

BARRIERS TO MENTAL HEALTH SERVICES FOR RURAL ADULTS

Exploring Barriers to Mental Health Services for Rural Adults in the United States:

A Literature Review

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Research Question

What barriers to care impact mental health outcomes among adults in rural areas of the United States?

Abstract

Mental illness is a significant public health concern in the United States, with rural adults facing higher rates of depression and suicide. Despite this access to mental health care remains an obstacle in rural areas. This literature review explores the barriers rural adults face when seeking mental health care. Ten original research articles were selected from PsycINFO and MEDLINE for review. The results highlight three key barriers: stigma, geographic isolation, and a shortage of mental health professionals. Stigma, effected by cultural norms prevents many individuals from seeking help. Geographic access, including long-distance time and lack of transportation compounds the difficulty of accessing care. Furthermore, the lack of mental health providers in rural areas leads to longer wait times and limited service. The findings from this review provide insight into the unique challenges rural adults encounter when accessing mental health care. These insights can guide future interventions to improve mental health care access in rural areas.

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Introduction

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Mental illness is a major public health concern in the United States and serves as the leading cause of disability (McGinty, 2023). It is estimated that 59.3 million adults in the U.S. live with a mental illness (National Institute of Mental Health, 2022). This includes a broad range of conditions, from mood disorders such as depression and anxiety to psychotic disorders such as schizophrenia. These conditions affect individuals of all demographics, including race, gender, and age. Mental health disorders stem from a combination of genetic, social, and environmental factors (UNC Health Caldwell, 2022). Adulthood introduces a series of stressors, such as financial pressures, relationship strains, and career stress that can contribute to the onset of mental health conditions (Matud et al., 2020). Mental illnesses in the United States are responsible for 193.2 billion dollars in lost earnings every year (National Alliance of Mental Illness, 2023). This impact affects not only individuals but also families and communities. Untreated mental illness takes an emotional toll on individuals and leads to higher rates of mortality, substance use, unemployment, and homelessness (National Alliance of Mental Illness, 2023).

While mental disorders affect adults nationwide, rural populations are disproportionately impacted. Adults living in rural areas of the United States experience higher rates of depression and suicide than their urban counterparts (National Alliance on Mental Illness, 2022). Between 2000 and 2020, suicide rates have almost doubled in rural areas, showing a concerning trend in this region (Centers for Disease Control, 2024). Despite higher rates of mental illness, approximately 43% of adults in rural areas report receiving treatment, compared to 56% of urban adults (Substance Abuse and Mental Health Administration, 2021). Furthermore, rural populations experience higher rates of poverty and lower education levels, which are associated with adverse mental health outcomes (Rural Health Information Hub, 2018).

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Despite the growing knowledge of adult mental health, most existing research focuses on urban populations. This has created a significant gap in understanding the specific challenges faced by rural adults. The unique cultural, environmental, and economic stressors faced in rural areas are often overlooked. While studies have shown that rural adults face greater challenges in accessing mental health services, the comprehensive scope of these challenges has yet to be explored. As a result, efforts to improve outcomes become hindered.

The aim of this study is to address this gap by exploring the barriers rural adults face in accessing mental health care. By focusing on rural adults, this study aims to contribute to a comprehensive understanding of the unique challenges they face. Ultimately, informing policies, interventions, and practices to improve mental health outcomes.

Methods

For this literature review, a comprehensive search was conducted using two databases, PsycINFO and MEDLINE. PsycINFO, a database managed by the American Psychological Association, is a crucial source for psychological research. It provides detailed information about mental health issues, making it useful for understanding the psychosocial factors of mental health barriers in rural adults. MEDLINE is a database focusing on biomedical research. It also includes peer-reviewed journals regarding rural populations and the challenges they face in accessing mental health services. Both these databases worked supplementarily to one another. The process of the article selection for this literature review is outlined in *Figure 1*.

For PsycINFO, a search for “mental health services” yielded 132,634 results. Refining the search to “mental health services AND rural United States” resulted in 779 articles, while adding “AND barriers OR unmet needs” brought the total to 209 articles. The inclusion criteria

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for this search were set to academic journals published between 2015-2025, focusing on individuals 18 and older. After restricting article classification to mental and health services, 40 articles were found, and five were selected for inclusion in this literature review.

For the second search, a similar approach within PsycINFO was used. A search for “mental health services” yielded 132,634 results. Narrowing this to “mental health services AND rural population” resulted in 2,208 articles. Adding the terms “AND barriers OR challenges” reduced the results to 123 articles. The inclusion remained the same, restricting academic journals published between 2015-2025, studies involving adults 18 and older, and classified under mental and health services. After the application of these filters, 50 articles remained and three were selected for this review.

For MEDLINE, a search for “mental health OR mental disorder” yielded 410,309 results. When combined with “mental health OR mental disorder AND rural population,” this offered 5,259 results. Further refinement with “AND barriers” resulted in 574 articles. The inclusion criteria within this database differed slightly. Restriction included academic journals between 2015-2025, studies involving adults aged 19 and older, and geographic regions within the United States resulted in 30 articles. Four articles were selected for inclusion in this review.

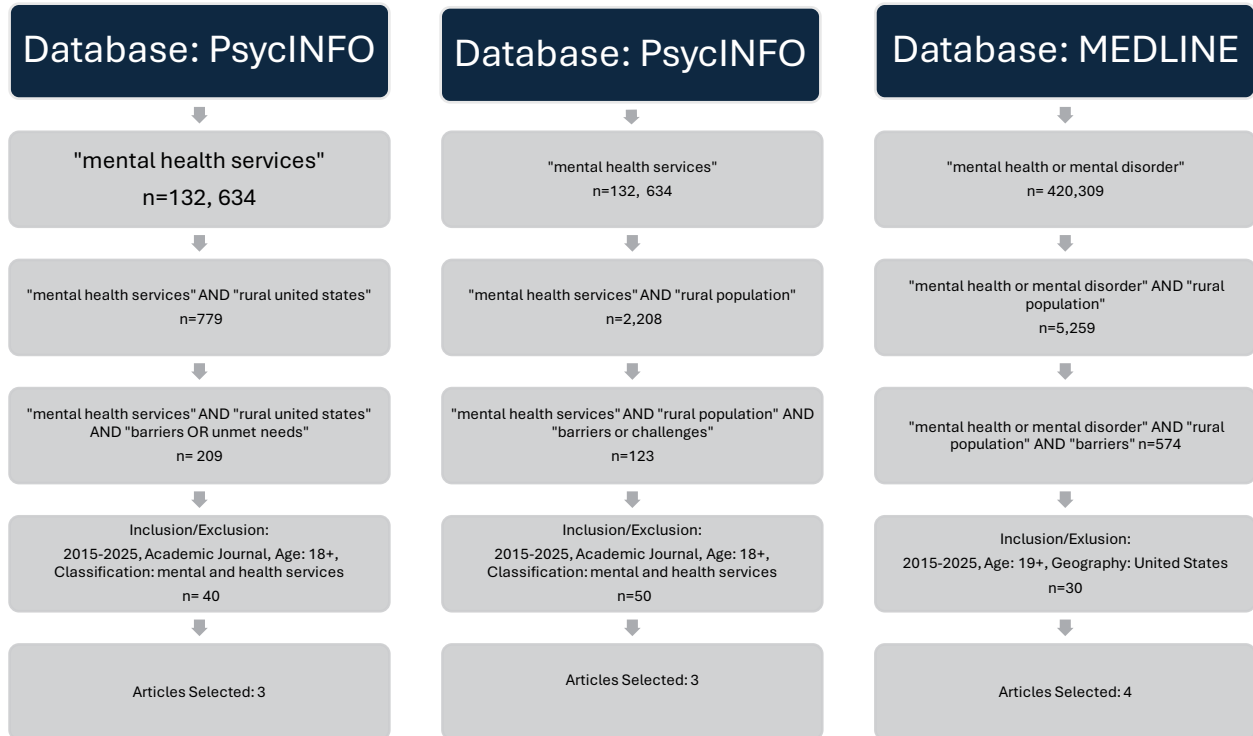
In PsycINFO and MEDLINE, similar inclusion and exclusion criteria were used. The inclusion criteria included articles that were peer-reviewed, published between 2015-2025, and focused on barriers to mental health services for rural adults in the United States. The exclusion criteria excluded articles that were not peer-reviewed, were outside the publication date range, focused on populations under 18, or did not directly address mental health service barriers in rural settings. Additionally, studies that were not specific to the United States were excluded.

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Figure 1 provides the detailed search process for the selection of the 10 final peer-reviewed articles.

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Figure I. Article Selection Process



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Results

The ten articles included in this literature review examine the barriers preventing rural adults from accessing mental health services in the United States. The current research emphasizes three major factors that are contributing to these barriers: stigma, geographic access, and shortage of mental health professionals in rural areas. The findings reveal that societal and self-stigma play a role in individuals' willingness to seek mental health care. Limited geographic access and transportation difficulties isolate individuals from needed care. Compounding these issues is the shortage of mental health professionals in rural populations, which leads to a lack of available resources. A detailed overview of the studies included in this review can be found in *Table 1*.

Stigma

A majority of the articles highlighted stigma as a significant obstacle in accessing mental health services in rural areas. Cultural norms in most rural communities emphasize the importance of self-reliance and independence and discourage help-seeking. These cultural norms also perceive mental illness as a byproduct of rural life (Snell-Rood et. al, 2018). Studies have shown that rural residents are more likely to experience stigma regarding their mental illness, with 80.1% of older rural adults believing they “should not need help” (Brenes et. al., 2015). This feeling of shame is intensified by rural residents identifying stigma as a reason for unmet mental health needs (Alang, 2015). Nearly 40% of older rural adults felt uncomfortable seeking care due to stigma (Brenes et. al., 2015). Both public and self-stigma contribute to reduced help-seeking behavior, with self-stigma having a strong negative effect (Keller & Owens, 2021). Rural adults experience heightened stigma compared to their urban counterparts, further

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affecting their willingness to seek help (Stewart et. al., 2015). The combination of cultural values, societal stigma, and self-reliance contributes to an individual's reluctance to seek help.

Geographic Access

Geographic access to mental health services remains a persistent challenge in rural populations. Residents typically encounter longer travel times and greater time commitments to access care. Individuals in small, isolated rural areas seeking treatment for mood and anxiety disorders must travel an average of 35.6 miles, compared to 17.3 miles for urban individuals (Andrilla et al., 2021). This geographic isolation is further exacerbated by increased travel times. With rural residents averaging 45 minutes to reach mental health services, while urban residents only traveling 26 minutes (Andrilla et al., 2021). These increased travel times can make it difficult for individuals to attend appointments consistently, especially for those with limited transportation access. Rural adults with limited transportation were more likely (OR = 1.436) to report unmet mental health needs (Santore et al., 2024). Additionally, poor community mobility and lack of resources hinder individual engagement in mental health treatment overall (Slanzi et al., 2024).

Mental Health Professional Shortages

Another key challenge in accessing rural mental health care is the shortage of mental health professionals. Rural populations are disproportionately affected by a lack of mental health providers, which intensifies the issues individuals face when seeking treatment. Only 1.6% of rural contain a mental health physician practice, compared to 17.6% for their urban counterparts (Cumming et al., 2017). Furthermore, rural areas lack office-based mental health practices where non-physician therapists can provide care, with only 4% of communities offering these

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services (Cummings et al., 2017). This scarcity of resources leads to lack of specialized care and increased wait times. The median wait time for an in-person appointment in rural areas can reach up to 67 days (Sun et al., 2023). These extended wait times are compounded with the inability of mental health physicians to accept new patients (54%) (Sun et al., 2023).

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Table 1. Detailed Summary of Articles Reviewed

	Author(s)	Year	Article Title and Journal	Purpose of Article	Sample Info	Type of Research	Research Findings	Limitations of Article
1	Alang, S.M.	2015	Sociodemographic disparities associated with perceived causes of unmet need of mental health care <i>Psychiatric Rehabilitation Journal</i>	To explore the sociodemographic disparities in causes of unmet mental health needs.	Cross-sectional data, 2011 National Survey on Drug Use and Health n = 2,564 (18+)	Quantitative, secondary data analysis	Rural residents were more likely to report stigma as a cause for unmet needs (OR =1.63). Small metro regions greater odds of reporting structural barriers (transportation).	Exclusion of homelessness persons. Limited exploration of intersection.
2	Andrilla C.H.A. Garberson L.A. Patterson D.G. Quigley T.F. Larson E.H.	2021	Comparing the Health Workforce Provider Mix and the Distance Travelled for Mental Health Services by Rural and Urban Medicare Beneficiaries <i>The Journal of Rural Health</i>	To outline the number of services received for mood/anxiety disorders, along with the distance and time traveled for treatment.	n = 1,910, 287 Medicare Beneficiaries (2014) Urban: n=1,319,130 Large rural: n=276,613 Small Rural: n=182,991 Isolated Small Rural: n=121,553	Observational research, retrospective cohort	Rural beneficiaries traveled farther for mood/anxiety disorders compared to Urban. Mean Distance: Urban: 17.3 miles Large Rural: 34 miles Small Rural: 36.8 miles Isolated Small Rural: 35.6 miles Mean Time: Urban: 26 minutes Rural Overall: 45 minutes Urban beneficiary visits to behavior health specialists = 34% and isolated small rural = 13.6%	Potential Bias in travel distance and time estimates Inability to determine provider specialties Exclusion of Medicare Advantage Beneficiaries

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3	Brenes, G.A. Danhauer, S.C. Lyles, M.F. Hogan, P.E. Miller, M.E.	2015	Barriers to mental health treatment in rural older adults <i>The American Journal of Geriatric Psychiatry</i>	To examine barriers to mental health treatment in adults, specifically older adults, in rural areas.	n = 478 rural older adults responding to a flyer for psychotherapy intervention study	Qualitative, mixed methods (interviews/surveys)	80.1% believed they “should not need help.” Mistrusting mental health providers (41.9%) Participants who saw cost as a barrier (58.4%) Participants were embarrassed due to stigma (39.8%)	Sample was mainly white women. Telephone-based survey, Only participants who willingly considered psychotherapy.
4	Cummings, J. R. Allen, L. Clennon, J. Ji, X. Druss, B. G.	2017	Geographic Access to Specialty Mental Health Care Across High- and Low-Income US Communities <i>Journal of the American Medical Association Psychiatry (JAMA Psychiatry)</i>	To assess geographic distribution of community mental health resources and their correlation with socioeconomic status and rurality.	n = 31,836 Zip Code Tabulation Areas across all 50 states	Quantitative, observational	Mental Health Physician Practices are scarce in rural areas 1.6% rural vs. 17.6% urban 4% of rural communities had office-based practices where non-physicians provided care) vs. 25.8% for urban areas	Mental Health Specialist Practices may be inaccurate due to self-report Lack of information on capacity and waiting times ZCTAs may not perfectly represent communities
5	Keller, E. M., & Owens, G. P.	2021	Understanding help-seeking in rural counties: A serial mediation analysis <i>Journal of Clinical Psychology</i>	To examine how higher levels of self-reliance in rural U.S. areas influence mental health service utilization.	n = 783 community members from the southern, rural U.S.	Quantitative, survey-based	Higher public stigma = negative attitudes towards health seeking ($\beta = -0.08$) Higher levels of self-stigma = less likely to seek	Cross-sectional = cannot establish causal relationships Self-selection bias Survey required internet access

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							professional help ($\beta = -0.42$) Increased self-stigma led to increased self-reliance ($\beta = 0.23$)	
6	Santore, L. Ipsen, C. Gimm, G.	2024	Rural disability, self-reliance, and the utilization of mental health services <i>Disability and Health Journal</i>	To explore how rural disability and self-reliance influence the use of mental health services.	n =2,446 adults (18+) who have disability and health insurance coverage	Qualitative	Adults with limited transportation access had higher odds of unmet needs (OR = 1.436)	Not randomly selected, overrepresented college educated and LGBTQ+ individuals Online survey
7	Slanzi, C. M. MacDonald, G. A. Nemoianu, A. T. Salzer, M. S.	2024	Community Participation of Individuals with Mental illnesses in Rural Areas: Stakeholder Perspectives on Barrier and Facilitators <i>Community Mental Health Journal</i>	To examine barriers to engagement and activity preferences for facilitating community participation for individuals with serious mental illness in rural areas.	n=87 participants 39 attending the first section 50 attending the second section	Qualitative Research	Personal factors and stigma (n=17) was a barrier Prejudice and discrimination (n=8) was a barrier Poor community mobility (n=18) Lack of resources (n=18)	Lack of diversity: mainly White females Rural Pennsylvania Potential Peer Influence
8	Snell-Rood, C. Carpenter-Song, E.	2018	Depression in a depressed area: deservingness, mental illness, and treatment in the contemporary rural U.S.	To explore perceptions of depression and treatment in the rural U.S.	n=37, persons in interviews and focus groups n=21, healthcare professionals in interview n=4, number of focus groups	Qualitative, case study	Depression = linked to economic “precarity” and cycle of poverty Depression seen as normal to conditions Limited Education	Gender Focus Limited Generalizability Complex Inequalities
9	Stewart, H. Jameson, J.P. Curtin, L.	2015	The relationship between stigma and self-reported willingness to use	To investigate how stigma influences the willingness of	n=121, older adults	Quantitative survey	Rural adults had higher stigma compared to urban adults (p=.004)	Mainly in southern Appalachia

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			mental health services among rural urban older adults	rural and urban older adults to seek mental health services.			Negative attitudes towards seeking help (0=.005)	Sample bias Cross-sectional data = not causal
10	Sun, C.-F., Correll, C. U., Trestman, R. L., Lin, Y., Xie, H., Hankey, M. S., Uymatiao, R. P., Patel, R. T., Metsutnan, V. L., McDaid, E. C., Saha, A., Kuo, C., Lewis, P., Bhatt, S. H., Lippard, L. E., & Kablinger, A. S.	2023	Low availability, long wait times, and high geographic disparity of psychiatric outpatient care in the US	To investigate geographic disparities and availability issues in psychiatric care across the US.	5 states were chosen to represent the mental health care system	Quantitative, secondary data analysis	Psychiatrists not accepting new patients in rural areas (54%) Median wait-time for in-person appointments is 67 days.	Time mismatch, 2021 vs. 2017-2019 Limited patient variability

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Discussion

Mental health disparities among rural adult populations in the United States represent a significant public health concern. Despite these disparities, access to mental health care in rural areas remains a challenge. The aim of this literature review was to explore the barriers rural adults face in accessing mental health care and how these barriers contribute to ongoing mental health inequities in rural areas. The findings from this review highlight stigma, geographic access, and the shortage of mental health professionals as the primary barriers that prevent rural adults from receiving satisfactory mental health treatment.

Cultural norms in many rural populations emphasize self-reliance, which discourages help-seeking behaviors (Brenes et al., 2015; Keller & Owens, 2021). This self-reliance can lead to feelings of isolation and stigma toward utilizing mental health resources. Additionally, the emphasis on communal cultures in rural areas can heighten privacy concerns. Individuals may fear that seeking mental health care can lead to judgement. This cultural reluctance to seek help can create a cycle in which generations of individuals struggle in silence, leading to adverse mental health outcomes over time.

The physical distance to mental health care facilities, along with their scarcity, presents a significant challenge for rural regions (Andrilla et al., 2021). Long travel times and limited transportation options make regular attendance to therapy difficult. This irregular access to care intensifies mental health issues, as lack of regular treatment prevents long-term improvement. Therefore, Individuals in rural areas may experience prolonged periods of untreated mental health conditions, leading to a decreased quality of life.

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Rural regions face a critical shortage of mental health providers, making it difficult for individuals to receive the support they need (Cumming et al., 2017; Sun et al., 2023). With only a small percentage of communities offering access to mental health providers, individuals are often left to wait for extended periods for care or travel great distances. Consequently, individuals in rural populations may experience prolonged untreated mental health conditions. Additionally, these extended wait times can lead to feelings of hopelessness, which potentially discourages individuals from seeking care in the future.

The intersection of these barriers perpetuates disparities and contributes to broader public health challenges. Untreated mental health issues in rural areas can lead to higher rates of unemployment and homelessness (Substance Abuse and Mental Health Services Administration, 2021). These trends are not unique to rural America but are present in rural populations worldwide. Rural Australia, for instance, highlights geographic access and shortage of mental health professionals as leading barriers in their country (Kavanagh et al., 2022). Furthermore, low-income communities, often face difficulties in accessing healthcare (Boyce et al., 2019). This supports broader research on the social determinants of health, which examines how systematic and interpersonal relationships shape mental health access (Gaskin et al., 2021). For rural adults, all factors, coupled with lack of access worsen mental health outcomes. Ultimately, the findings of this review emphasize the need for a multi-faceted approach to rural adult mental health access.

Implications

The issue of mental health care access in rural areas presents numerous opportunities for further interventions. One major area of exploration is telehealth and digital health interventions as potential solutions to geographic isolation and mental health professional shortages. Given the

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increasing availability of telehealth services, further research can assess and tailor to the mental health needs of rural populations (Rural Mental Health Hub, 2024). In addition, interventions targeting stigma should be emphasized. Community-based programs focused on changing attitudes towards mental health could help reduce societal and self-stigma, increasing help-seeking behaviors (Semrau et al., 2023) Evaluating the effectiveness of this program long-term will be an upcoming area of research. As for overcoming the shortage of mental health professionals, policy-level initiatives can incentivize practice in rural areas by offering loan forgiveness and high salary (Arredondo et al., 2023).

Limitations

This literature review, although comprehensive, only included evidence from 10 articles. While these articles provide crucial data, the limited number may not fully capture all access factors or rural diversity. The inclusion criteria focused on studies conducted in the United States. Therefore, the generalizability of the findings in other healthcare systems is limited. Rural populations in other countries may face different barriers influenced by their systems, cultural norms, and resources. Additionally, the studies reviewed were predominantly quantitative, which provides valuable statistics but does not capture the full-lived experiences of rural residents.

Conclusion

Reducing mental health disparities among rural adults is a critical issue with wide-range implications for public health. This literature review examined 10 articles from PsycINFO and MEDLINE databases to explore the barriers rural adults face in accessing mental health treatment. The study identified stigma, geographic access, and shortage of mental health

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professionals as the main barriers affecting mental health outcomes in rural areas. These findings can inform targeted interventions and lay the groundwork for further research in this area.

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