive disorder <sup>†</sup>	Anxiety or depressive disorder <sup>†</sup>	COVID-19–related TSRD <sup>§</sup>			
All respondents	5,470 (100)	25.5	24.3	30.9	26.3	13.3	10.7	40.9
Rural-urban classification***								
Rural	599 (10.9)	26.0	22.5	29.3	25.4	11.5	10.2	38.3
Urban	4,871 (89.1)	25.5	24.6	31.1	26.4	13.5	10.7	41.2

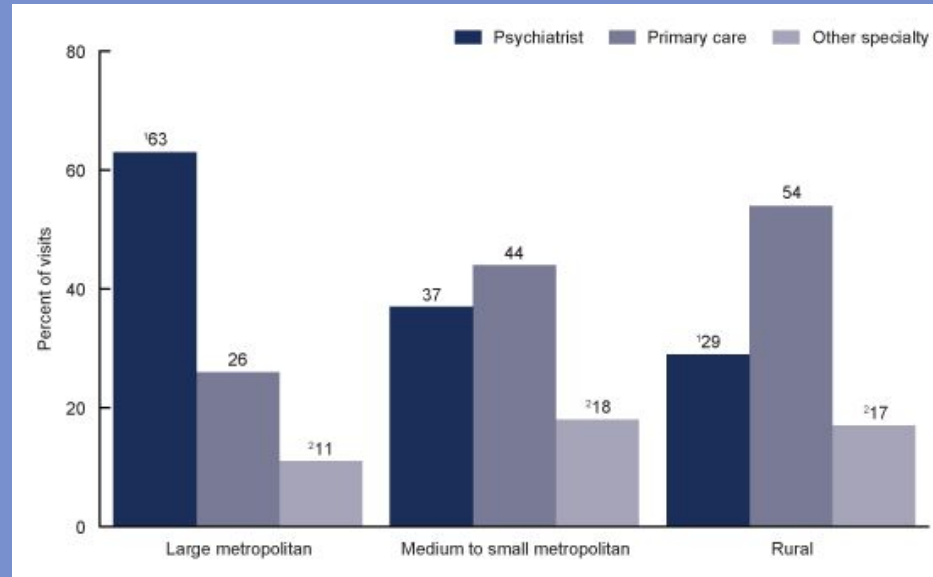
Source: CDC



Source: Mueller et al.

# Factors

- Access
  - Transportation, Income, and internet access
- Availability
  - Shortage of Mental health personnel, lack of access to interventions
- Stigma
- Environmental risk factors

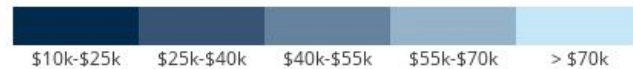
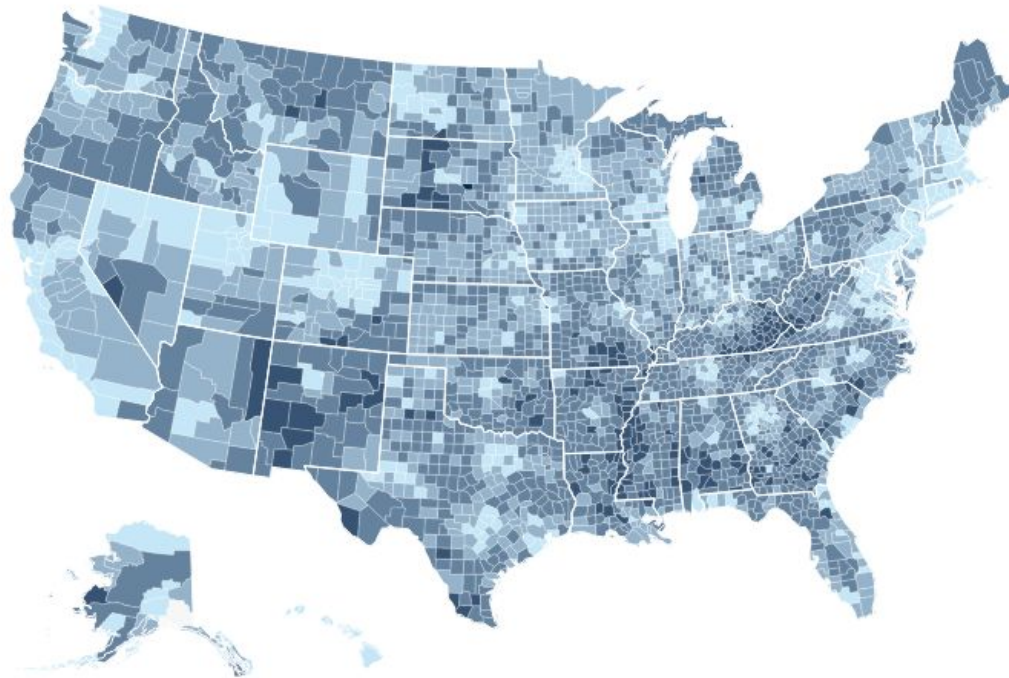


Source: CDC



## Access

- Studies show mental health assessments are done less frequently in rural schools (Graves et al.). A major reason cited for this is lack of funding and personnel. Even when students are diagnosed it is difficult to get them outside help because of limitations in access.
- Many people in the rural communities struggled to obtain health care during the COVID pandemic because everything went online and, unfortunately, access to the internet is increasingly difficult in rural communities.
- Internet access in rural communities can be unreliable, which makes it difficult to receive forms of mental health care. For individuals that are willing to travel, their access to transportation is another limitation. Some may do not have a license or access to a car to travel, and in rural communities, it can be difficult to obtain public forms of transportation.



Note: Metro and nonmetro averages are calculated by weighting county-level median household income by ACS 5-year estimates of total households.

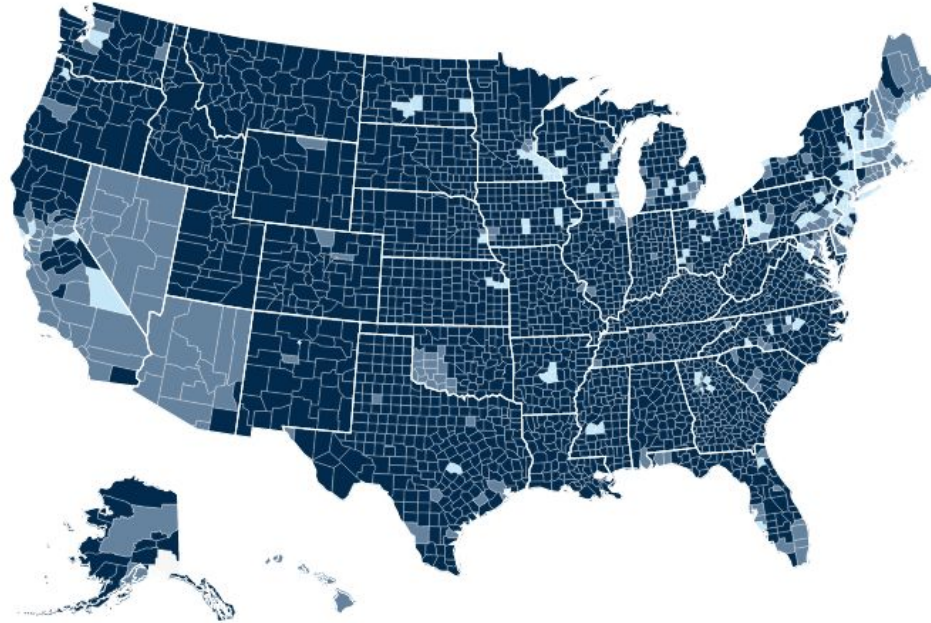
Source: [US Census Small Area Income and Poverty Estimates, 2009-2020](#).



# Availability

- Currently there is a shortage of mental health professionals.
- This leads to both students and community members having difficulty finding mental health care professionals in their area and with appointment availability.
- Because of the shortage, the nearest provider may be a far distance, which may not be possible for many to get to.
- Some schools that do provide some services are still limited due to funding. They cannot provide as many intervention

## Health Professional Shortage Areas: Mental Health, by County, 2022



None of county is  
shortage area

Part of county is  
shortage area

Whole county is  
shortage area



# Stigma

- According to the Mayo Clinic, stigma is defined as “when someone views you in a negative way because you have a distinguishing characteristic or personal trait that's thought to be, or actually is, a disadvantage (a negative stereotype)”.
- People worry about getting treatment for mental health because they fear the judgement and disapproval of their community leading some people to not seek treatment, which in turn worsens their mental health struggle (Morales 2020). Within the rural community there is high level of stigma regarding mental health (Schroeder et al. 2021)

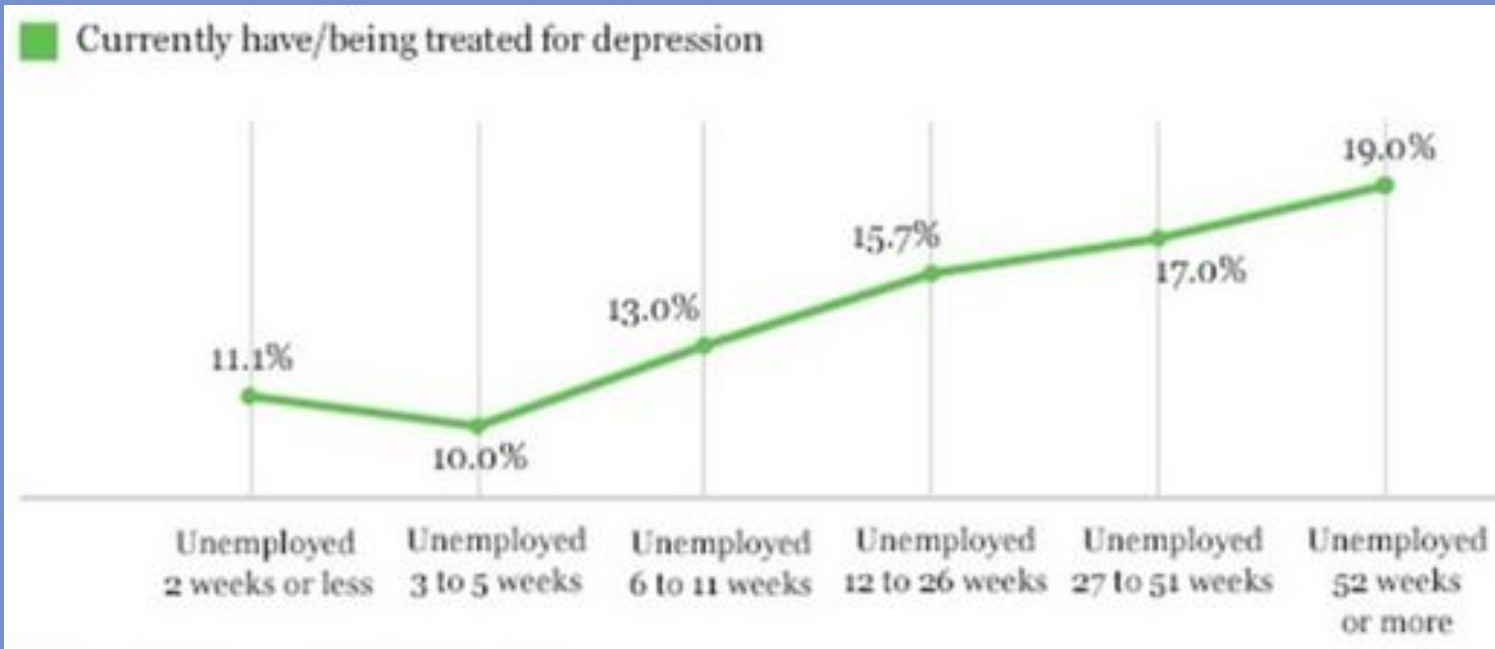




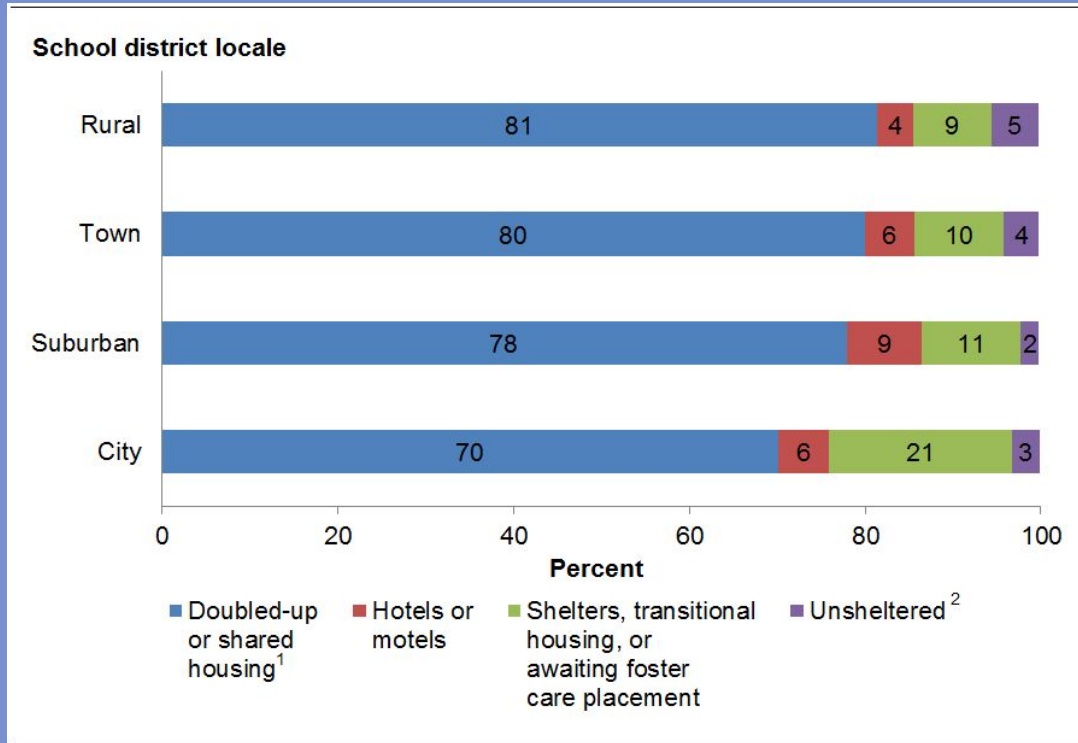
# Environmental Risk Factors

- Unemployment
  - Depression rates tend to be higher among individuals who are unemployed for an extended period of time (Rosen 2014).
- Homelessness
- Trauma
  - Trauma can lead to mental health struggles
  - Adverse Childhood Experiences (ACE score)
- Poverty
- Social media & mass media
- Illness
- Identity

# Unemployment



# Homelessness



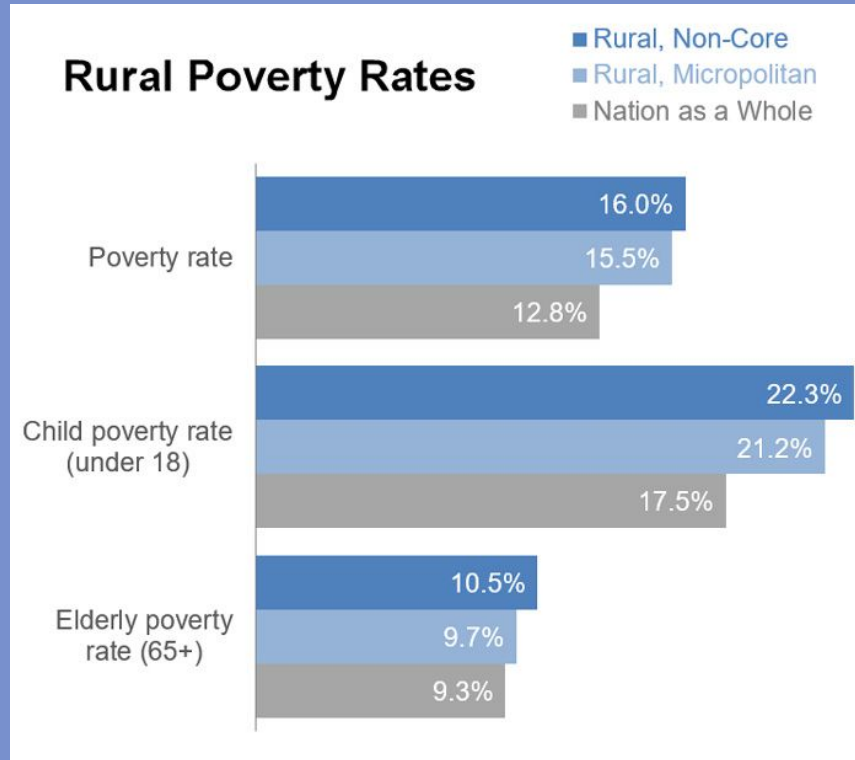
Source: NCES



# Trauma

- Childhood trauma is a significant risk factor for mental illness
- According to Dr. Elizabeth Crouch, “ rural children were more likely to experience nearly all ACEs and the most significant was economic hardships. They were much more likely to experience economic hardship than their counterparts. They were also more likely to experience substance use, mental illness, neighborhood violence, incarceration, parental death, and parental separation/divorce. We also found that counts of ACEs matter.”
- In her study she also found that “6.9% of rural children had a high ace score of 4 or higher than their urban counterparts, 3.8% of urban children tested 4 or higher”. This gap widens for minorities.

# Poverty



Source: CDC

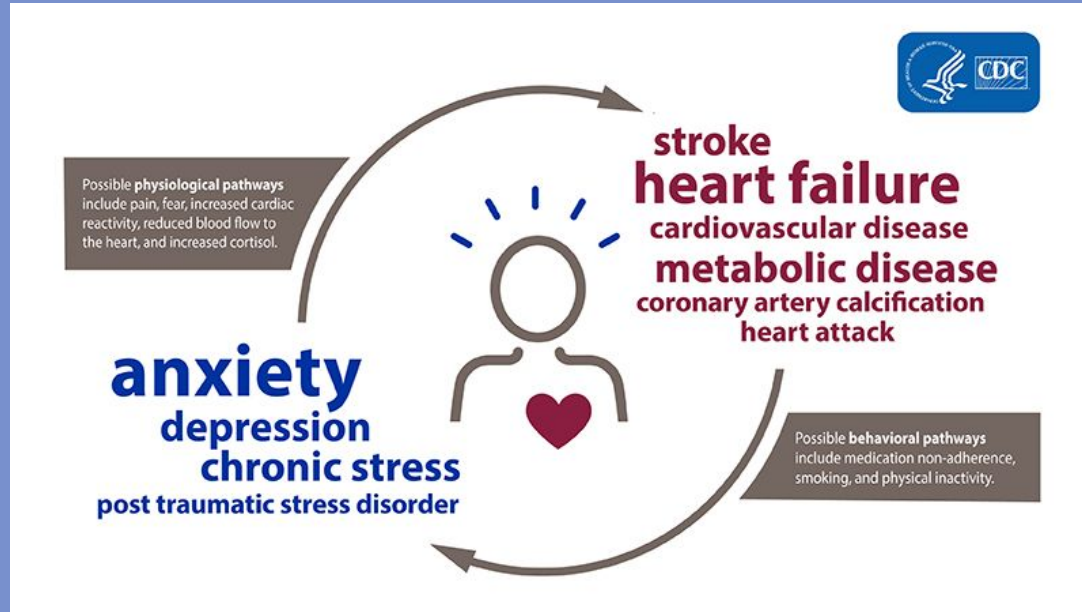


# Social Media and Mass Media

- Studies also report that there is a link between social media and negative mental health consequences (Keles, McCrae, Grealish 2020). Some hypothesized reasons for the negative mental health outcomes are comparison to others, lack of sleep, lack of outdoor activity, and lack of in-person social interaction.
- The prevalence of mass shootings reported in the media has also been shown to have a negative effect on adolescent mental health. Adolescents that are survivors or near the community are shown to have increased PTSD, depression, anxiety, and other mental health struggles (Lowe & Galea 2016). Adolescents that are not in the vicinity of a mass shooting event are still shown to have mental health struggles as a result of widespread media.

# Illness

According to the CMHA, “People living with chronic physical conditions often experience emotional stress and chronic pain, which are both associated with the development of depression and anxiety. Experiences with disability can also cause distress and isolate people from social supports.”



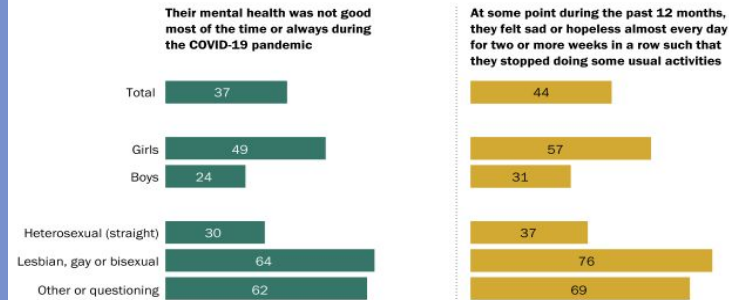
Source: CDC

# Identity

- According to personal examples provided by the people we interviewed, there is an increase in mental health struggles as a result of an identity. For those that are apart of a minority group such as race or sexual orientation, they face judgment, discrimination and stereotypes that can lead to feelings of loneliness, anxiety, and depression.

## Among high schoolers in U.S., girls and LGB students were most likely to report feeling sad or hopeless in the past year

% of high school students who said ...



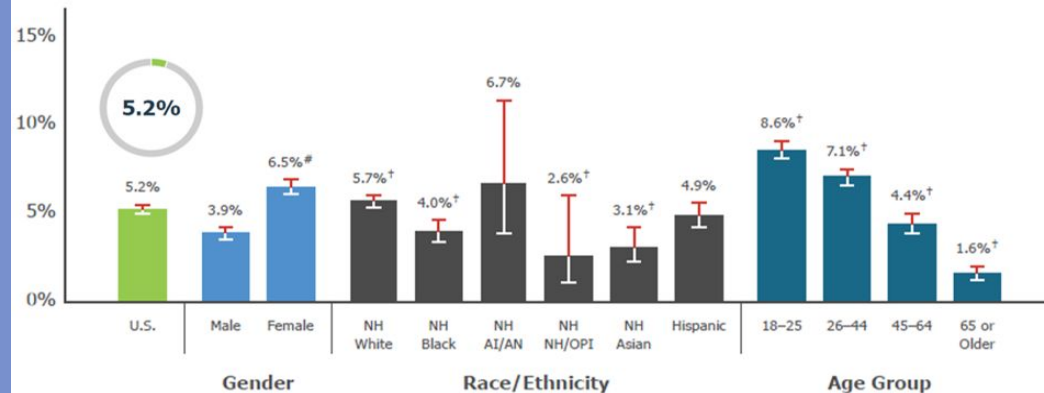
Note: High school students include those who attend public and private schools. Poor mental health includes stress, anxiety and depression. Differences between LGB and other or questioning high schoolers are not statistically significant.

Source: Centers for Disease Control and Prevention, January-June 2021 Adolescent Behaviors and Experiences Survey.

PEW RESEARCH CENTER

Source: Pew Research Center

## Past-Year Serious Mental Illness (SMI) among Adults Aged 18 or Older in the United States, by Gender, Race/Ethnicity, and Age Group (2019)<sup>6</sup>



Source: SAMHSA



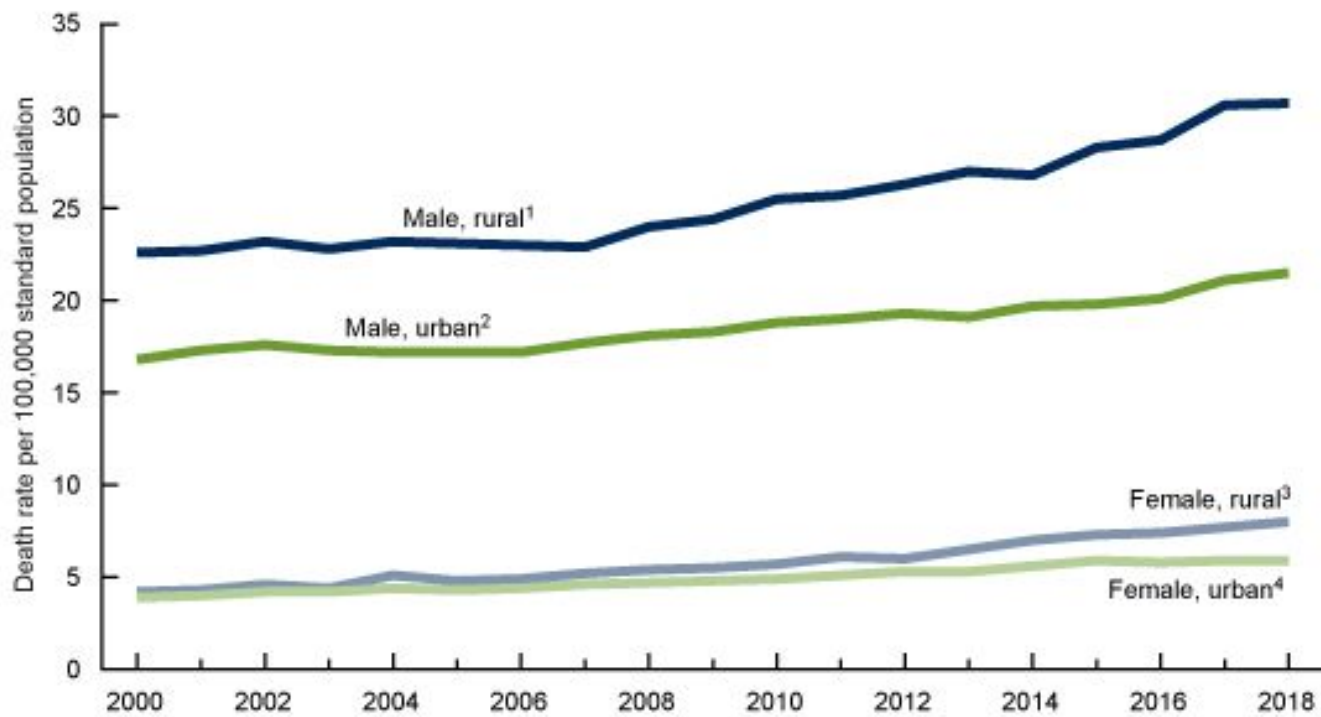


## Possible Implications

High rates of mental health illness and a shortage of mental health professionals in rural areas can lead to numerous negative outcomes because of lack of treatment. Some outcomes include:

- Suicide
  - Rate of suicide are significantly higher in rural populations
- Substance use
- Increased susceptibility to illness
- Homelessness
- Unemployment
- Struggles in school

# Suicide



Graph: CDC

# Substance Use

## Rural and Urban Substance Use Rates

(ages 12 and older, unless noted)

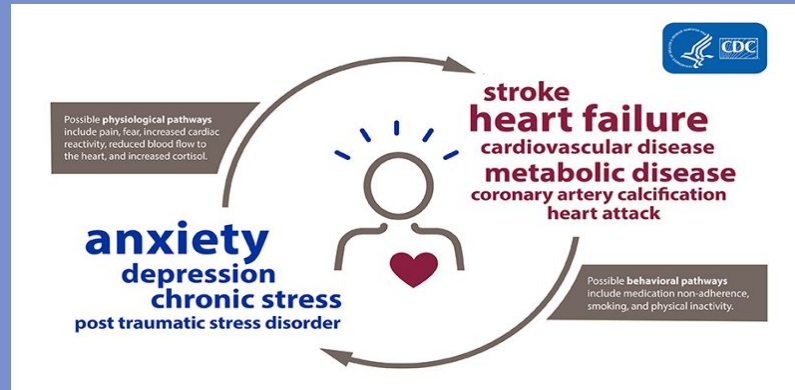
	Non-metro	Small metro	Large metro
Alcohol use by youths aged 12-20	33.2%	30.3%	28.5%
Binge alcohol use by youths aged 12 to 17 (in the past month)	6.0%	3.0%	4.3%
Cigarette smoking	22.9%	20.1%	16.2%
Smokeless tobacco use	6.4%	3.9%	2.1%
Marijuana	14.7%	18.5%	18.5%
Illicit drug use	18.2%	21.8%	22.0%
Misuse of Opioids	3.5%	3.8%	3.2%
Cocaine	1.0%	1.8%	2.1%
Hallucinogens	1.7%	2.6%	2.8%
Methamphetamine	0.9%	1.6%	0.6%

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), [Results from the 2020 National Survey on Drug Use and Health: Detailed Tables](#).

Source: Rural Health Information Hub

# Physical Illness

- Some mental illnesses have been shown to lead to negative physical illness such as heart disease, diabetes, and more (CDC).
- The costs for treating people with both mental health disorders and other physical conditions are 2 to 3 times higher than for those without co-occurring illnesses.



Source: CDC



# Homelessness

- According to the BBR Foundation, homelessness and mental health have a two-way relationship. Sometimes mental illness impacts homelessness and sometimes homelessness impacts mental illness. According to the BBR, some mental illnesses impact cognition and behavior leading to difficulty obtaining stable housing.



# Unemployment

According to the CDC, mental health issues can affect negatively employment in the following ways;

- “Job performance and productivity”.
- “Engagement with one’s work”.
- “Communication with coworkers”.
- “Physical capability and daily functioning”.

“Mental illnesses such as depression are associated with higher rates of disability and unemployment.”

- “Depression interferes with a person’s ability to complete physical job tasks about 20% of the time and reduces cognitive performance about 35% of the time” (CDC).



# Struggles in School

- In schools, untreated mental health concerns affect a multitude of areas. For example, many students that have untreated mental health issues have difficulty learning (New Hampshire Department of Education). Some students may have difficulty paying attention, some may have issues with memory recall, and some students avoid going to school as a result of untreated mental illness (New Hampshire Department of Education). These students struggle socially as well. Some students with untreated mental illness have a hard time maintaining friendships, some may self-isolate and not participate in activities, and some students have been shown to have numerous negative behaviors that result in discipline such as suspension or expulsion (New Hampshire Department of Education). These negative consequences heavily affect the student's self-esteem.



# Conclusion

- Adolescents and adults in the rural community are currently struggling with numerous mental health struggles. However, their ability to obtain mental healthcare is inhibited. The adverse effects of not being able to obtain mental health care are detrimental and risk the health of the students and adults in the rural community. People in the rural community can not obtain healthcare due to access, availability, stigma, and they have higher rates because of many different risk factors.
- The possible implications of not receiving treatment for mental health are suicide, substance use, homelessness, unemployment, and physical illness.





# Thank You

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Tim Luikart, Director of Counseling at Montevideo Middle School

Teresa Rice, Supervisor of Child Adolescent Clinical Services at Harrisonburg-Rockingham CSB

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