Community Mental Health Services in Rural Areas: Some Practical Issues

Michael J. Jeffrey, M.S.W.*
Ronald E. Reeve, Ph.D.

ABSTRACT: Several critical issues involved in successfully initiating and maintaining a community mental health center program in a rural setting are discussed. These include the necessity of accurately assessing the existing social, cultural, and political system, and of fitting the mental health center program into these systems as smoothly as possible; the special problems faced in maintaining confidentiality; and the importance of recognizing and dealing with the front-line pressures on professional staff that are peculiar to the rural setting. Advantages as well as disadvantages of working in a rural program are considered.

The community mental health center movement in the United States typically has concerned itself with urban and suburban populations, and rarely with truly rural populations. The reasons for this focus are understandable; the financial resources, qualified personnel, and grantsmanship skills necessary to establish centers are found more readily in urban areas. Further, the traditional model for mental health services easily fits into the service network of the urban area.

In the past few years, however, numerous attempts have been made to provide mental health services to the special populations of rural areas. Little doubt exists that such programs are different in major ways from centers in urban and suburban areas (Daniels, 1967; Jones, Robin, & Wagenfeld, 1974; Jones, Wagenfeld, & Robin, 1976). Some attention has been directed to general problems encountered in rural areas (Bentz, Hollister, Edgerton, Miller, & Aponte, 1973; Eisdorfer, Altrocchi, & Young, 1968; Gertz, Meider, & Pluckhan, 1975; Huessy, 1972; Lee, Gianturco, & Eisdorfer, 1974; Segal, 1973). Few, however, have addressed these problems from a systems viewpoint, that is, how the new mental health center interfaces its operations with the existing social and professional structure of the community. Although it is acknowledged that "rural" is a general term and that individual settings are unique, it is our expectation that there are common stresses in service delivery in rural settings (Wedel, 1969). Taking the systems focus, three facets of importance in developing the rural mental health center will be discussed: the need to develop a careful and accurate assessment of the existing system, the

*Mr. Jeffrey was affiliated with the Blue Ridge Community Mental Health Center, 1602 Gordon Avenue, Charlottesville, Virginia at the time the article was written. He is now a Psychiatric Social Worker at Memorial Guidance Clinic, 2319 E. Broad Street, Richmond, Virginia, 23223. Dr. Reeve is connected with the Foundations of Education Department, School of Education, of the University of Virginia in Charlottesville.
added importance of the physical and social setting to the issue of confidentiality, and the increased pressures on the professional staff inherent in the rural setting.

THE IMPORTANCE OF ASSESSMENT

A first step in establishing the new center is to assess the nature of the already existing human services system. In an urban area, a new agency may appear relatively unnoticed by the rest of the professional community; but in a rural area, where the new agency may represent a substantial increase in the number of agencies, the impact is considerably more dramatic. A new agency is likely to cause a shift in the equilibrium, to force new patterns of interaction, and, finally, to achieve either integration into the system or extrusion from it.

Over the years an equilibrium has been established by agencies staking out territories, drawing up lines of authority, and establishing both formal and informal channels of communication. Although these linkages seem to be limited and disorganized, they are, at the same time, highly relevant to the participants. The personnel of the various agencies are well known to each other, either for their achievements or their peccadillos. Since the system is relatively small, there is a general shared knowledge about the attitudes and professional skills of each worker—who cares and who does not, who serves clients well and who does not. Although specific details about services can be vague, the general orientation of an agency toward its task is well known by others, both professionals and the community at large. Any history of inter- or intraagency conflict quickly becomes a part of the local lore that is not likely to be shared with any newcomer, at least not until a level of trust has been established.

Thus the new professional must enter the system largely ignorant of what others know about it. It is not safe for him to assume that any particular agency or individual is functioning in what could be considered an appropriate or responsible manner. In part because of historical considerations and the type of leadership available, the quality of the agencies varies widely. In one place, the welfare department may be strong, actively pursuing an advocacy role, while in a neighboring community it may be dedicated to maintaining the lowest profile possible. A smaller school system may be innovative, while a larger one is regressive and stagnating.

Individuals within the agencies tend to be products of the system in spite of their personalities or training. A kind of natural selection process seems to occur; authorities within agencies generally select persons like themselves, thus perpetuating the general tone of the agency. In those cases in which a productive, dynamic worker applies to a lethargic agency, he is either screened out as being too aggressive, or he quickly assesses the nature of the system and refuses employment. Those who do slip past this kind of natural selection quickly get the agency "message," and they either fall into line or leave.

The assessment of the system is of tremendous importance, and it must be