Research to Practice

Why Mental Health Professionals Choose to Work in Rural Areas

By Patricia Dubbert, Ph.D.

Many studies about rural health focus on the negative aspects, such as the decline of family farms, loss of youth to urban areas where jobs are located, and recent increases in drugs and violence. Acknowledging that there are many challenges in rural health, the authors of this article chose more positive topics: why mental health professionals decide to work in rural areas and what they find rewarding about rural practice. These are important topics because understanding why providers choose jobs in rural areas and the positive aspects of these jobs could help with recruiting more providers to work in rural settings.

The Right Tool for the Job: Can a SC MIRECC Clinical Education Product Help You?

The SC MIRECC offers free educational products (pamphlets, videos, trainings programs, etc) that cover a wide array of mental health topics, including anxiety, dementia, depression, evidence-based psychotherapy, families, gambling, insomnia, stigma, stress, substance abuse, traumatic brain injury (TBI), and wellness.

Since SC MIRECC was funded in 1998, our Education Core has worked hard to develop and deliver quality mental health education to VISN 16 clinicians. Our education programs emphasize delivering timely and relevant information on mental health priority areas, providing easy access to training and tools, and creating diverse products that are tailored to our stakeholders.

See PRODUCTS on page 4
In this study published in the *Journal of Rural Mental Health*, Oetinger and her colleagues conducted an online survey with items selected from a review of the literature. Participants were recruited from the National Association for Rural Mental Health and two other mailing lists that included rural providers. Of more than 100 responses, 51 participants indicated they worked in rural counties. The majority of the participants had positions at community mental health clinics; they averaged 8.7 years in their current jobs, and reported about half their time was spent in direct client contact. Findings included:

- 47% of professionals were “very satisfied” with their rural job choice; only 12% were dissatisfied.
- The most frequently endorsed reason for working in a rural area was “Desire to provide care to underserved populations.” Other reasons: “Slower pace of life,” “Opportunity to work as a generalist,” and “Natural surroundings.”
- Moderately strong endorsement was given to “Safety or low crime rate,” “Clean air,” and “Opportunities for genuine connections and friendships.”
- “Designated area for loan repayment program” was not a major influence overall although it could have been the most important for a few individuals.

Participants were also asked to rate their agreement with statements describing various ways in which working in a rural setting might be rewarding. Among the highest rated items were “My work requires a diverse set of skills,” “I am proud of the work that I have done,” and “I often gain knowledge and experience in fields outside my own.” Perhaps not surprisingly, the least endorsed item was “I am rewarded financially for my work.” The overall ratings thus indicated that rural mental health professionals found their work to be highly rewarding despite the perception of limited opportunities for financial recognition and success.

Despite its limitations, including the relatively small number of participants; the sampling procedure (dependence on volunteers who took the time to respond to the survey); and the lack of open-ended questions that would have allowed participants to provide more detailed or nuanced responses, this study provides some valuable information. The results validate hypothesized rewarding aspects of rural practice, and publicizing this information might help in recruiting mental health professionals to positions in rural settings. Additional studies with larger samples or that focus on specific geographic areas that may offer unique rewards and challenges could help ensure that rural populations have access to an adequate number of qualified mental health professionals.

This article can be accessed at http://psycnet.apa.org/journals/rmh/38/1/50/.

Citation

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SC MIRECC researchers and educators have a responsibility to ensure SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit SC MIRECC if they receive either direct or indirect SC MIRECC support. For example, ”This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education, and Clinical Center.” If you receive salary support from SC MIRECC, you should list SC MIRECC as an affiliation.
VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled “**Addressing Pain: A Primer for Mental Health Providers**” on Wednesday, July 9 at 8:00-9:00 a.m. CT or Thursday, July 10 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Jill Klayman, Ph.D. At the conclusion of this educational program, learners will be able to:

1. Identify mechanisms that contribute to psychiatric comorbidities in chronic pain patients; and
2. Describe how mental health providers can effectively collaborate with other healthcare team members to address chronic pain.

Call 1-800-767-1750 and use access code 26461# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

**Recognizing the Reserve Component: Needs, Access and Treatment Issues Facing National Guard and Reserve Members Training**

This free training is available to VA mental health providers through the VA Talent Management System (www.va.tms.gov). Recorded during the November 2012 CBOC Mental Health Rounds, Dr. Harold Kudler teaches learners to identify three distinctions between the Reserve and Active Duty Components of the military; articulate two unique concerns of Reserve Component Members when they present for VA care; and describe three specific steps that VA providers can take to ensure there is “no wrong door” in their communities to recognize and respond to deployment-related health needs among Reserve Component Members and their families.

Continuing education credit is available for physicians, psychologists, nurses and social workers. To access this training in TMS, visit https://www.tms.va.gov/learning/user/deeplink_redirect.jsp?linkId=ITEMDETAILS&componentID=17674&componentTypeID=VA&revisionDate=1372706760000. **This training expires July 7, 2014. ♦**
who are Veterans and their families, VAMC providers, and CBOC providers. Our Clinical Educator Grants program has awarded more than $430,000 to VISN 16 clinicians who saw a service need in their practice that existing tools and resources were unable to fill (see call for applications for 2015 on page 6). The Education Core works closely with these clinicians, trainees, and investigators to develop their ideas into fundable projects, such as clinical education tools, intervention materials, trainings, and treatment manuals that are easily exportable to other facilities.

Most educational products can be downloaded from the SC MIRECC website (http://www.mirecc.va.gov/vsn16/clinicalEducationProducts.asp). Products that cannot be downloaded can be ordered by emailing VISN16SCMIRECCEducation@va.gov. We hope you will visit our website to discover if any of our products can benefit you.

2013-2014 Highlights

GET MOVING AND GET WELL MANUAL

This manual is for Veterans living with psychotic disorders, major depression, bipolar disorder, and severe PTSD who have difficulty identifying and making use of opportunities for physical activity. The program focuses on wellness rather than weight management. The program is delivered in 60-minute classes scheduled twice a week for 12 weeks. Participants engage in walking, dancing, and stretching activities. A 12-week follow-up cycle of the class is focused on community integration.

LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUESTIONING (LGBTQ) CONFERENCE DEVELOPMENT: RECOMMENDATIONS FOR ORGANIZING A SUCCESSFUL TRAINING EVENT AT YOUR VA

On this DVD, successful conference organizers give a rationale for conducting an LGBTQ educational meeting. They describe the planning process and provide tips for setting goals, identifying speakers, involving community organizations, and finding funding support. The purpose of the DVD is to help facilitate similar diversity conferences throughout the VA system.

SC MIRECC offers free education products (pamphlets, videos, trainings programs, etc) that may be of interest to you on topics including:

- Anxiety
- Dementia
- Depression
- Evidence-Based Therapy
- Families
- Gambling
- Insomnia
- Military Sexual Trauma
- Sexuality
- Stigma
- Stress
- Substance Abuse
- Traumatic Brain Injury
- Wellness

LIFEGUARD, OPERATION: COMING HOME

This website is dedicated to helping returning Veterans reintegrate into their communities and families. VA LifeGuard gives Veterans and their family members an opportunity to experience five skills that help them respond to their thoughts, feelings, and memories that occur on a daily basis.

LIVING WITH PURPOSE: A GUIDE FOR GETTING MORE OUT OF EACH DAY

This patient workbook is designed to complement formal treatment for depression. The workbook employs a Behavioral Activation approach to get Veterans more active and more involved in pleasurable activities. Includes a
South Central MIRECC Clinical Education Products

We offer free educational products for medical center and community-based outpatient clinic providers and their patients. Visit www.mirecc.va.gov/visn16/clinicalEducationProducts.asp to download or request products.

- A Therapist’s Guide to Brief CBT
- After the Dust Settles TBI Assessment DVD
- Courage Group
- Get Moving and Get Well
- LGBTQ Conference Development
- Operation Enduring Families
- PTSD Sleep Therapy Group Manual
- Us and Them: The Experience of Mental Health Stigma
- Anger Management Patient Handbook and Instructor Guide
- Living with Purpose
- Multi-Setting Peaceful Mind
- Problem Gambling
- TUFF: Interactive Brochures for Treatment of Postconcussive Symptoms in Returning Veterans with TBI
- Working with Couples Training Modules
- LifeGuard, Operation: Coming Home
- Self-Help Stop Worry
- Veterans Helping Veterans: Key Insights for PTSD Recovery
- Veteran Parenting Toolkits
MULTI-SETTING PEACEFUL MIND: A MANUAL TO AID IN THE MANAGEMENT OF ANXIETY IN VETERANS WITH MEMORY IMPAIRMENT

This easy-to-follow manual outlines an evidence-supported cognitive behavioral therapy treatment for anxiety with older adults with dementia. The manual includes helpful worksheets for patients.

PROBLEM GAMBLING: ASSESSING FOR AND MAKING PLANS FOR REDUCTION

This brochure describes gambling problems, how to briefly assess for gambling problems, and what steps can be taken to curtail the further development and continuation of gambling problems. The brochure includes information from the Shortened South Oaks Gambling Screen as well as the DSM-5. This brochure will allow providers to conduct quick, on-site assessments within any type of Veteran-utilized clinic.

WORKING WITH COUPLES TRAINING MODULES

These modules provide an overview of essential content and skills for treating Veterans and their partners or spouses who struggle with communication problems, anger and conflict, mental illness, trauma, and reintegration into the family after deployment. This training targets VA clinicians but may be helpful to non-VA providers who work with Veterans. Additional training and supervision are required to become competent in providing couples therapy.

FY2015 Clinical Educator Grants Program Applications Due August 8

Don't miss your chance to submit a proposal for the fiscal year 2015 SC MIRECC Clinical Educator Grants program. We designed these small grants (up to $10,000 for multi-site projects) to help VISN 16 clinicians develop innovative clinical education tools that benefit the mental healthcare of rural and other under-served Veterans. We are especially interested in funding projects that involve collaborations between medical centers and community-based outpatient clinics.

Examples of past projects include a manual for conducting brief cognitive behavioral therapy in primary care clinics; a manual to conduct psychoeducational workshops for returning Iraq and Afghanistan Veterans and their families about readjustment issues; and a DVD of ex-Prisoners of War telling their stories about internment and their struggle with PTSD symptoms and how they have managed to survive and thrive in their lives. The Clinical Educator Grants program has produced more than 30 excellent education products that are available to clinicians and consumers free of charge. Download or request products at http://www.mirecc.va.gov/VISN16/clinicalEducationProducts.asp.

If you have an idea for an educational tool to improve care delivery, this may be the opportunity for you! The deadline for submitting a proposal is August 8, 2014. For more information about the Clinical Educator Grants program, contact Dr. Geri Adler at Geri.Adler@va.gov.