

Rural Review

Books

Dengerink, H. A., and Cross, H. J. (eds.)

Training Professionals for Rural Mental Health

Lincoln: University of Nebraska Press

This small volume (135 pages) is a compilation of papers presented at a symposium, conducted in May, 1980, that address training issues involved in preparing mental health professionals for service in rural regions.

Although one might quarrel with the content of some of the papers, the volume nevertheless represents a significant achievement. It is one of the few documents available that is specifically concerned with this vital issue. Equally important, each paper is by an individual who has struggled for many years attempting to evolve a training curriculum that is adaptable to the demand of providing rural mental health services.

A number of common themes are echoed in these papers by administrators of rural training programs in psychiatry, social work and psychology. Among these are (1) the presently limited knowledge about the nature of rural communities, which, when coupled with the vast diversity found among rural communities, makes it difficult to determine the specific academic content to be imparted to students; (2) the necessity of having training facilities rural-based so as to enhance the potential of trainees remaining in rural regions; (3) the desirability of generalist, rather than specialist training, to permit workers to respond to the multiple needs of their rural clientele; (4) a community orientation of the professional that permits her/him to identify and utilize support networks, such as church, school, grange, police, employer, public health nurse, and others that must, of necessity, be employed to a greater degree than in urban areas.

Other common themes reflected in the various papers are the personal characteristics deemed requisite for services in rural employment. The rural worker must possess a considerable degree of flexibility, initiative and adaptiveness. Placed in an "under-manned" situation, s(he) is called upon to perform diverse roles and functions. In addition to being a therapist, the rural professional also must be an assessor, consultant, community organizer, program developer, program evaluator, and, more often than not, s(he) will be called upon to perform some administrative duties. Personally, the worker must be able to involve her or himself in community activities and accept the relatively high visibility, both vocationally and personally, that attends any rural resident. Further, s(he) must be one who is able to function without the luxury of the usual support services found in more populated areas.

Many of the observations and remarks contained in the book have appeared previously in published papers by these and other authors. A value of the volume is that it provides a single source to individuals interested in the training of the rural

worker. Another asset of the document is that it offers information on the structure of an array of rural training programs. These include a psychiatric residency program, master's level programs in social work and psychology, doctoral programs in psychology, and, practicum and internship programs.

Despite the problems in devising curricula for rural mental health training, it is apparent that some measure of success has been achieved by those engaged in this endeavor. This is evidenced by the statistics provided in the paper by Stanley Schneider, Director of the Psychology Education Branch, National Institute of Mental Health. Of the graduates of 97 psychology doctoral programs, including 20 identified as having a rural emphasis or component, 18.2% found first employment in rural communities. In contrast, 37.4% of the graduates of the rural programs were initially employed in rural locales.

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Journals

Banziger, G., Smith, R.K., & Foos, D.

Economic indicators of mental health service utilization in rural Appalachia.

American Journal of Community Psychology, 1982, 10(6), 669-685.

This article explored the relationship between economic conditions and mental health service utilization in rural Appalachia. It improved upon previous research by including not only indicators of severe mental health problems; e.g., hospital admissions, but also such indicators of less catastrophic mental health problems as hotline calls and outpatient intakes.

The areas included in the study were 4 Ohio counties and 8 West Virginia counties. Monthly data for the period between January 1974 and June 1980 were collected. Mental health service utilization was assessed by inpatient intakes, outpatient intakes, and hotline calls. Economic indicators included the following: welfare cases (Aid to Families with Dependent Children [ADC], general assistance, emergency assistance), retail sales, motor vehicle sales, unemployment, bankruptcy filings, and bank clearings. These economic data were examined for autocorrelation and adjusted for significant seasonal trends and, where appropriate, for inflation.

Regression analyses revealed that economic factors account for a large part of the variance in mental health service utilization. Welfare factors, especially ADC cases, were the best predictors of mental health service usage. Generally, hotline calls were best predicted by the economic indicators, and inpatient intakes were least predicted. However, all counties did not show this same pattern. For example, in the Ohio sample, economic factors were found to be better predictors of mental hospital admissions and hotline calls than outpatient intakes. ADC proved to be a strong predictor in a 3-month lagged analysis of hotline and intake-outpatient service utilization.

The implications of these findings are that economic conditions can be used as predictors of mental health service utilization. That is, economic hardship increases

anxiety and often leaves the rural individual vulnerable to psychological problems. This development leads to an increase in mental health service utilization. The authors provide a predictive and schematic model of important factors that contribute to a person's seeking mental health services.

Summarized by
Bret Kale Johnson

Davis, W.T.

The hidden minority.

Professional Psychology, 1982, 13(6), 778-781.

The author briefly described the background, history, demographic characteristics, and health/mental health care delivery system on a Cherokee Indian reservation in the Southeastern United States.

The federal government manages not only basic community functions (education, land management, housing, etc.), but health delivery systems as well (hospital, field health, social services, and medical/dental services). Since planning and administration of these services are conducted primarily in Washington, D.C., priorities and methodologies often are developed by people with limited knowledge of the reservation.

Reservation management by the federal government was described as damaging to the population in terms of integrity, self-determination, increased dependency, depression and alcoholism, internal cultural conflict, and a diluting of the Indian culture.

The toll of having federal caregivers and caretakers, who do things "to people and for people, but not with people," was discussed. A movement towards greater Indian self-determination was advocated. The professional frustrations of a rural health service provider trying to promote this position also were presented.

Summarized by
Bruce Reed

Long, K.A.

The experience of repeated and traumatic loss among Crow Indian children: Response patterns and intervention strategies.

American Journal of Orthopsychiatry, 1983, 53(1), 116-126.

Demographic and cultural characteristics of the Crow Indian reservation in South Central Montana were presented. Specific aspects of the Crow extended family and 2-culture (White/Indian) health care delivery system were discussed.

A number of factors which contribute to the experience of early significant loss, with subsequent psychic trauma, by Crow children were detailed. These included alcohol-related auto-fatalities, severe alcoholism and its violent and pathological effects on families, homicide, suicide, and multiple loss of major family support figures through a combination of the above-mentioned loss experiences. In addition to these phenomena, the shuttling back and forth of young children, from parent to

grandparents, also contributed to loss experiences due to traumatic separations. Due to the problems of reservation life, children not only grow up in an environment which makes nurturing and consistent parenting difficult, but also leaves them at extremely high risk for repeated exposure to early significant loss resulting from death, morbidity, or separations.

Characteristic response patterns to loss experiences were substance abuse, apparent or actual developmental delays, anxiety, affective flattening, interpersonal distancing, and self-destructive, aggressive, destructive, and unmanageable behavior.

Several case examples were presented. Successful treatment and resolution of significant loss in Crow children was related to the presence of a home or community support system which would allow the child to "reinvest in interpersonal relationships." Additionally, testing behavior by the children towards mental health providers was noted as being very "intense" in these instances.

The revision of standard clinical mental health interventions was made necessary due to these intense traumas occurring within a different cultural setting. Techniques and adaptations of therapeutic approaches which helped bridge the dominant and minority culture were described.

*Summarized by
Bruce Reed*

Meketon, M.J.

Indian mental health: An orientation.

American Journal of Orthopsychiatry, 1983, 53(1), 110-115.

The author presented an overview of, and orientation to, Native American Indian and Alaskan Native mental health issues. These groups were noted as being distributed predominantly in rural areas.

A number of needs and problems were listed and were shown to be impacted by the dominant English-speaking society. They were language barriers, cultural diversity, lack of indigenous mental health professionals, geographic isolation, inadequate resources, and federal/state jurisdictional conflicts.

The strengths and weaknesses of the Indian Health Service were presented briefly. It was shown that despite problems, mental health services are being delivered to American Indians in a variety of rural community settings. The interaction between the Indian Health Service and traditional American Indian healing systems were mentioned. Traditional medical procedures for diagnosis and treatment of illnesses can be made more appropriate when practitioners have knowledge of the manner in which this culture perceives disease processes.

From a national policy perspective the problems of integrating traditional Indian healing with modern mental health systems were considered. Supporting local attempts to working out some of these problematic issues was recommended.

*Summarized by
Bruce Reed*

Murphy, D.H., & McConnell, S.C.

Family and community in the mountains.

Professional Psychology, 1982, 13(6), 773-777.

The authors describe the changes that have taken place in the family and community of the Central Appalachian Region over several decades. In addition, the authors offer a brief discussion of the interface between the available mental health services and the rural community.

Important to the practicing rural professional is a need for an understanding of the past and the present stance of the family and community's physical and emotional needs. In the past, human contact with one's neighbors was one of the more important sources of emotional support. The roles of men and women in the family milieu also were important sources of personal and community responsibility. In addition, the church played an important role in shaping the morals and beliefs of its community members.

Technological progress after World War II created changes in the previous trend of strong separation between men's and women's groups. During this time, families, school and church community groups continued to provide emotional support to its rural members; however, men moved further away to seek new kinds of work further from the home, family clusters were no longer as cohesive and the acquisition of possessions increased in importance.

During the sixties, the family system began to change rapidly. The spirit of the times introduced divorce, stressed the need for a more independent woman and caused a loss of the sense of family responsibility among children. Mental health centers formed to assist the mountain people with their various psychological problems which were at one time handled through family and community resources.

The community at the present time is beginning to return to a more traditional life-style. While flexibility in male and female roles has been initiated, the extended family again is providing the family unit with economic and emotional support, children again are involved family members, and schools and churches are becoming more important forces in shaping the life of the community. The renewed stability of mountain life has created an added confidence in intercommunity mental health resources.

Additionally, in the mental health profession, interest in rural communities is growing, and several new resources are being developed to provide information and training on rural issues.

*Summarized by
Bret Kale Johnson*