

An Introduction to Mental Health Challenges for Rural Americans

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Jordan Shuler, M.S. HDFS Doctoral Student

Matthew Brosi, Ph.D., LMFT HDFS Faculty and OCES State Specialist

Mental health disorders are common and widespread. As many as 1 in 5 people could be diagnosed as experiencing a mood disorder in their lifetime. Similarly, as many as 1 in 3 people could be diagnosed as experiencing an anxiety disorder at some point in their lifetime. Many of us may be able to recognize when those we interact with are feeling down, anxious, discouraged or burned out. Most of us will also experience these emotions ourselves. Despite the ability to recognize these challenges, most individuals may not be able to distinguish between people experiencing these common emotions and those who experience a diagnosable mental health disorder. Gaining an understanding of what the differences are may help us know when to seek help to find relief from symptoms and improve our lives.

There are at least two meaningful differences between common painful emotional experiences and what mental health experts would consider a disorder. Those differences include how long a person experiences the emotion and how much the person's reaction to the experience is disrupting their way of living. It is also possible, and even common, to experience multiple mental health disorders at the same time. There is a complex array of factors that affect if and when a mental health disorder emerges, and how much and for how long it affects a person's life. Some of the components that contribute to a mental health disorder include genetics, the build-up of stress and how a person copes. Additionally, the presence of supportive people and organizations a person can access may affect how much a disorder disrupts their lives and their ability to bounce back from adversity.

The Basics of Mood, Anxiety, and Substance Use Disorders

Many of the various mood disorders are based on experiencing particularly intense "low" or "high" emotions for long enough that they disrupt the way a person lives. The ways the disorder can disrupt a person's life include effects on sleep, diet and how they interact with others. For example, one common mood disorder, Major Depressive Disorder (MDD), usually involves a feeling of being down or discouraged most of the time for at least two weeks. In addition to these feelings, the individual may have a hard time getting the right amount of sleep, have a large change in weight and stay away from people and hobbies they normally like. An individual who experiences these symptoms for only a few days and then returns to normal may be distressed, but not have a diagnosable depressive

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disorder. However, when the symptoms are experienced over an extended timeframe, professional assistance and other support may be needed.

The difference between a person who feels anxious and a person who has a diagnosable anxiety disorder is similar. Anxiety can be described as an emotional sense of worry or panic, combined with racing and repetitive thoughts. These may occur alongside physical sensations such as muscle tension, elevated heart rate and shortness of breath. Any of us may experience any or all of these when something sudden and alarming occurs, such as a car swerving into your lane in traffic. In this situation we may experience an increased heart rate, tense shoulders and may feel sudden panic for several seconds or even several minutes. By itself, this is not an example of an anxiety disorder. A person might have an anxiety disorder, however, if those same symptoms reoccur over long periods of time, come up multiple times a day for months at a time and seem to come up in situations that most others would not consider dangerous or alarming. When anxiety symptoms come together in this way - and they make it hard or impossible to focus on work, family members or hobbies - a person may have a diagnosable anxiety disorder. Once again, this may warrant professional help and other supports, and the symptoms are not likely to entirely disappear without a change in the person's situation, resources, or the use of specific psychological skills.

A third set of mental health disorders that are common, especially in rural America, are substance use disorders. The main differences between someone who drinks or uses a drug occasionally and someone with a substance use disorder, include at least four key factors. These are having a difficult time controlling the use of substances, feeling dependent on the substance, having a need for more of the substance to get the same effect and their use getting in the way of work, hobbies or relationships. Substance use disorders are often also dangerous to a person's health, as they may result in driving under the influence, using to the point of overdosing or result in long-term organ damage. Once a substance use disorder is developed, it is often very difficult for an individual to stop using the substance. This is not only because of a chemical dependence on the substance, but because the use of the substance may have short-term payoffs of feeling less anxious or depressed. For all of these and other reasons, it is common for a person who experiences a substance use disorder to require professional and other support to overcome the symptoms.

What about Rural America?

There is some debate about whether living in urban or rural areas makes a person more likely to experience mental health disorders. Nevertheless, there is some evidence that farmers, particularly men, are especially at risk for experiencing mental health disorders. Farmers tend to have high rates of suicide, depression and substance use disorders. Given the dangerous and stressful conditions of farm work, the gaps in available care and the stigma around mental health disorders in rural areas, this isn't surprising. For a long time, farming has been considered a dangerous occupation, with fatality rates of 20 per 100,000 full time workers per year. Many farmers are also experiencing a difficult economy, with persistent poverty rates being higher in rural areas than urban areas despite a more favorable unemployment rate. A farmer may also be more directly affected by natural disasters such as tornados and wildfires.

In addition to the danger, distance and stress of farms, farmers may also experience aspects of rural culture that get in the way of learning about and getting help with mental health disorders. Rural communities often value perseverance, resilience and hard work. However, when these ideals get in the way of authenticity and staying connected with what is happening within ourselves, or connecting with others, they become problematic. Putting all of this together, it becomes clear why mental health challenges for farmers, farming families and rural communities are a significant concern.

Three Tips for Preventing or Getting Help with Mental Health Disorders

A natural question to ask after gaining an understanding about the basics of mental health in rural America is, "what do we do about it?" The topic of how to help with and prevent mental health challenges is large and complex, but there are three tips that can help make a difference in preventing and healing from mental health challenges.

First, Stay Connected to Others – Depression thrives in loneliness, anxiety can grow when kept private and substance use disorders may drive relationships apart. Some emotions also carry a sense of shame or wrongness in our culture. Feeling anxious or down may be seen as weak, having a difficult time keeping up with work may be seen as laziness and it isn't uncommon to hear sayings that boil down handling challenges to "just deal with it." These thought patterns may all get in the way of connecting with others. Despite this, using the time and support from others may be critical in getting help with both practical and emotional problems that come with mental health disorders. Developing more intentional and personal connections with others is key, which includes not only utilizing relationships with others to support personal needs, but also recognizing that we may be a resource to others in need.

Second, Stay Connected to Yourself – All the reasons that keep us from connecting with others when it comes to mental health disorders may also lead us to avoid thinking about our own thoughts and feelings. Because of this, many of us may not have a lot of practice checking in with and paying attention to our emotions. While it may not be helpful to focus all our thoughts on mental health challenges, avoiding thoughts and feelings we do not like may not only make us less likely to get help, but it may also make them worse. Thus, it's critically important to actively notice and become aware of how we connect our thoughts, feelings and behaviors.

Third, Use Help – Because of the misperceptions surrounding mental health and the negative stigma of having a mental health issue, many Americans fail to seek help. Further, many symptoms are misunderstood or present differently in different people. For example, depression in men often comes out as anger and irritability whereas in women, overt sadness is more common. However symptoms arise, getting help may include getting help from mental health professionals. However, there is often a low supply of mental health professionals available in rural areas, so creative means of seeking help, such as teletherapy, may be valuable.

For many farmers, what may be of great value and potentially more realistic and practical is making a habit of connecting with other farmers and telling their stories to one another. This can be done online or in person almost anywhere, even a local diner. It does not need to be formal. We are often also more prone to share our stories and struggles with a good friend, a local clergy member or other trusted people in the community. The key is to go beyond connecting, to directly asking for help, even if that help is simply a kind listening ear. Put simply, it is time to start asking.

Conclusion

Mental health challenges are common and may develop in ourselves, our loved ones and our communities. Whether present early in life or developed later, if left alone or ignored, painful experiences and emotions can disrupt our lives and relationships. It is critical to be aware of what a mental health disorder may look like, and then intentionally stay connected to others, stay connected to ourselves and seek out and use available resources.

References

- Bandelow, B., & Michaelis, S. (2022). Epidemiology of anxiety disorders in the 21st century. Dialogues in clinical neuroscience, 17(3), 327–335. https://doi.org/10.31887/ DCNS.2015.17.3/bbandelow
- Breslau, J., Marshall, G. N., Pincus, H. A., & Brown, R. A. (2014). Are mental disorders more common in urban than rural areas of the United States?. Journal of psychiatric research, 56, 50-55.
- Chang, E. C., Yu, T., Chang, O. D., & Hirsch, J. K. (2016). Hope and trauma: Examining a diathesis-stress model in predicting depressive and anxious symptoms in college students. Personality and Individual Differences, 96, 52-54.
- Colodro-Conde, L., Couvy-Duchesne, B., Zhu, G., Coventry, W. L., Byrne, E. M., Gordon, S., ... & Martin, N. G. (2018). A direct test of the diathesis–stress model for depression. Molecular psychiatry, 23(7), 1590-1596.
- Daghagh Yazd, S., Wheeler, S. A., & Zuo, A. (2019). Key risk factors affecting farmers' mental health: A systematic review. International journal of environmental research and public health, 16(23), 4849.
- Hagen, B. N., Albright, A., Sargeant, J., Winder, C. B., Harper, S. L., O'Sullivan, T. L., & Jones-Bitton, A. (2019). Research trends in farmers' mental health: A scoping review of mental health outcomes and interventions among farming populations worldwide. PLoS One, 14(12), e0225661.
- Hasin, D. S., Sarvet, A. L., Meyers, J. L., Saha, T. D., Ruan, W. J., Stohl, M., & Grant, B. F. (2018). Epidemiology of adult DSM-5 major depressive disorder and its specifiers in the United States. JAMA psychiatry, 75(4), 336-346.

- Hull, M. J., Fennell, K. M., Vallury, K., Jones, M., & Dollman, J. (2017). A comparison of barriers to mental health support-seeking among farming and non-farming adults in rural South Australia. Australian Journal of Rural Health, 25(6), 347-353.
- Nielsen, D. A., Utrankar, A., Reyes, J. A., Simons, D. D., & Kosten, T. R. (2012). Epigenetics of drug abuse: predisposition or response. Pharmacogenomics, 13(10), 1149-1160.
- Rosmann, M. (2016, February 1). Farmers' common behavioral health issues often are occupation-related. National ag safety database. https://nasdonline.org/7127/d002371/farmers-common-behavioral-health-issues-often-are-occupation.html#:~:text=The%20more%20 common%20behavioral%20health,tend%20to%20be%20 occupation%2Drelated.
- Roy, P., Tremblay, G., Oliffe, J. L., Jbilou, J., & Robertson, S. (2013). Male farmers with mental health disorders: A scoping review. Australian Journal of Rural Health, 21(1), 3-7.
- Rural Health Information Hub. (2021, October 20). Rural mental health.https://www.ruralhealthinfo.org/topics/mental-health
- Rural Health Information Hub. (2020, December 9). Substance use and misuse in rural areas. https://www.ruralhealthinfo.org/topics/substance-use

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