

Lesley University

DigitalCommons@Lesley

Expressive Therapies Capstone Theses

Graduate School of Arts and Social Sciences
(GSASS)

Spring 5-5-2023

Working with What You Have: A Literature Review of the Culture and Accessibility of Mental Health Therapy in Rural Communities

Paige Tiefenthaler
ptiefent@lesley.edu

Follow this and additional works at: https://digitalcommons.lesley.edu/expressive_theses



Part of the [Social and Behavioral Sciences Commons](#)

Recommended Citation

Tiefenthaler, Paige, "Working with What You Have: A Literature Review of the Culture and Accessibility of Mental Health Therapy in Rural Communities" (2023). *Expressive Therapies Capstone Theses*. 676.
https://digitalcommons.lesley.edu/expressive_theses/676

This Thesis is brought to you for free and open access by the Graduate School of Arts and Social Sciences (GSASS) at DigitalCommons@Lesley. It has been accepted for inclusion in Expressive Therapies Capstone Theses by an authorized administrator of DigitalCommons@Lesley. For more information, please contact digitalcommons@lesley.edu, cvrattos@lesley.edu.

**Working with What You Have: A Literature Review of the Culture and Accessibility of
Mental Health Therapy in Rural Communities**

Paige Tiefenthaler

Lesley University

May 5, 2023

Paige Tiefenthaler

Specialization: Clinical Mental Health Counseling: Expressive Arts Therapy

Thesis Instructor: Rebecca Zarate, Ph.D., LCAT, MT-BC, AVPT

Abstract

This thesis explores the existing literature on the culture, values, ideals, and challenges experienced in rural areas. The influence of social and physical barriers on rural life is examined with emphasis placed on evaluating the cultural effects of isolation, the dependency on a community, and local pride and reputation. The existence of mental health therapy resources within these areas is examined to understand why rural residents struggle to receive care and how cultural factors influence help-seeking behaviors. Further research explains the therapeutic interventions that are commonly found within these areas, their benefits, and their challenges. Potential mental health therapy interventions are outlined within the context of how they apply or can be adapted to rural communities and examples are provided to show ways of overcoming mental health stigma and help-seeking barriers. This literature review is done to educate readers about rural living and promote research surrounding mental health issues within rural communities.

Keywords: Rural, Rural Culture, Mental Health Therapy, Help-Seeking Behavior,
Barriers to Care

Working with What You Have: A Literature Review of the Culture and Accessibility of Mental Health Therapy in Rural Communities

Introduction

Rural communities have a small amount of research dedicated to them, with the topics typically relating to the production possibilities of these areas, but very few exist that focus on this population's culture, values, and challenges (Christman, 2017; McDonald, 2021). While multiple resources are focusing on things like the weather, agriculture, and businesses, few describe or examine the lifestyle of rural residents (Dunne et al., 2021; Herron et al., 2020). Members of these communities are proud of what they can produce, but daily living within these areas comes with challenges. Along with dangerous occupations, isolation, addiction, and poverty, there is a critically underserved mental health crisis (Herron et al., 2020; Vayro et al., 2020). Despite the high demand for such resources, the population is widely overlooked or forgotten within the mental health field (Crowther et al., 2010; Herron et al., 2020; MacLeod et al., 2016). Barriers such as few available clinicians, physical distance, and misguided stigmas prevent rural individuals from finding aid regardless of effort or dedication to searching (Al-Abdulmunem et al., 2021; Schroeder et al., 2021). Additionally, rural community members often hold unfavorable beliefs about mental health and go without proper education or services to assist these needs. If an individual is so fortunate to find professional mental health assistance, the therapist themselves may not be fully aware or prepared to work with rural residents as clients due to the lack of education, training, and resources focusing on cultural contexts for these communities. With one-fifth of the United States population taking residence in these locations, it is important to understand their lifestyle so collaboration, aid, and strong connections can be possible (Flora et al., 2016).

One goal of this critical review of existing literature is to educate and raise awareness about rural life while providing specific information about their culture, values, and help-seeking tendencies. Within this exploration, rural therapeutic practices will be examined and elaborated upon. Due to the many challenges, beliefs, stigmas, and misunderstandings about therapy that persist within these communities, it is important to evaluate the accessibility and types of therapy used. An elaboration of the barriers to mental health care and whom rural residents seek out for mental health aid will also be given.

The debate surrounding the proper definition of a rural community has been occurring for many years. The word “rural” itself is defined as “of or relating to the country, country people or life, or agriculture” (Merriam-Webster, 2023), but this leaves room for much grey area and various interpretations when determining whether a community matches this description. The National Governor’s Association (2019) explains, “no universal definition of ‘rural’ exists for policy considerations, but several ways exist to describe ‘rural’ for tracking, monitoring and evaluation purposes” (p. 7). They elaborate further to describe how some corporations, such as the Office of Management and Budget, use metropolitan statistical areas (urbanized areas with at least 50,000 residents) to define urban areas, and anything outside of these is described as rural. The U.S. Census Bureau (2021) recognizes metropolitan statistical areas, but they also have two types of urban areas: “urbanized areas” (minimum of 50,000 residents) and “urban clusters” (between 2,500 and 50,000 residents), with rural areas being considered as anything that falls outside of these parameters. By only considering rural to include places with 2,500 or less in their population, research is extremely limited, and little information about these areas would be available. The feeling and experience of rural living would be invalidated for many communities

by making the required population too small, so for this literature review, rural will be defined as any community with a maximum population of 50,000 people.

Method

To conduct this research, any existing articles related to the topic were collected from Lesley University's online library and Minnesota State University, Mankato's online database. A series of keyword searches in English were conducted on EBSCOhost, ProQuest, ScienceDirect, and others to find relevant, peer-reviewed articles. Boolean keychain searches were implemented using keywords, such as "mental health therapy" AND "rural." The APA citations of the articles were then recorded in a Microsoft Word document. Once this process was complete, the citations were evaluated to find which themes were present, and which were missing. The selected articles were judged based on how well they explored the cultural contexts of rural living, how recently the research was conducted, if the concepts would appropriately apply to rural populations, and if the key themes significantly related to this paper's topics.

After all existing literature had been researched and organized, an outline was created based on prevalent subject areas within the landscape of the research topic. Headings and sub-headings were arranged to explore and examine major issues in the research. The collected article citations were placed within their relevant sections of the outline to help categorize the data and prepare the writing. During the initial research stage, each article was read, and relevant notes were recorded, including direct quotations, personal notes or ideas, and a summary of the reading. Possible ways to utilize this information were also recorded, such as noting a subheading in which a particular quote would be applicable.

Throughout the process, creative methods were utilized to assist with interpreting information, reflecting on the progress, and expressing any thoughts or emotions. Various

mediums were used, including voice recordings, journaling, a few sketches, and a whiteboard to help organize and evaluate the information.

Literature Review

Understanding Rural Cultures

Any information non-rural people claim to know about rural communities is often based on vague or misinformed stereotypes, such as "...images of isolated, relatively self-sufficient, and sometimes backward or unsophisticated cultures" (Flora et al., 2016). These ideas insinuate that these areas are uneventful, boring, indistinctive, and valueless, but a closer look into rural communities shows a greatly different perspective. From the economic view, there are a plethora of ways rural communities contribute to the nation of the United States; including "food security, protection of ecosystem services...and a value system connected to both the land and human relationships" (Flora et al., 2016, p. 26). Additionally, the conditions of rural places have an impact on emigration and immigration rates and access to medical care (Gallagher, 2021). The contributions made by rural communities can be seen from a statistical standpoint, often in science and politics, however, there are rural cultures, connections, attitudes, and experiences that cannot be understood unless witnessed firsthand. According to Christman (2017), "no one who had not grown up in a little prairie town could know anything about it. It was a kind of freemasonry" (p. 93). Because of this, the recording and description of rural lifestyles are important and necessary for individuals who conduct research, or for those who want to move to, work with, or understand this different environment.

Values and Ideals

Rural communities share similar values including frugality, independence, hard work, patriotism, fear of outsiders, religion, community, and tradition (Flora et al., 2016; Herron et al.,

2020). These values are influenced by several factors, such as the available jobs, how close the community is, and how isolated they are from other towns. For example, the value of independence can be seen in how, despite strong community ties, rural people are very self-reliant. It is common practice for individuals to not ask for help unless absolutely needed, such as in a natural disaster or when all other options have failed, and instead are resourceful and enduring through difficult times (Vayro et al., 2020). There is a belief that not being self-reliant is a sign of weakness, so they would rather utilize what is around them or their abilities to get by (Thorne & Ebener, 2020; Vayro et al., 2020). Additionally, it is common to only ask for help when the individual is still able to provide help to others and contribute at the same time (Herron et al., 2020).

Hard-Working Careers

One factor that promotes this self-reliant behavior is the type of jobs available within these communities. As described by Al-Abdulmenum et al. (2021, p. 713), “most jobs depended on local industries, which varied from state to state (e.g., factories in rural Ohio and farms in rural North Dakota).” It is crucial to understand that these occupations often influence their workers’ behaviors since they are commonly seen as a lifestyle, not just an occupation (Vayro et al., 2020). The work is rigorous and physically demanding while emphasizing independence, toughness, and resiliency (Herron et al., 2020). Due to the pressure of finishing tasks before deadlines, such as the change of seasons, workers in these fields “are likely to face multiple competing demands on their time and resources, and these require them to prioritize based on the degree of urgency of a given demand (e.g., repairing a broken fence to prevent loss of livestock)” (Vayro et al., 2020, p. 153). Rooted in this never-ending work, there is an attitude of “no-nonsense,” with the workers putting in more hours than the average and not being able to mess

around or take time off (Herron et al., 2020). In one study, for example, fifty percent of farmers reported working 49 or more hours a week, with twenty hours or more every day during harvest season (Vayro et al., 2020). This impacts other careers, such as factory workers or truckers who may spend long hours working or must travel long distances for their job, which leaves little opportunities for spending time with family or friends (Herron et al., 2020).

Agrarian Values

This “no-nonsense” mentality is connected to workers’ lives and habits and can be seen even in their chores, education, religion, and speech, which tends to be “simple, direct, honest, and straightforward” (Miller et al., 2018). For men, this stoic nature is among agrarian values, which are highly emphasized and place great emphasis on masculine characteristics, including strength, working hard, and independently solving problems (Herron et al., 2020). At one time, traits like these were seen as a standard for men because they benefited their jobs, and by extension, were how a man could earn money to support his family (Herron et al., 2020).

Women, in turn, were originally in charge of maintaining the household and raising children, so their nature was cherished for being gentle, kind, and emotionally intelligent (Herron et al., 2020; McDonald, 2021). However, factors like “economic restructuring, population migration, climate change, and broader social changes (e.g., fathering practices)” are altering gender roles but these former values are still in existence and taught to the next generations of rural residents (Herron et al., 2020).

Community

As often depicted in media, rural areas are located away from large cities and are found to exist among natural environments. The experience of isolation provides a strong foundation for building tight-knit communities in rural areas (Flora et al., 2016, p. 14). A community can be

used to refer to multiple things; a place where people interact with each other, part of a social system that helps a group of people fulfill their needs, or to describe the sense of shared identity within a group (Flora et al., 2016, p. 14). For rural residents, communities were crucial to the survival of a town because residents often relied on each other for survival. Reupert et al. (2016) describe how “everyone knew everyone,” and it was common for the same families to remain in a town for multiple generations. This level of familiarity promoted friendliness and support, which is evident in the value of helping others in times of need, such as assisting in raising children or providing extra hands for labor (Herron et al., 2020, p. 6). The same community members spent time together in social groups where they shared ideas and interests. Over time, these practices became social norms, then eventually, helped shaped rural culture. For example, certain things were deemed respected, including “respect for family, respect for religion, respect for education, honesty, selflessness, and respect for the environment” (Christman, 2017, p. 95), with others focusing on characteristics of the people, such as being hard-working and patriotic (Flora et al., 2016, p. 73). Culture formulates the attitudes and behaviors of people by informing them about what is right, what can be changed, how to treat others, what actions are unacceptable, and much more (Flora et al., 2016, p. 73). Those that understand this can adapt and be accepted well, but those who do not understand or refuse to adapt may feel alienated from the community. Working and living in small towns may not be appealing to many people since there it is not as exciting as an urban area. However, many people choose to live in these places for other reasons. Some like the safe and family-friendly environment, the quiet from the lack of noise, the strong community, smaller schools, lower cost of living, or the pursuit of a specific career.

Family Legacy as a Community-Cultural Dynamic

While a community may influence its members, families have the greatest impact on what is considered favorable. Parents teach their children about family legacies. These are typically thought to only include material items, such as property or heirlooms, but they also involve ideals, family reputations, speech, dress, behaviors, and how to understand and exist in society (Flora et al., 2016, p. 16-17). Legacies and reputations can influence a person's role in a community, such as future jobs, certain behaviors, or how a family is perceived by social groups. Depending on the family, emphasis may either be placed on maintaining or eliminating that reputation. Both options can take a toll on the individual as this pressure can add stress and extra responsibility to their life, but they also can provide additional benefits like better social connections or favoritism. Children may struggle to escape family ties that are unhealthy or negative, or they may struggle to fulfill the demands needed to uphold the family image. This pressure can be daunting with many of the individual's actions being subject to scrutiny.

Localism and Community

Pride for family, town, and state is called localism, which is abundantly found in rural areas (Christman, 2017, p. 96). This impacts a community in two ways; the formation of a coherent identity and the reinforcement of isolation (Flora et al., 2016). When someone is seen as a town local, there is a level of familiarity that represents more than being from the same place, it involves recognizing relations not just in the family. There is a shared bond between community residents that helps them define who understands them and with whom they can form connections. There is a symbiotic partnership between the community members and the local institutions, which Flora et al. (2016, p. 15) describe by stating, "the ways that people interact shape the structures and institutions of the locality. Those structures and institutions, in turn, shape the activities of the people who interact." Failing to connect and adapt to local ways can be

harmful to a person. In response to not fitting in, “a person might feel intense alienation and disgust, which one might project inward— *What is wrong with me?*—or outward, in a kind of bomb-the-suburbs reflex” (Christman, 2017, p. 98). Trying to find other ways or other groups to belong can be extremely difficult due to the limited options within these areas.

Since rural places have a smaller population and are geographically further away from other locations, the community experiences isolation physically and socially (Al-Abdulmenum et al., 2021; Herron et al., 2020; McDonald, 2021; Vayro et al., 2020). Rural communities are often located sizable distances from other towns or cities, so exchanges of information, goods, and communication can be challenging. It takes a greater amount of time for new things to come into rural towns, such as new ideas taking more time to be received and shipments of goods needing to travel long distances and venture further from suppliers. Without these means, progress is slowed, and older mentalities, strategies, or traditions are maintained. The idea “if it's not broke, don't fix it” applies to rural communities as there is often a level of fear associated with change.

Religion and Spirituality

A great factor in the lives of rural residents is the presence and importance placed on religion and spirituality. A 2018 survey of United State citizens indicated that “...most Americans (74%) in the U.S. self-identify with a Christian religion, and an increasing number identify with either a non-Christian religion (5%) or no religion at all (21%)” (Abernethy et al., 2021, p. 273). It is crucial to differentiate religion and spirituality because, while they are often connected, they are not the same. When referring to religion, this paper used Oxhandler et al.'s (2018) definition of it being a “system of beliefs and practices observed by a community, supported by rituals that acknowledge, worship, communicate with, or approach the Sacred, the Divine, God . . . or Ultimate Truth, Reality, or nirvana” (p. 337). Alternatively, Oxhandler et al.

continues to define spirituality as a “personal quest for understanding answers to ultimate questions about life, about meaning, and about the relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and formation of community” (p. 337). Being religious benefited rural communities in a few ways. First, it gave rural residents a designated place and time to gather and socialize each week. Religious groups add another layer of localism since the attendants are typically the same and they can grow common beliefs and practices. With the influence of religion, so grew the influence of the religion’s teachings on people’s everyday behaviors. Messages, such as being kind to others and trying to do the right thing, can be seen incorporated into the rural culture and, over time, become a core component of these locations (Christman, 2017; Flora et al., 2016). Since religion and spirituality are so highly integrated into rural residents’ lives, religion has become both a value and a cultural norm (Walsh et al., 2021). However, if someone does not fit in or does not practice the same religion, they may face scrutiny and shame from other community members. This can cause stress, isolation, and potential trauma for those who either follow a not-as-popular religion or who practice no religion at all, regardless of spirituality. Since the “most practiced” religion depends on the location, understanding a place’s specific teachings and the locals’ relationship to them is vital to coexisting with the community.

Community Progress

Breaking traditions or getting new things can be exciting, but it also comes with the chance of losing part of your shared identity, having to admit that the “old way” was wrong or outdated, and adapting to the change may take more time than is available, especially in a community where fast results are desired. Progress in engineering has allowed laborers to complete their jobs more efficiently and in larger production, and such advancements have been

vastly welcomed (McDonald, 2016). According to Flora et al. (2016), "...globalization, connectivity, and lifestyle changes with shifting income distributions have changed the character of rural communities; they are neither as isolated nor as homogeneous as they once were" (p. 8). Thanks to various developments, namely the advancements in technology and transportation, it has become much easier to be connected to other parts of the world. Additionally, "...social media provide new communities and a source of identity" (Flora et al., 2016, p. 14). No longer do letters need to be the main way to contact others, now it only takes seconds to speak with someone who is not physically in a person's vicinity. Roads and the creation of interstate and highway systems have also helped connect rural residents to the outside world. These routes create fast and easily navigable ways to visit others and travel safely. With this, cars being owned by much of the population allows everyone to traverse greater distances without relying on other people or public transit, which is also not commonly found in rural places (Flora et al., 2016, p. 15). Changes are starting to be seen within rural populations where residents are starting to adopt new ways of thinking and a new definition of rural life (Flora et al., 2016).

Immigration in Rural Communities

Progress can be seen not just in how rural residents think and live, but also in the growth of diversity. According to Flora et al., (2016), in the United States "when counties are ranked by the extent of ethnic diversity, rural counties are among both the most and least diverse. Fourteen of the thirty most diverse counties are rural." This phenomenon occurs because rural communities offer a lower cost of living and jobs that require many laborers, especially jobs that many would deem undesirable (Flora et al., 2016; Rockler et al., 2022). Herron et al. (2020) explain, "more recently, shifts toward large-scale capital-intensive farming as well as economic diversification have changed the rural culture and composition of the region, including the

growth of the meat processing industry, which has attracted more immigrants to rural and small-town settings” (p. 2). With the growth of immigration and racial diversity, new additions to cultural influences and values are being seen. As these people bring new perspectives and life experiences to rural regions, they also bring diversity in “family values, etiquette, spiritual beliefs, holidays, nutritional habits, beliefs about health and teaching or learning implications” (Figueroa et al., 2021, p. 26). With this pattern continuing, rural communities will have a direct impact on immigration and emigration patterns, which influences the entire United States economy (Gallagher, 2021).

Mental Health Counseling and Therapy within Rural Populations

Therapy in rural communities is an important discussion to hold due to the severity in which therapy is under-resourced and underutilized (Al-Abdulmunem et al., 2021; Scafe et al., 2021). According to Scafe et al. (2021), “less than 20% of the U.S. population lives in rural areas; however, over 85% of all federally designated mental health professional shortage areas are in rural regions” (p. 269). As a result, a significant number of rural individuals are living without adequate mental health support. Compared to rural residents, urban residents are “47% more likely to receive any type of needed mental health treatment and 72% more likely to receive specialized mental health treatment than rural residents” (Scafe et al., 2021, p. 269). This chapter will explore the factors that impede rural populations' access to mental health services, prevalent mental health conditions in these communities, and the types of mental health services they typically seek. Acquiring this information is pertinent to maintaining the responsibilities of therapists; to provide services that uphold the standards and ethical codes, are culturally sensitive, and are within the realm of the therapist’s training and abilities (Ward & Brown, 2015).

Mental Health Issues

There are many common mental health issues and challenges in rural communities. Awareness of these issues allows future mental health clinicians to adequately prepare for serving rural clients and encourages resources to become better informed.

Loneliness

Due to the familiarity between rural residents, these communities are very tight-knit, and the members are often highly involved in activities. However, the isolation that occurs in these areas also contributes to loneliness. The physical distance between houses and towns may span multiple miles and it could take extensive time to travel to a more-populated location. This geographical boundary may result in individuals going long periods without interacting with anyone beyond their immediate family. This means that children may only have their family members or a small selection of neighboring children to play with. While these friendships and connections can last a lifetime, it is still possible for the children to not get along. If a child has trouble fitting in with a group, then they have few other options for friends. The child may resort to playing by themselves, and a sense of loneliness can develop. If this continues, they could face self-esteem issues, difficulty relating to peers, and bullying. This loneliness of not fitting in could occur at any stage in a person's life.

Adults in rural communities may get lonely because of the limited time or options available for socializing. If they live in the country, they may seldom run into town because the trip is too time-consuming or too tasking to do more often. Their only options for interacting with other people are their families and any employees who work on their property. Unhealthy connections and repetitive interactions with the same people can lead to interpersonal issues like teasing, misunderstandings, and hostility if not addressed. Another option for handling this

situation may manifest as a person choosing to isolate or only communicate with others when necessary. Without external social interactions, a person may develop feelings of loneliness, which can take a toll on their mental health (Wike et al., 2022). Loneliness increases the likelihood of developing depression and inhibits emotional release. Outside-of-family interactions promote emotionally beneficial conversations, the sharing of new ideas, and distractions from family-related problems. This type of loneliness can be especially true for elderly residents since aging adds additional challenges to socializing. Energy levels may decrease, so seeing other people may be more tasking, medical conditions may add barriers to how one could interact with others (such as if they can leave the house), and they may struggle to create friendships as their former friends may pass away or lose contact (L'Heureux et al., 2022).

One experience that is particularly unique for rural residents is being an empty nester. This happens when children grow up, leave their parent's house, and move away from their hometown. They do this for a variety of reasons, but it is often because the child moves away to pursue a better job or higher education. When this occurs, parents may not see their children for an extended amount of time. This could result in the parent not being as connected to their child, they may not view themselves as important, and they may lose a primary source of socialization. Rural residents are more likely than their urban counterparts to experience an empty nest, and the loneliness that comes from this leads to other mental health issues, such as depression.

Depression

Rural residents, especially farmers, have an increased risk of mental health problems (Vayro et al., 2020) but they often never address them and instead choose to keep them private. Depression is one of the mental issues that often stays silent and is not discussed in rural

communities (Herron et al., 2020). Mental health issues are often heavily stigmatized in rural communities, as their symptoms may contradict traditional rural values. This may result in disbelief towards mental illness and individuals who experience it being perceived as weak or attention-seeking. Men have a particularly hard time with this. As described by Herron et al. (2020), “research indicates that men generally endorse and internalize more stigmatizing views about depression than women; they often judge and express mental distress differently than women; and they are less likely to seek support through the use of services” (Herron et al., 2020, p. 1). Maintaining their masculine image inhibits them from seeking care, and not discussing the issue prevents any progress in overcoming mental health stigmas.

Numerous things may contribute to the emergence of depression, such as loneliness, the death of a loved one, unsolved problems, and significant stressors. Feelings of hopelessness, low energy, and little joy can make people question the purpose of their lives and whether they want to keep going. There is a suicide crisis in rural areas, and according to Vayro et al. (2020), “farmers have some of the highest rates of suicide in any industry” (p. 1). When deprived of mental health assistance, individuals experiencing depression may be unable to combat negative thoughts, potentially resulting in suicide attempts using any of the various tools commonly present in rural homes. Farmers and other laborers often have the equipment needed to complete chores and they may own guns for protection or hunting, and these potential weapons are not typically kept secure. It can be found in easily accessible locations, and it is common for someone to be alone while they work. Christman (2017) described his experience with suicidal ideation while growing up in a rural town; “owing to a basically phlegmatic temperament, and the fear of hurting my parents, I made it to college without committing suicide; there, the thing solved itself. But I worry what would have happened-- what does often happen-- to the kid like

me, but with worse test scores, bad parents, an unlocked gun cabinet” (p. 98). When there is no outlet for a person to express their emotions, thoughts, and experiences or no way for them to find help, depression can overrun their lives and make daily functioning and tending to responsibilities extremely challenging.

Stress

Rural residents share many common stressors with their urban counterparts, such as stress related to raising families, maintaining relationships, providing good education and environments for kids, and keeping stable housing. However, some stressors are only experienced in smaller towns, specifically within agrarian professions. As illustrated by Vayro et al. (2020), “stressors that arise from the nature of the occupation (long working hours) or the context in which it is conducted (unstable or damaging weather patterns) tend to be chronic and universal” (Vayro et al., 2020, p. 152). Some of the occupational hazards that come with agricultural work are either unavoidable or little work is done to change the circumstances. One such risk is overworking the body, which takes a toll on a person’s physical and mental health. Physical strain and exposure to dangerous equipment are common in labor-intensive jobs, often leading to various physical ailments. This can range from minor injuries such as broken bones, joint problems, and cuts to more severe outcomes like loss of limbs, diseases from chemical exposure, and even death. Worrying about these possibilities while continuing to work every day can cause paranoia, avoidance, or anxiety about the work, and often the answer for dealing with these is to work harder as opposed to seeking help from others (Vayro et al, 2020).

Part of the reason for extending these work hours is because of time constraints placed on farmers. There is only a certain amount of time available to grow crops and raise livestock before they are typically sold. To make their money, farmers need to ensure that all the required work is

completed before these deadlines, and the quantity of what they can produce directly impacts their income. It is crucial to make the most of their time to avoid the risk of not generating a profit and encountering financial challenges. Things that may delay or inhibit production include wild weather patterns such as droughts or natural disasters, few workers available to help, changes in market prices of their products, and broken or insufficient equipment. The majority of these factors are outside of a farmer's control and often unpredictable, resulting in stress related to financial stability and survival. Vayro et al. (2020) state, “a sizable number of farmers also experience poor financial well-being with 27.5 percent of farmers considering themselves as ‘just getting along’, ‘poor’, or ‘very poor’ in terms of financial standing” (p. 152). Mental health professionals must be mindful of this financial strain and prepare to be accommodating or explore alternative options for payment, such as exchanges in goods.

Emotionally Stunted

Cultural contexts show how rural people perceive emotions and feelings. Rural populations are often raised to be stoic and tough, with little to no education on emotional or mental health, resulting in various issues. To begin, rural residents are emotionally stunted due to them suppressing their emotions and keeping them private for as long as possible. Not embracing their feelings leads them to restrain their expressions, which can make a person hard to understand and miscommunication may occur. Interpersonal relationships can be negatively impacted by this as people do not say what they truly feel, and emotional bonds are difficult to create. Conflict may transpire because the involved parties are not emotionally educated to handle their problems and speak to each other with emotional intimacy and compassion. An individual's inner thoughts are not told to others and anything that seems too emotive is quickly judged and denied. A person could be judged for being too emotional, dramatic, and sensitive,

which can lead to exclusion and relational problems. Without this ability to express themselves, rural individuals are not living their experiences to the fullest and nothing is properly described, understood, or processed. Christman (2017) explained his experience of this while growing up in the U.S. Midwest by saying “...there is a restraint against feeling in general. There is a restraint against enthusiasm (“real nice” is the adjective-- not “marvelous”); there is restraint in grief (“real sober” instead of “heartbroken”); and always, always, restraint in showing your feelings...” (p. 99). Being emotionally stunted also influences this population’s help-seeking behaviors since not fully experiencing their emotions inhibits their awareness of how bad a situation is getting, the negative impacts of their symptoms, and when to ask for help. Instead, they keep avoiding their feelings until the day comes when they are impossible to ignore. Children being taught this perception of emotions from a young age keeps this cycle going, and it does not change unless a significant intervention occurs.

Minority Group Struggles

Most of this text has been centered around either a generalized experience of rural cultures, but it is important to see the perspectives of minority groups. As previously discussed, rural communities often expect individuals to conform and adapt to the majority. The next step is to explore the implications when such conformity is not feasible. This is crucial information for understanding rural areas, especially within the context of mental health therapy because minority groups will have unique problems and challenges. This section will explore the experiences of LGBTQ+ and BIPOC individuals and how they navigate rural living.

LGBTQ+

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals have unique experiences when living in rural areas because they have significant cultural pressures

influencing their ability to express their sexuality. Trying to adapt to rural social standards can mean conforming to what is considered “right” or “normal,” and for various reasons, homosexual relationships and gender diversity is not included. There are some connections between religious aspects and this idea because some religious concepts believe that queer relationships go against marital and moral values (DeChants, 2022). Another reason is that LGBTQ+ individuals break gender roles and diverge from the typical family concept (meaning a family needs to include a husband, wife, and children). For example, lesbian women may be perceived as more masculine than usual, and they may pursue career fields that are dominated by men. Her concept of a family involves loving another woman and not having any kids, which is not a normal experience for rural locations.

If an individual decides to express their queer identity, or someone else finds out, then they may face various problems, such as an unwelcoming environment, judgment, and possibly harmful interactions. As stated by Bettergarcia et al. (2022), “rural LGBTQ+ people may experience increased exposure to proximal and distal minority stressors such as increased discrimination and victimization and less comfort disclosing sexual or gender identities, perceived social support, and identification and involvement with LGBTQ+ communities than their non-rural counterparts” (p. 2). Minority stressors can be experienced in two primary ways; societally, such as stereotyping and prejudice, or internally, such as internalized stigma and self-isolation (Bettergarcia et al., 2022). Some societal stressors are more evident than others, such as violent acts fueled by hatred, but others may be harder to recognize. For example, a transgender individual may experience microaggressions like a person not using the correct pronouns. Revealing this part of their identity does not only impact the person, but it can also impact people associated with them. Whom a person spends time with reflects who that individual is, and

children are often a reflection of their family. If a child comes out as queer, the parents may face judgment and discrimination from others in the community. They may be told they were bad parents, or they did something wrong. The family relationship can then be strained depending on how the parents react to these messages and how they perceive their child. Some LGBTQ+ individuals risk being disowned by their families if they are not accepted (DeChants et al., 2022). If they have nowhere to live, then these people end up homeless and without resources. Because of the potential dangers, many queer people decide to hide their identities and pretend to be straight and cisgender. They can blend in with the other community members, and if they act accordingly, they do not face any safety issues. However, this takes a toll on the individual's mental health. Bettergarcia et al (2022) described how LGBTQ+ people have higher rates of mental health problems and are at a greater risk for suicide, panic disorders, depression, anxiety, and substance use. Combating these issues can be challenging, especially if they continue to have negative experiences with the rural community.

A significant factor in helping LGBTQ+ people with their mental health problems is finding a support system. Making connections with others who are accepting and supportive have positive impacts on LGBTQ+ people (Bettergarcia et al., 2022; Wike et al., 2022). Oftentimes, this is found in friendships with other LGBTQ+ individuals, but it can be found within the whole community. As stated by Bettergarcia et al. (2022), a “supportive community may be a key mechanism by which LGBTQ+ people and communities cope with discrimination and structural barriers to receiving needed care” (p. 2). Being free to express their identity encourages confidence, self-esteem, a better quality of life, and closer relationships. However, in rural communities, there may be a limited number of places where LGBTQ+ individuals are openly accepted. These people may have to travel great distances to find safe places, as such

locations are more likely to exist in more-populated areas (Bettergarcia et al., 2022). These spaces may include LGBTQ+-friendly coffee shops, bars, and gyms. Informal locations for leisure activities and formal spaces for meetings or events are equally important for creating a welcoming environment for the LGBTQ+ community (Bettergarcia et al., 2022). In addition to having a supportive community, rural LGBTQ+ people may seek mental health aid. Such a task can be difficult because of the limited options of mental health care providers. Not only is it hard to find an available provider in general, but LGBTQ+ people may have trouble finding one who is knowledgeable about queer culture and issues (Bettergarcia et al., 2022). They may face discrimination or be denied care by mental health workers because the practitioner may not feel qualified or open to working with these people. The challenges of accessing mental health services for rural residents are compounded by the need to locate accepting and well-informed providers.

BIPOC

As mentioned earlier, rural communities are some of the most and least diverse places in the United States. Rural areas can provide job opportunities, low housing costs, and other benefits, but for the black, indigenous, and people of color (BIPOC) community, they also show how much work needs to be done to create a healthy, diverse environment. In these locations, the BIPOC community experiences high rates of discrimination, medical problems, and mental health problems (Figueroa et al., 2021; Flora et al., 2016; Ward & Brown, 2015). This group's common issues include depression, diabetes, and addiction (Figueroa et al., 2021; Ward & Brown, 2015). Many of these problems can relate to the discrimination BIPOC people may face in rural communities, such as being avoided or ignored, subject to stereotyping, and not receiving proper health care interventions. The last example is especially significant within

mental health care because there tends to be an attitude of “one size fits all” among practitioners (Figueroa et al., 2021). Members of this community are outnumbered by the White population of rural residents, and so rural health care is focused on that group and their needs. When mental health counselors receive their degree, their education may touch on multicultural issues, but there it is typically under-informed, or they do not receive this education at all (Story et al., 2016). Each minority subgroup has its own distinct needs, experiences, and problems, and understanding these factors helps the practitioner provide the best possible care. When a BIPOC person does not feel welcomed or understood in mental health services, they are more likely than Whites to end treatment after just one session (Ward & Brown, 2015). Past negative experiences with healthcare providers and BIPOC individuals have resulted in cultural mistrust and apprehension, making it essential to create a safe and empathetic environment when treating this community. Previous studies have found that developing personal connections and relationships with the BIPOC community is essential to foster a sense of trust and care in mental health settings (Figueroa et al., 2021). Moreover, utilizing multiculturally competent and specific interventions can enhance the likelihood of diverse groups returning for additional treatment sessions (Ward & Brown., 2015).

Barriers to Care

An important area to explore when discussing mental health therapy in rural communities is what prevents residents from finding services. Many of these reasons can be related to rural populations’ help-seeking behaviors and how certain factors can inhibit mental health aid. As described by Scafe et al. (2021), “personal and public stigma, a sense of shame, and worries about being perceived as weak or that others will think the patient is exaggerated their symptoms/impairment all reduce help-seeking behaviors” (p. 269). There are various barriers

that contribute to this phenomenon, including “geographic isolation, finances, acceptability, stigma, confidentiality, self-reliance, pride, male gender roles, and a lack of knowledge about services” (Vayro et al., 2020, p. 153). The following sections will explore how isolation, stigma, education, privacy issues, and limited mental health professionals in rural areas influence the seeking of mental health aid.

Isolation

The isolated locations of rural areas are one of the biggest barriers rural residents face when accessing mental health services. Small towns typically have a limited number and variety of businesses, so it is common for there to be either no mental health services or for existing services to be booked to the point of unavailability. Subsequently, rural mental health clients must find services in other locations. Rural people may travel long distances to receive aid, which is not easily accomplished because of the associated struggles with traveling, such as taking time from work or being away from other important aspects of life for most of the day (Al-Abdulmenum et al., 2021; Herron et al., 2020; Scafe et al., 2021). Since rural communities value hard work and often cannot afford time off due to their jobs, many rural workers choose to forgo therapy unless necessary (Herron et al., 2020; Vayro et al., 2020). As discussed earlier, many rural residents own cars to help with transportation, but traveling these great distances means requiring more fuel and quickening the wear of the car, which may cause additional financial burdens on the client. Alternatively, if one were to not own or have access to a car, then options for travel are limited. A client may have to rely on rides from friends or family, which is not a favored practice due to their value of self-reliance, and because the other person is not always available (Al-Abdulmenum et al., 2021). Another limitation in accessing care is public transportation, such as buses, trains, or rideshares, because they do not often exist in rural areas,

especially ones that travel outside of a town (Reupert et al., 2016; Scafe et al., 2021). Without transportation, rural residents may either seek alternative care or give up searching altogether.

Overcoming Stigma

Another issue that arises for rural residents is overcoming any existing stigma relating to mental health. Rural populations have a higher level of stigma associated with mental health treatment than urban populations (Scafe et al., 2021, p. 269). Some stigmas include that people with mental health issues are weak, they are making it up, or they just want attention. There are also misrepresentations about mental health professionals, such as thinking they are mind-readers, will harshly judge a person, or they will force them to talk about their feelings. A key part of this stigma revolves around how seeking help goes against rural cultural values. Separating this part of their identity to embrace receiving care is not easy because they must relearn messages that were taught to them since they were young. As described by Vayro et al. (2020), “farming culture is ingrained in their identity, with traits such as ‘toughness’ and ‘independence’ highly valued, which may prevent help-seeking to protect positive self-image and manage others’ impressions” (p. 159). Being self-reliant and not needing assistance promotes resiliency and pride within a person, and not having those aspects or not being able to conform to social standards leaves them vulnerable to exclusion and ridicule (Flora et al., 2016; Herron et al., 2020). This is especially true for men since they must abide by certain gender roles, like being stoic, being tough, and not being vulnerable (Herron et al., 2020). Therapy is seen as very vulnerable, which is an act that they might not have done before and is considered taboo in rural culture. Therefore, the individual risks losing their personal image if others find out. The fear of this happening in addition to admitting that one needs help can make it difficult

for someone to find mental health assistance (Herron et al., 2020). Such a process can add stress and frustration to a person's life.

Lack of Education

Part of the reason why stigmas are so prominent for mental health in these areas is because of the lack of education for the residents. Due to a town's small size, there are not many schools within a district, and not much variety in the type of education a person may receive. Education is valued within rural areas (Christman, 2017), though there is a focus on covering the main subjects, such as reading, math, and science, while other subjects are not as emphasized. Schools may lack or undervalue multiple subjects, such as art or drama, and the curriculum may be biasedly taught depending on the local values and beliefs. For example, in a rural community where manual labor is valued and common, a school may place more emphasis on funding their woodshop classes over history. Not only can this cause problems for children who are interested in more unique topics, but it can also inhibit the students from being well-rounded and understanding various matters. This could also impact personal health because certain issues may have been deemed "inappropriate" or "unnecessary" to teach, such as mental health or sex education.

By not fully addressing mental health in schools, rural residents go through their lives not knowing about mental illnesses, how to manage stress, or ways they can help themselves if they are struggling (Story et al., 2016). Without these conversations, young people are taught the same messages and conceptions about mental health the adults received, and this can negatively impact the experiences of rural residents. For example, a parent may not address their child's mental health problem out of fear that the child will be thought of as incompetent or dangerous (Blackstock et al., 2018). To the child, this perpetuates the idea that their mental illness is

shameful, and it further stresses the cultural norm of not seeking help. Since mental illnesses are taboo, no conversations are held about how mental illnesses work, how it impacts a person, and why they are not something to be feared. Without any interventions, this cycle continues, and these people continue to suffer.

With new developments in technology and how information is spread, mental health education has become more accessible to explore with internet access. Social media sites, online discussion boards, and social movements have increased mental health awareness and have been teaching viewers through videos, articles, and personal stories. Additionally, websites for acclaimed institutions, organizations, or professionals are easily accessible, such as the web page for the National Alliance on Mental Illness. Despite the abundance of facts, misinformation can still be found throughout the internet. Skills needed to decipher what to believe or not can be difficult to develop, so people may be taught false information. This is especially true since people often follow groups or use websites that share common values, beliefs, and interests with them, so rural residents may habitually follow groups that misinform others about mental illnesses. As discussed earlier, it can be difficult for a person to relearn what they have been taught, so it may be easier to continue believing what has been told. Rural residents may desire helpful information, but the fear and challenge of the new information may prevent them from effectively changing.

Few Trained Professionals

For mental health professionals, working in a rural environment can be challenging yet rewarding. Due to the barriers inhibiting rural residents from seeking mental health aid, it can be difficult to establish oneself in the community. When a new person moves into a rural town, the locals want to know everything about them, such as where they grew up, their family, and their

beliefs. Some therapists may be uncomfortable answering these questions because they are very personal, and it adds to the complication of a dual relationship as a therapist and neighbor (C. Flora, personal communication, February 28, 2023). One experience of complex relationships for rural therapists is described by Walsh et al. (2021), stating it is “not uncommon to have different areas of their lives overlap with clients’ lives, from seeing each other in the community to having their children attend the same school.” Navigating these multileveled social relations is a difficult task and many mental health clinicians may not be able to manage them properly. Additionally, making connections to support their practice can be difficult because their career involves “taboo” topics. Rural residents may feel uncomfortable or weary of mental health professionals, so forming relationships, establishing trust, and feeling welcomed within a community may be difficult or take a long time. Once a therapist’s personal and professional reputation is established, then it may become easier to find clients.

From the residents’ perspectives, finding mental health services in their area may be challenging. Since few services exist in their town, that means there are only a limited number of mental health professionals available. It is common for these people to not have any availability, and their waitlists can be extensive. This phenomenon results in rural residents looking for other ways to receive services, such as traveling out of town. While this may be necessary, traveling frequently comes with challenges. As mentioned earlier, it is time-consuming, causes extra expenses, and may not be available depending on a person’s access to transportation.

Also, it may be challenging for a rural resident to find an affordable mental health practitioner. Due to services being scarce in these areas, therapists and other providers can charge great amounts for a session. It may be true that the provider has a specialty or is well-recognized, but other times, it is solely because they are one of the few options available for this

population. Rural farmers and other laborers may be tight on money due to their professions taking time to see a profit. In their eyes, paying for mental health services that take a long time for results may not be deemed as important as other life factors.

Privacy Issues

Due to small towns having a strong sense of community and everyone being familiar with each other, gossip tends to travel quickly, and even small news can be the topic of choice for many conversations (Christman, 2017). In a study by Herron et al. (2020), participants identified “gossip, isolation, shame, and fear” as problems they would face if they discussed their mental health struggles with others (p. 7). Additionally, if a rural resident does admit to having mental health issues, especially to someone they are not close with or who does not understand, they may face negative interpersonal consequences, like “avoidance, rejection, or relational damage” (Venetis et al., 2018, p. 653). For these reasons, ensuring privacy with rural clients is crucial to the therapeutic process and relationship. Therapists must take extra precautions and steps to help maintain and reassure the client that their right to privacy will not be broken (Reupert et al., 2016). Confidentiality agreements must be thoroughly discussed, and the therapist must take extra care in navigating any dual relationships. There may need to be unique privacy conversations, such as what the therapist and client might do if they are invited to the same social gathering. Some clients may prefer alternative meeting spaces if the therapist’s office is in a “too visible” area, such as on one of the main roads (Reupert et al., 2016; Scafe et al., 2021). In these cases, in-home sessions or telecommunication may be more favorable.

Typical Avenues of Care

When mental health professionals are unavailable, rural residents seek aid in alternative ways. These tend to be people they trust and who can handle and are open to the information.

Since these individuals are not professionally trained, the care they provide may align more with being supportive as opposed to providing interventions. Such aid may be seen as listening to the person express their feelings, giving personal advice, or problem-solving with known information and options.

Loved Ones

One care option that may be the most immediate and easily accessible are close loved ones, such as friends or family. This is a complicated dynamic because while they may be the most understanding and familiar with the person's problems, they also may be involved with the issue and act as a main source of cultural judgment. Discussing an issue with the wrong person creates the possibility of losing that relationship, risking their secrets being spread to others, and potentially becoming a source of shame for the family or friend group. Farm families may have a difficult time with this option since multiple members of the family tend to share and work on the same farmland (Herron et al., 2020). If one of them were to talk with the others about their mental issues, that would mean telling their boss or coworkers as well, which puts a dual dynamic and additional strain on the situation. This complexity follows into friendships because, while these connections may have been present for numerous years, the friends still may not be a good fit to assist with mental health issues, or they may be too closely connected to the problem.

Spiritual Leaders

Leaders of a religious or spiritual group may be a popular option for mental health aid. With rural communities placing a high value on spirituality, the leaders often become prominent figures within the town. They are well-recognized and become very familiar with the community. Rural residents respect and trust their guidance and perspectives, and seeking their help is more casual and less daunting. While they are a highly popular option for advice, this

help-seeking behavior typically occurs when the individual is looking for spiritual assistance, especially by those who “derive meaning and transcendence from their spirituality and/or who were struggling to live by moral standards and beliefs/values at the time of seeking care” (Abernethy et al., 2021, p. 277). Also, the guidance and advice given overtly focus on spiritual solutions or interventions (Abernethy et al., 2021). If a rural individual does not wish to incorporate spiritual practices into their aid or does not share the same beliefs, then recommending and seeking this type of help could do more harm than good. This is because such interactions may feel ingenuous, condescending, and uncaring to the struggling person.

Primary Care Providers

Another option for rural residents is to go to their primary care providers for mental health assistance. There are numerous reasons why people prefer this service, such as how the residents do not have to travel very far, they are already familiar with the doctor, and their privacy is protected. While help-seeking behaviors may be discouraged in these communities, going to a primary care provider for physical ailments is more accepted and common. Therefore, a rural individual can visit their standard doctor without other patients immediately knowing why they are there. Doctors are seen as knowledgeable and well-respected in the community, with their word being trusted by the patients, but a few challenges arise with their practices. To begin, rural towns vary in how big their medical center is, so there are times when a doctor may not be available. Also, these doctors tend to have more generalized knowledge of medicine and do not specialize in mental health issues. The education these providers receive varies on how much mental health issues were covered, with many of them receiving little to no education on the topic. Interventions are often limited in availability, and medication is often implemented as a main form of treatment. As described by Scafe et al. (2021), “rural patients are more likely to

receive pharmacotherapy intervention and less likely to participate in psychotherapy for the treatment of depression than urban patients” (p. 269). Providing treatment in this way comes with its challenges, such as deconstructing the stigma surrounding medication, trying multiple medications to discover which is the best option, or being provided with minimal other coping skills.

Telehealth

Due to isolation being a key issue for rural residents receiving mental health treatment, online therapy has grown in use. This method of accessing mental health resources may be desirable because of all the barriers it overcomes, including distance, privacy issues, and time management (Vayro et al., 2020). Rural individuals do not have to leave their homes and take time out of their day to go to therapy, and they do not have to risk being seen by others in public. These services may be found through a primary care provider's referral, finding it online, or potentially through word-of-mouth, and it may be less intimidating than an in-person therapy session. In 2020, the COVID-19 pandemic changed the way people saw medical providers and cause an increase in virtual services (L’Heureux et al., 2022). This included online mental health therapy as people began to struggle with forced isolation and increases in fear, anxiety, depression, and stress. Due to this event, the stigma surrounding mental health, especially online therapy, has recently lessened as more people utilize this option, but some challenges are still present. While the client may easily get access to specialists without needing to travel great distances, being virtual limits what the provider can observe. Online systems only show what is visible on-screen, so if a client hides a symptom, such as signs of self-injury, then that information is missed by the therapist. Not knowing such things means that the therapist’s judgment is misinformed, and they may not properly understand the client’s situation. Also, rural

residents may struggle to access the internet or have a stable Wi-Fi connection. This may be due to weather impacting the signal, not being able to afford the service or required equipment, or an internet company may not cover their location (Ford et al., 2022).

Discussion

This literature review looked at the existing research about rural culture, including common values, struggles, and community dynamics, as well as the existence of mental health therapy and help-seeking behaviors in these areas. Keeping in mind the cultural context of rural life and associated challenges with access to mental healthcare, the remainder of this review will focus on what can be done to overcome these challenges.

Education

The attitudes, stigmas, and fears surrounding mental health in US rural populations can be traced to a lack of relevant education on this topic. Instead of learning about mental health through reliable and valid means, often rural individuals learn about these issues through community and family ideals, or they encounter overly stereotyped and misleading media representations. Without accurate and unbiased information, the perceptions and understanding of these issues can be skewed and lead to further avoidance behaviors. By providing proper education on this topic, stigmas around mental health may be reduced (Schroeder et al., 2021) and tools will be provided that not only teach helpful techniques but will also assist in identifying symptoms earlier.

Schools

One way to combat this issue is by incorporating mental health education into schools' curricula, such as through social and emotional learning (SEL) courses that teach students skills around recognizing and managing emotions, maintaining healthy relationships, and appreciating

others' perspectives (University of Wisconsin Population Health Institute, 2016). Having conversations about these issues, in a place where students are allowed to ask questions and be curious, fosters an intrigue and understanding that can be crucial for future help-seeking behaviors. Younger children may not be able to fully grasp complex concepts yet, so beginning with simpler interventions, like incorporating calming techniques (such as breathing and grounding skills) or mindfulness (meditation, self-awareness, and acceptance) into classroom activities, can provide children with established habits and tools to be used when necessary. Such activities could be done as "quiet time" options, a technique for shifting subjects, test anxiety relief, or as a part of physical education classes. For adolescents, such a discussion could be covered in science classes when they learn about illnesses or biology, or in health classes alongside conversations about human development and substance abuse. Part of the goal for incorporating these interventions into classrooms is to improve the students' and teachers' mental health literacy. When students possess mental health literacy, they are "more likely to be aware of their mental health states and more willing to seek help" (Kutcher et al., 2014, p. 2).

One available tool to help with this is The Mental Health and High School Curriculum Guide, a six-module mental health literacy program designed for freshmen and sophomore high school students (Kutcher et al., 2014). This program is designed to be taught to teachers, who then use their natural skills and abilities in the classroom to educate their students about common mental health issues and symptoms. When this was tested in three Toronto schools, a 28-question mental health literacy test was given pre- and post-program to the students, which showed an increase in the average number of correct answers in the post-test (from an average of 15.45 correct answers to 19.5) (Kutcher et al., 2014). This suggests that this guide directly improved the students' mental health literacy. This study has been repeated to establish reliability and

validity (Kutcher & Wei, 2016; Kutcher et al., 2015) and the results were similar (though some of the content was adapted to be culturally relevant to the study's population). With this tool, teachers would be able to quickly facilitate and educate their students on mental health issues and provide a foundation for promoting mental health care in their lives.

Mental Health with PCP

Another option for destigmatizing and integrating mental health care into rural communities is to educate primary care professionals about mental health issues. These clinicians are already highly visited by rural residents and their offices provide a fair amount of privacy since others do not immediately know why a person is there. This would also be easier to access since these places are found within a rural town, or not too far away. Training these practitioners to recognize, diagnose, and recommend treatments can quickly assist this population and catch symptoms before they escalate. Such education may occur through seminars, conferences, staff meetings, or ideally as a distinct and important topic to be integrated into medical schools' curriculum. Having these resources readily available, and with a trusted adult, can make discussions about mental health less intimidating and remain respectful.

One main problem with utilizing primary care providers for mental health care is having limited time to dedicate to mental health treatment (Shepardson et al., 2016). Primary care visits are typically shorter in time length and quantity than mental health appointments, and it has been discussed how rural residents may not have much free time available, so time-limited interventions are preferred. Shepardson et al. (2016) described six CBT interventions that could be adapted to primary care settings, including psychoeducation, mindfulness and acceptance-based behavioral techniques, relaxation training, exposure, cognitive restructuring, and behavioral activation techniques. The authors emphasize how each intervention has its use and

how the practitioner must evaluate if they are qualified to teach it and if it would be beneficial to the client. Additionally, each one can be taught quickly and simply, such as by using tools as easy as a pamphlet or a brief 5-minute demonstration from the practitioner, while still providing support and aid to the client (Shepardson et al., 2016). By utilizing these interventions, rural residents could receive meaningful and beneficial mental health care from providers who are already available within the community.

Mental Health with Spiritual Leaders

Due to the rural value of spirituality and the community's connection to religion, spiritual leaders have a prime position to address mental health issues with rural residents. As discussed before, these people hold great respect and trust within their community, and they are commonly sought out for advice about faith, relationships, and morality. Providing mental health training to these individuals allows them to start conversations about mental health with others, and possibly reach a large amount of the community if they discuss it in front of an audience. While religious leaders typically take a spiritual approach to help others, mental health does not have to contradict their beliefs or practices. They can still spread their religion's message while aiding and answering with ways to help a struggling person.

One question to ask about this idea is how a community would respond to such interventions. A study was done by Weaver et al. (2019) to survey community members (n=63) at two Midwest churches to understand their depressive symptoms, help-seeking behaviors, and their perceptions of attending a church-based group depression intervention. The results showed that many of these rural residents (59% of the participants) were more likely to seek and recommend informal providers, including clergy, family, and friends to help with depressive symptoms, with only 22% of the study participants reporting they would rather see a mental

health professional. Despite these results, it is notable that about half of the subjects (54%) said they would recommend another person to seek out professional care (Weaver et al., 2019). When compared together, these findings insinuate that rural residents may believe it is more acceptable for others to utilize mental health professionals, but they may find it more personally comfortable to utilize informal means of care. Lastly, regarding the likelihood of attending a church-based group intervention program, the results showed that it would be a favorable option for the participants as 67% said they would consider attending the group and 80% of them stated they would recommend it to someone else. This study provides evidence for the success of church-based interventions by showing the high likelihood of individuals utilizing such a resource and how churchgoers believe it would be beneficial for their community (Weaver et al., 2019).

Therapy Interventions

Some of the hesitancy that surrounds seeking mental health assistance is that the therapeutic interventions or methods are unfamiliar or not well-fitted for rural communities. As described by the University of Wisconsin Population Health Institute (2016), “finding policies and programs that will work for your community requires a firm understanding of local priorities, needs, assets, and values” (p. 6). Additionally, finding interventions that fit their available time and utilize familiar materials can encourage rural residents to begin therapy and return for multiple sessions.

CBT

Cognitive behavioral therapy (CBT) is “a form of psychotherapy that focuses on modifying dysfunctional emotions, behaviors, and thoughts by interrogating and uprooting negative or irrational beliefs” (Cognitive Behavioral Therapy, 2023). It is a popular option for

rural therapeutic work because it has concepts that can be easily understood and are typically used for short-term therapy (Cognitive Behavioral Therapy, 2023). As mentioned before, finding sufficient time to dedicate to mental health treatment is a consistent challenge for rural people, thus time-limited interventions may be more appealing for this population. Also, the foundational ideas of CBT can apply to multiple struggles these individuals may face, such as stress management, adapting to what they can and cannot control, and reframing thoughts. One team decided to create a computerized CBT program, called Thrive, for assisting a US rural western community in combating their depressive symptoms (Schure et al., 2018). The three-module program is designed to be completed at the user's pace with the information being sufficiently communicated without being overwhelming. It is also an algorithm-based system, so the content adjusts to better suit each person's needs (Schure et al., 2018). Thrive was shown to focus groups, who provided qualitative data on how they believe the program would be accepted by their communities and how it can be improved. The investigators identified four main themes from the study's results, including the program's strengths surrounding privacy, user-friendliness, and accessibility, but found a flaw in its cultural competency (Schure et al., 2018). It was praised for meeting the needs of the users regarding protecting their privacy by being delivered online, being easy to operate while adjusting the content to the individual's needs, and how it was easy to utilize because it allowed for flexible scheduling. The main improvement suggested was to make the videos and examples more relevant to the target population by including rural-based scenarios and settings. Overall, the qualitative data supported the use of Thrive because of its ability to overcome various barriers to mental health care faced by rural residents. If adaptations are made for the program to be culturally relevant, focus group participants largely supported

utilizing Thrive to help address mental healthcare needs in rural communities (Schure et al., 2018).

Expressive Arts Therapy

Finding ways to emotionally express themselves is a problem many rural individuals face. Since they may not feel comfortable openly discussing their feelings, or they may not know how, expressive arts therapy is a potential avenue to address this challenge. According to the International Expressive Arts Therapy Association [IEATA], “the expressive arts combine the visual arts, movement, drama, music, writing, and other creative processes to foster deep personal growth and community development” (2017). Using the arts for therapeutic purposes allows people to create, analyze, explore, and elaborate on concepts that may be difficult to communicate with verbal language. For rural residents, this is an outlet that can fulfill personal needs and can be done using readily available materials. Art can be found anywhere, so it can be utilized at home, in public, or online. Such interventions do not have to only be done privately; others could be involved through community art projects, support groups, or recreational organizations. One setback of this option is how to best deploy this intervention to rural areas, since the arts are typically seen as vulnerable, emotional, and feminine, and are thus not valued within these communities. Rural individuals may believe that the arts do not align with their tough and labor-intensive lifestyles, so care and community engagement will be necessary to ensure the success of rural-centered expressive arts therapy. Work may be required to reframe rural people’s beliefs about the arts and what it means to engage with them. An example of how to use expressive arts therapy with rural residents can be found in a trial where isolated rural adults were paired with a volunteer who came to their house to talk, check-in, and create art together (MacLeod et al., 2016). After 10 weekly artmaking and connecting sessions, the pairs

could present their art and talk about their experiences. The qualitative results showed the participants reporting numerous benefits including feelings of safety, trust, and strong connection with their partner, an increased sense of pride for their work, feeling like their art reflected their experiences and who they are, and encouragement to continue creating art for themselves and those around them (MacLeod et al., 2016). Arts-based interventions can help reduce the experience of loneliness in rural communities, improve the quality of mental health conversations, expand interpersonal methods of communication, and debunk the stigma surrounding mental health and the arts in rural areas.

Nature-Based Therapy

Since expressive arts therapy may be new territory for rural clients, care must be taken to properly introduce this intervention. Executed correctly, clients' comfort can be maintained, and even skeptical clients could be gradually eased into artistic expression. Rural populations may respond exceptionally well to nature-based expressive arts therapy because of their physical location away from urban areas. Strong connections to nature are common for these people because of their higher levels of exposure to natural environments. This is greatly influenced by the reliance on the land beneath them for their livelihoods and to sustain the community. Many studies have been done on the effects of nature-based therapy, and their results are compelling. One such study, done by Oh et al., demonstrates the potential emotional and cognitive changes from being exposed to nature (2020). The investigators took previous studies done by other researchers and analyzed them to find possible mechanisms of action of nature-based therapy. Their analysis showed that clients experienced recovery by releasing pent-up stress hormones that would otherwise cause mental and physical illnesses. It is repeatedly observed that if a person does not experience nature, then they tend to be more aggressive and

depressed, have higher mental fatigue, and experience lower levels of self-esteem. Some participants started feeling better after just one visit, while others needed multiple. Once a person had a positive experience in nature, they were more likely to return to the location to relieve their stress. By utilizing this already-present resource, rural residents could access this intervention as needed and incorporate it into their self-care.

Telehealth

Lastly, virtual therapy sessions should be stressed and advocated as a manageable, cost-effective, and accessible way for rural residents to receive mental health therapy. As technology is becoming more advanced and objects like smartphones, laptops, and tablets are becoming more commonplace in people's homes, it is easier to hold online sessions than ever before. There have been efforts made to modify various healthcare practices for virtual care, including the arts (Keisari et al., 2021), palliative care (Gordon et al., 2022), psychoeducation (Dahiya et al., 2022), and family therapy (Agarwal et al., 2022), with many more adaptations surfacing frequently. By teaching this population the benefits and simplicity of online care, rural residents could accept virtual sessions as an easy and favorable method for therapeutic interventions.

Future Research

Due to the limited amount of research available for rural populations, future research can explore a vast number of topics. One possibility is looking at specific U.S. rural regions to understand their unique cultural factors and living situations since each features its own characteristics and difficulties in addition to the general struggles previously described. This could be taken further to explore how rural regions vary between countries. Another route could explore the efficacy and cost efficiency of the discussion suggestions. Such information, especially quantitative data, would help promote mental health services and gain support from

rural residents by showing them how therapy works and how it can improve the lives of the community. Extensive research should focus on online resources, such as examining how effective the therapeutic services are, how various therapy methods can be adapted to digital means, and the low-cost benefits available.

Limitations

Two main limitations arise for this literature review. First, the author has some bias about the experiences of rural residents because they grew up in a rural community. The viewpoints and examples mentioned were supported by the found resources and the author's past experiences. Additionally, rural communities and their culture change by location. This research focused on the general rural experience in the United States of America, and while there is much overlap with other rural locations (such as tight-knit communities and the types of jobs available), each place is going to have its unique characteristics and culture.

Conclusions

This literature review explored the culture and the accessibility of mental health resources in rural communities. This population is hard-working, self-reliant, and has a strong sense of community but lacks support for mental health issues. These individuals experience great deals of isolation, stress, anxiety, and depression, with little to no available mental health services in their area. Without many interventions, people either find new avenues for aid, such as asking spiritual leaders or finding virtual therapy, or they choose not to receive help because of social stressors and other life priorities. However, there are ways to intervene and promote mental health awareness in these areas. Work can be done to improve the education of this population, so they become more familiar with it, have a better understanding, and know that mental health issues are not shameful. Also, improving the availability of resources by utilizing services

already present within the community, including churches and schools, will help alleviate the inaccessibility and stigma surrounding these problems. Steps can be taken to break the inaccurate narrative about mental health, promote help-seeking behaviors, and educate rural residents about resource options.

References

- Abernethy, A. D., Currier, J. M., Schnitker, S. A., Witvliet, C. vanOyen, Luna, L. M. R., Foster, J. D., VanHarn, K., & Carter, J. (2021). Inpatient perspectives on the appropriateness of spiritually integrated interventions in a christian-affiliated program. *Professional Psychology: Research and Practice*, 52(3), 272–278. <https://doi-org.ezproxyles.flo.org/10.1037/pro0000367>
- Agarwal, S. M., Rodríguez Delgado, M., & Tapia-Fuselier, J. L., Jr. (2022). Meeting the needs of children through telemental health: Application for rural mental health using child–parent relationship therapy. *International Journal of Play Therapy*, 31(4), 216–227. <https://doi-org.ezproxyles.flo.org/10.1037/pla0000178>
- Al-Abdulmunem, M., Drake, R. E., & Carpenter-Song, E. (2021). Evidence-based supported employment in the rural United States: Challenges and adaptations. *Psychiatric Services*, 72(6), 712–715. <https://doi-org.ezproxyles.flo.org/10.1176/appi.ps.202000413>
- Bettergarcia, J., Wedell, E., Shrewsbury, A. M., & Thomson, B. R. (2022). “There’s a stopgap in the conversation”: LGBTQ + mental health care and community connection in a semi-rural county. *Journal of Gay & Lesbian Mental Health*, 26(1), 48–75. <https://doi.org/10.1080/19359705.2021.1900973>
- Blackstock, J., Byung Chae, K., Mauk, G. W., & McDonald, A. (2018). Getting rural children through the door: Perceived barriers to mental health care for school-aged children in rural areas. *The Rural Educator*, 39(1). <https://doi-org.ezproxyles.flo.org/10.35608/ruraled.v39i1.212>
- Christman, P. (2017). On being midwestern: The burden of normality. *Hedgehog Review*, 19(3), 92–103.

- Cognitive Behavioral Therapy*. (2023). Psychology Today. Retrieved February 25, 2023 from <https://www.psychologytoday.com/us/basics/cognitive-behavioral-therapy>
- Crowther, M. R., Scogin, F., & Johnson Norton, M. (2010). Treating the aged in rural communities: The application of cognitive-behavioral therapy for depression. *Journal of Clinical Psychology*, 66(5), 502–512. <https://doi-org.ezproxyles.flo.org/10.1002/jclp.20678>
- Dahiya, A. V., Ruble, L., Kuravackel, G., & Scarpa, A. (2022). Efficacy of a Telehealth Parent Training Intervention for Children with Autism Spectrum Disorder: Rural versus Urban Areas. *Evidence-Based Practice in Child & Adolescent Mental Health*, 7(1), 41–55. <https://doi-org.ezproxyles.flo.org/10.1080/23794925.2021.1941431>
- DeChants, J., Green, A. E., Price, M. N., Davis, C. (2022, February 3). *Homelessness and housing instability among LGBTQ youth*. The Trevor Project. <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/>
- Dunne, T. C., Toyoshima, K., & Byrd, M. (2021). Small business development centers and rural entrepreneurial development strategies: Are we doing enough for rural America? *Journal of Small Business Strategy*, 30(4), 57–63. <https://doi-org.ezproxyles.flo.org/10.53703/001c.29493>
- Figueroa, C. M., Medvin, A., Phrathep, B. D., Thomas, C. W., Ortiz, J., & Bushy, A. (2021). Healthcare needs of U.S. rural Latinos: A growing, multicultural population. *Online Journal of Rural Nursing & Health Care*, 21(1), 24. <https://doi-org.ezproxyles.flo.org/10.14574/ojrnhc.v21i1.658>

- Flora, C. B., Flora, J. L., & Gasteyer, S. P. (2016). *Rural communities : Legacy and change* (Fourth edition.). Westview Press.
- Ford, S., Buscemi, J., Hirko, K., Laitner, M., Newton, R. L., Jr., Jonassaint, C., Fitzgibbon, M., & Klesges, L. M. (2020). Society of behavioral medicine (sbm) urges congress to ensure efforts to increase and enhance broadband internet access in rural areas. *Translational Behavioral Medicine*, 10(2), 489. <https://doi-org.ezproxyles.flo.org/10.1093/tbm/ibz035>
- Gallagher, B. K. (2021). Death and life: The promise and problems of the arts in rural communities. *International Journal of Arts Management*, 23(2), 30–42.
- Gordon, B., Mason, B., & Smith, S. L. H. (2022). Leveraging telehealth for delivery of palliative care to remote communities: A rapid review. *Journal of Palliative Care*, 37(2), 213–225. <https://doi-org.ezproxyles.flo.org/10.1177/08258597211001184>
- Herron, R. V., Ahmadu, M., Allan, J. A., Waddell, C. M., & Roger, K. (2020). “Talk about it:” Changing masculinities and mental health in rural places? *Social Science & Medicine* (1982), 258, 113099–. <https://doi.org/10.1016/j.socscimed.2020.113099>
- International Expressive Arts Therapy Association. (2017). *Who we are*. <https://www.ieata.org/who-we-are>
- Keisari, S., Piol, S., Elkarif, T., Mola, G., & Testoni, I. (2021). Crafting life stories in photocollage: An online creative art-based intervention for older adults. *Behavioral Sciences*, 12(1), 1. <https://doi-org.ezproxyles.flo.org/10.3390/bs12010001>
- Kutcher, S., & Wei, Y. (2016). A school mental health literacy curriculum resource training approach: Effects on Tanzanian teachers’ mental health knowledge, stigma and help-seeking efficacy. *International Journal of Mental Health Systems*, 10(1). <https://doi-org.ezproxyles.flo.org/10.1186/s13033-016-0082-6>

- Kutcher, S., Wei, Y., McLuckie, A., Hines, H. (2014). *Successful application of mental health & high school curriculum guide in the Toronto district school board (TDSB): Increasing student mental health knowledge and decreasing stigma*. Teen Mental Health. <http://www.teenmentalhealth.org/wp-content/uploads/2014/09/TDSB-Curriculum-Training-2014.pdf>.
- Kutcher, S., Wei, Y., Morgan, C., & Wei, Y. (2015). Successful application of a Canadian mental health curriculum resource by usual classroom teachers significantly and sustainably improves student mental health literacy. *Canadian Journal of Psychiatry*, 60(12), 580–586. <https://doi-org.ezproxyles.flo.org/10.1177/070674371506001209>
- L’Heureux, T., Parmar, J., Dobbs, B., Charles, L., Tian, P. G. J., Sacrey, L.-A., & Anderson, S. (2022). Rural Family Caregiving: A Closer Look at the Impacts of Health, Care Work, Financial Distress, and Social Loneliness on Anxiety. *Healthcare* (2227-9032), 10(7), 1155. <https://doi-org.ezproxyles.flo.org/10.3390/healthcare10071155>
- MacLeod, A., Skinner, M. W., Wilkinson, F., & Reid, H. (2016). Connecting socially isolated older rural adults with older volunteers through expressive arts. *Canadian Journal on Aging*, 35(1), 14–27. <https://doi.org/10.1017/S071498081500063X>
- McDonald, S. (2021). Into the west and back out again: An examination in cultural exchange in popular rural activities and organizations in turn of the twentieth-century America. *The Midwest Quarterly*, 62(2), 189.
- Merriam-Webster. (n.d.). Rural. In *Merriam-Webster.com dictionary*. Retrieved January 8, 2023, from <https://www.merriam-webster.com/dictionary/rural>

Miller, G., Johnson, G. S., Feral, T., Luckett, W., Fish, K., & Eriksen, M. (2018, December 07).

The use of evidence-based practices with oppressed populations. Retrieved from <https://ct.counseling.org/2018/12/the-use-of-evidence-based-practices-with-oppressed-populations/>

National Governors Association. (2019). *Rural prosperity through the arts & creative sector: A rural action guide for governors and states.* https://www.nga.org/wp-content/uploads/2019/01/NGA_RuralArtsReport.pdf

Oh, K. H., Shin, W. S., Khil, T. G., & Kim, D. J. (2020). Six-Step Model of Nature-Based Therapy Process. *International Journal of Environmental Research and Public Health*, 17(3), 685. doi:10.3390/ijerph17030685

Oxhandler, H. K., Ellor, J. W., & Stanford, M. S. (2018). Client Attitudes toward Integrating Religion and Spirituality in Mental Health Treatment: Scale Development and Client Responses. *Social Work*, 63(4), 337–346. <https://doi-org.ezproxyles.flo.org/10.1093/sw/swy041>

Reupert, A., Jones, R., Sutton, K., & Maybery, D. (2016). ‘Everyone knew everyone’s business’: Being a parent with housing issues in rural areas. *Journal of Sociology*, 52(4), 677–692. <https://doi-org.ezproxyles.flo.org/10.1177/1440783315576759>

Rockler, B. E., Grutzmacher, S. K., Garcia, J., & Smit, E. (2022). The role of SNAP and WIC participation and racialized legal status in U.S. farmworker health. *PLoS ONE*, 17(8), 1–14. <https://doi-org.ezproxyles.flo.org/10.1371/journal.pone.0272911>

Safe, M. J., Mapes, A. R., Guzman, L. E., & Bridges, A. J. (2021). Rural versus urban primary care patients’ behavioral health needs and service utilization. *Journal of Rural Mental Health*, 45(4), 268–280. <https://doi-org.ezproxyles.flo.org/10.1037/rmh0000178>

- Schroeder, S., Tan, C. M., Urlacher, B., & Heitkamp, T. (2021). The Role of Rural and Urban Geography and Gender in Community Stigma Around Mental Illness. *Health Education & Behavior*, 48(1), 63–73. <https://doi-org.ezproxyles.flo.org/10.1177/1090198120974963>
- Schure, M. B., Howard, M., Bailey, S. J., Bryan, B., & Greist, J. (2018). Exploring perceptions of a computerized cognitive behavior therapy program in a US rural western state. *Journal of Rural Mental Health*, 42(3–4), 174–183. <https://doi-org.ezproxyles.flo.org/10.1037/rmh0000102>
- Shepardson, R. L., Funderburk, J. S., & Weisberg, R. B. (2016). Adapting evidence-based, cognitive-behavioral interventions for anxiety for use with adults in integrated primary care settings. *Families, Systems, & Health*, 34(2), 114–127. <https://doi-org.ezproxyles.flo.org/10.1037/fsh0000175>
- Story, C. R., Kirkwood, A. D., Parker, S., & Weller, B. E. (2016). Evaluation of the better todays/better tomorrows youth suicide prevention program: increasing mental health literacy in rural communities. *Best Practices in Mental Health*, 12(1), 14.
- Thorne, K. L., & Ebener, D. (2020). Psychosocial predictors of rural psychological help-seeking. *Journal of Rural Mental Health*, 44(4), 232–242. <https://doi-org.ezproxyles.flo.org/10.1037/rmh0000159>
- United States Census Bureau. (2021, October 28). *2010 Census urban and rural classification and urban area criteria*. United States Census Bureau. <https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural/2010-urban-rural.html>

- University of Wisconsin Population Health Institute. (2016). *What Works? Strategies to Improve Rural Health*. <https://www.countyhealthrankings.org/reports/what-works-strategies-improve-rural-health>
- Vayro, C., Brownlow, C., Ireland, M., & March, S. (2020). “Farming is not just an occupation [but] a whole lifestyle”: A qualitative examination of lifestyle and cultural factors affecting mental health help-seeking in Australian farmers. *Sociologia Ruralis*, 60(1), 151–173. <https://doi.org/10.1111/soru.12274>
- Venetis, M. K., Chernichky-Karcher, S., & Gettings, P. E. (2018). Disclosing Mental Illness Information to a Friend: Exploring How the Disclosure Decision-Making Model Informs Strategy Selection. *Health Communication*, 33(6), 653–663. <https://doi-org.ezproxyles.flo.org/10.1080/10410236.2017.1294231>
- Walsh, D. D., Snodgrass, J. L., Stewart-Sicking, J. A., & Brown, I. T. (2021). Addressing religion and spirituality in counseling in rural Iowa. *Journal of Rural Mental Health*, 45(2), 141–153. <https://doi-org.ezproxyles.flo.org/10.1037/rmh0000172>
- Ward, E. C., & Brown, R. L. (2015). A culturally adapted depression intervention for African American adults experiencing depression: Oh happy day. *American Journal of Orthopsychiatry*, 85(1), 11–22. <https://doi-org.ezproxyles.flo.org/10.1037/ort0000027>
- Weaver, A., Himle, J., Elliott, M., Hahn, J., & Bybee, D. (2019). Rural Residents’ Depressive Symptoms and Help-Seeking Preferences: Opportunities for Church-Based Intervention Development. *Journal of Religion and Health*, 58(5), 1661–1671. <https://doi-org.ezproxyles.flo.org/10.2307/45216940>
- Wike, T. L., Bouchard, L. M., Kemmerer, A., & Yabar, M. P. (2022). Victimization and resilience: Experiences of rural lgbtq+ youth across multiple contexts. *Journal of*

Interpersonal Violence, 37(19/20), NP18988-NP19015. <https://doi-org.ezproxyles.flo.org/10.1177/08862605211043574>

THESIS APPROVAL FORM

Lesley University
Graduate School of Arts & Social
Sciences Expressive Therapies
Division

Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy, MA

Student's Name: Paige Tiefenthaler

Type of Project: Thesis

Title: A Literature Review of the Culture and Accessibility of Mental Health Therapy in Rural Communities

Date of Graduation: May 20th 2023

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Dr. Rebecca Zarate MT-BC, AVPT, LCAT